

ABSTRAK

Laporan Kasus Multigravida Dengan Infeksi HIV Dan Kepatuhan Rendah Terhadap Terapi *Antiretroviral* (ARV)

Niken Nilam Salsabilla

Prodi DIII Kebidanan Sutomo Jurusan Kebidanan Politeknik Kementrian Kesehatan Surabaya

Pendahuluan: Human Immunodeficiency Virus (HIV) merupakan penyakit infeksi yang menyerang sistem kekebalan tubuh dan masih menjadi masalah kesehatan pada ibu hamil karena meningkatkan risiko komplikasi maternal, persalinan prematur, bayi berat lahir rendah, serta penularan HIV dari ibu ke anak. Kepatuhan terhadap terapi antiretroviral (ARV) sangat penting untuk menekan *viral load* dan mencegah transmisi vertikal. Laporan kasus ini bertujuan mendeskripsikan asuhan kebidanan pada ibu hamil dengan HIV dan kepatuhan rendah terhadap terapi ARV. **Metode:** Penelitian ini menggunakan metode *case report* dengan pendekatan manajemen asuhan kebidanan menggunakan pendokumentasian SOAP. Data dikumpulkan melalui wawancara, observasi, pemeriksaan fisik, pemeriksaan obstetri, pemeriksaan laboratorium, studi dokumentasi, dan rekam medis, kemudian dianalisis secara deskriptif. **Analisa:** Ny. R mengalami ketidakpatuhan mengonsumsi ARV karena merasa tidak mengalami keluhan sehingga meningkatkan risiko kegagalan terapi dan penularan HIV kepada janin. **Hasil:** Ny. R berusia 37 tahun, G3P2A0, usia kehamilan 33–34 minggu, terdiagnosis HIV pada usia kehamilan 24–25 minggu. Ketidakpatuhan mengonsumsi ARV disebabkan karena ibu merasa tidak mengalami keluhan. Pemeriksaan menunjukkan kondisi umum baik, tanda vital normal, janin tunggal hidup intrauterin presentasi kepala, serta kadar CD4 421 sel/mm³. Asuhan meliputi konseling HIV, edukasi kepatuhan ARV, edukasi nutrisi, pemantauan ibu dan janin, serta kolaborasi dengan tim PPIA, ahli gizi, tim laboratorium, dan dokter. **Diskusi:** Kasus ini menunjukkan bahwa persepsi ibu yang merasa sehat menjadi faktor utama ketidakpatuhan terapi ARV. Asuhan kebidanan yang komprehensif, berkesinambungan, dan kolaboratif meningkatkan pemahaman serta kepatuhan ibu terhadap terapi ARV sehingga mendukung pencegahan penularan HIV dari ibu ke bayi.

Kata Kunci : HIV, kehamilan, kepatuhan terapi ARV, asuhan kebidanan, PPIA.

ABSTRACT

A Case Report of Multigravida with HIV Infection and Low Adherence to Antiretroviral Therapy (ARV)

Niken Nilam Salsabilla

*Prodi DIII Kebidanan Sutomo Jurusan Kebidanan Politeknik Kementrian
Kesehatan Surabaya*

Introduction: Human Immunodeficiency Virus (HIV) is an infectious disease that attacks the immune system and remains a major health problem among pregnant women because it increases the risk of maternal complications, preterm birth, low birth weight, and mother-to-child transmission (MTCT). Adherence to antiretroviral (ARV) therapy is essential to suppress viral load and prevent vertical transmission. This case report aimed to describe midwifery care for a pregnant woman with HIV and poor adherence to ARV therapy. **Methods:** This study employed a case report design using a midwifery care management approach documented through the SOAP method. Data were collected through interviews, observation, physical examination, obstetric examination, laboratory investigations, documentation review, and medical records, and were analyzed descriptively. **Analysis:** Mrs. R demonstrated poor adherence to ARV therapy because she perceived herself as asymptomatic, thereby increasing the risk of treatment failure and mother-to-child HIV transmission. **Results:** Mrs. R was a 37-year-old G3P2A0 woman at 33–34 weeks of gestation who was diagnosed with HIV at 24–25 weeks of pregnancy. Physical examination revealed good general condition, normal vital signs, a single live intrauterine fetus in cephalic presentation, and a CD4 count of 421 cells/mm³. Midwifery care included HIV counseling, education on ARV adherence, nutritional counseling, maternal and fetal monitoring, and collaboration with the PMTCT team, a nutritionist, laboratory personnel, and a physician. **Discussion:** This case demonstrates that the patient's perception of being healthy was the main factor contributing to poor ARV adherence. Comprehensive, continuous, and collaborative midwifery care improved the patient's understanding of ARV therapy and adherence, thereby supporting the prevention of mother-to-child HIV transmission.

Keywords: *HIV, pregnancy, adherence to antiretroviral therapy, midwifery care, Prevention of Mother-to-Child Transmission (PMTCT).*