

## ABSTRAK

### Laporan Kasus Ibu Hamil dengan Plasenta Previa Totalis dan Obesitas Grade 1

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**Latar Belakang:** Perdarahan obstetri merupakan penyebab utama kematian ibu secara global, dengan plasenta previa menyumbang 15-20% kematian akibat perdarahan antepartum. Obesitas pada kehamilan turut meningkatkan risiko kelainan implantasi plasenta, termasuk plasenta previa. Di Kabupaten Gresik, Angka Kematian Ibu (AKI) tercatat 77,59 per 100.000 kelahiran hidup pada tahun 2024, dengan Kecamatan Kebomas termasuk wilayah prioritas intervensi kesehatan ibu dan bayi. **Tujuan:** Mendeskripsikan Asuhan Kebidanan Ibu Hamil dengan plasenta previa totalis dan obesitas grade 1 di wilayah Puskesmas Kebomas Kabupaten Gresik. dan pendokumentasian SOAP. **Metode:** Laporan ini menggunakan desain *case report* dengan subjek Ny. N usia kehamilan 21-22 minggu di Puskesmas Kebomas, Kabupaten Gresik. Pengumpulan data dilakukan melalui wawancara, observasi, pemeriksaan fisik, pemeriksaan penunjang (USG dan laboratorium), serta dokumentasi SOAP. **Hasil:** Pengkajian menunjukkan Ny. N tergolong risiko tinggi berdasarkan Kartu Skor Poedji Rochjati (KSPR) dengan diagnosis plasenta previa totalis disertai obesitas grade I. Penatalaksanaan meliputi rujukan tepat waktu, pemantauan tanda perdarahan, edukasi pengendalian berat badan sesuai rekomendasi IOM 2009 (kenaikan berat badan 5-9 kg selama kehamilan), serta kolaborasi lintas fasilitas kesehatan. Kondisi ibu dan janin tetap stabil tanpa komplikasi lanjut selama periode asuhan. **Simpulan:** Asuhan kebidanan yang diberikan pada Ny. N telah sesuai standar manajemen Varney dan SOAP, dengan hasil kondisi klien stabil. Deteksi dini melalui KSPR, pengendalian berat badan, dan penguatan sistem rujukan berperan penting dalam menurunkan risiko komplikasi plasenta previa totalis pada ibu dengan obesitas.

**Kata Kunci:** plasenta previa totalis, obesitas, KSPR

## ABSTRACT

### Case Report: A Pregnant Woman with Placenta Previa Totalis and Class 1 Obesity

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**Background:** Obstetric hemorrhage is a major cause of maternal mortality globally, with placenta previa accounting for 15–20% of deaths due to antepartum hemorrhage. Obesity during pregnancy further increases the risk of abnormal placental implantation, including placenta previa. In Gresik Regency, the Maternal Mortality Ratio (MMR) was recorded at 77.59 per 100,000 live births in 2024, with Kebomas District identified as a priority area for maternal and infant health intervention. **Objective:** To describe the Midwifery Care provided to a pregnant woman with placenta previa totalis and class 1 obesity at the Kebomas Public Health Center (Puskesmas), Gresik Regency, including SOAP documentation. **Methods:** This report uses a case report design focusing on Mrs. N at 21–22 weeks of gestation at Kebomas Public Health Center, Gresik Regency. Data were collected through interviews, observation, physical examination, diagnostic tests (ultrasound and laboratory evaluations), and SOAP documentation. **Results:** The assessment revealed that Mrs. N was classified as high-risk based on the Poedji Rochjati Score Card (KSPR), with a diagnosis of placenta previa totalis accompanied by class 1 obesity. Management included timely referral, monitoring for signs of bleeding, education on weight management aligned with the 2009 Institute of Medicine (IOM) guidelines (target weight gain of 5–9 kg during pregnancy), and inter-facility healthcare collaboration. Both maternal and fetal conditions remained stable without further complications throughout the period of care. **Conclusion:** The midwifery care provided to Mrs. N adhered to Varney’s management standards and SOAP documentation, resulting in a stable condition for the client. Early detection via KSPR, weight control, and strengthening referral systems play a crucial role in reducing the risk of complications from placenta previa totalis in obese pregnant women.

**Keywords:** placenta previa totalis, obesity, KSPR