

ABSTRAK

Anemia dalam kehamilan terjadi karena kekurangan zat besi. Normal kadar haemoglobin ibu hamil yaitu >11 gr/dl. Salah satu faktor terjadinya anemia pada kehamilan adalah adanya hemodilusi, yang merupakan peningkatan volume plasma darah yang tidak proposional dibanding dengan sel darah merah. Anemia dapat meningkatkan resiko gangguan pertumbuhan janin, kelahiran premature, dan bayi berat lahir rendah (BBLR). Tujuan studi kasus adalah mengetahui faktor resiko, tanda dan gejala anemia, serta upaya ibu hamil trimester III dalam mengatasi anemia ringan.

Metode: studi kasus ini dilakukan diwilayah kerja Puskesmas Burneh kabupaten Bangkalan. Dilaksanakan pada bulan Maret-April 2024. Menggunakan multiple case study dengan subjek 2 responden ibu hamil trimester III dengan anemia ringan. Jenis studi kasus ini adalah deskriptif dengan pendekatan studi kasus. Pengumpulan data menggunakan kuesioner dengan teknik wawancara, observasi, dan studi dokumentasi.

Berdasarkan hasil studi kasus, faktor risiko (pekerjaan dan paritas), tanda dan gejala, serta upaya ibu hamil (keteraturan konsumsi tablet Fe) mempunyai peranan terhadap terjadinya anemia ringan pada ibu hamil trimester III.

Kesimpulannya, anemia dapat dicegah jika ibu patuh dalam mengkonsumsi tablet Fe minimal 90 tablet selama kehamilan. Saran, diharapkan ibu meningkatkan kepatuhan dalam mengkonsumsi tablet Fe, perbanyak mengkonsumsi makanan yang tinggi protein dan juga zat besi, serta pemberian makanan tambahan berupa susu hamil.

Kata kunci: ibu hamil, anemia, fakto resiko, tanda dan gejala, upaya pencegahan.

ABSTRACT

Anaemia in pregnancy occurs due to iron deficiency. The average haemoglobin level for pregnant women is >11 gr/dl. One of the factors contributing to anaemia in pregnancy is hemodilution, which is a disproportionate increase in blood plasma volume compared to red blood cells. Anaemia can increase the risk of foetal growth disorders, premature birth, and low birth weight babies (LBW). The purpose of the case study was to determine the risk factors, signs, and symptoms of anaemia and the efforts of third-trimester pregnant women to overcome mild anaemia.

Methods: This case study was conducted in the work area of the Burneh Health Centre, Bangkalan Regency, in March–April 2024. Using multiple case studies with the subject of two respondents of third-trimester pregnant women with mild anaemia, this type of case study is descriptive with a case study approach—data collection using questionnaires with interview techniques, observation, and documentation studies.

Based on the case study results, risk factors (occupation and parity), signs and symptoms, and efforts of pregnant women (regularity of Fe tablet consumption) have a role in the occurrence of mild anaemia in third-trimester pregnant women.

In conclusion, anaemia can be prevented if mothers are obedient and consume at least 90 Fe tablets during pregnancy. Suggestions: Mothers should increase compliance with consuming Fe tablets, consume more foods that are high in protein and iron, and provide additional food in the form of pregnant milk.

Keywords: pregnant women, anaemia, risk factors, signs and symptoms, prevention.