

ABSTRAK

Grande multigravida merupakan Kehamilan Risiko Tinggi (KRT) dengan skor KSPR 6. Kehamilan Risiko Tinggi (KRT) dapat membawa ancaman bagi kesehatan ibu dan bayi. Studi kasus ini bertujuan untuk mengetahui tatalaksana *grande multigravida* trimester III.

Metode studi kasus menggunakan rancangan *multiple case design* menggunakan dua responden dengan kriteria usia kehamilan ≥ 36 minggu di Puskesmas Kamal pada Januari hingga Mei 2024. Pengumpulan data dilakukan dengan wawancara menggunakan kuesioner dan dokumentasi buku KIA, hasil disajikan dalam bentuk tabel dan dianalisa secara deskriptif.

Hasil studi kasus didapatkan responden 1 tidak patuh melakukan pemeriksaan kehamilan sedangkan responden 2 patuh melakukan pemeriksaan kehamilan. Pada P4K telah berjalan cukup baik akan tetapi terdapat beberapa hal yang belum terlaksana. Serta didapatkan kedua responden telah direncanakan RDB untuk persalinan.

Keteraturan pemeriksaan kehamilan dilakukan sedini mungkin untuk meminimalisir komplikasi dan pemantauan selama kehamilan. Tidak dilakukannya penempelan stiker P4K, kurangnya kerjasama bidan dengan pihak P4K dan ketidaksiapan calon pendonor membuat P4K tidak optimal. RDB yang telah direncanakan dapat mencegah komplikasi bagi KRT. Saran bagi lahan praktik untuk pencatatan dan pelaporan cakupan pemeriksaan kehamilan, penempelan stiker P4K, kerjasama pihak terkait dan mempersiapkan calon pendonor darah, serta peningkatan peran bidan melaksanakan kebijakan alur rujukan tertulis dan pendampingan pemantauan ibu hamil risiko tinggi. Saran bagi responden untuk teratur pemeriksaan kehamilan dan kesadaran untuk penggunaan kontrasepsi jangka panjang.

Kata Kunci : *Grande Multigravida*, Trimester III

ABSTRACT

Grande multigravida is a High Risk Pregnancy (KRT) with a KSPR score of 6. High-Risk Pregnancies (KRT) can pose a threat to the health of mothers and babies. This case study aims to determine the management of grande multigravida in the third trimester.

The case study method uses a multiple case design using two respondents with the criteria of ≥ 36 weeks gestational age at the Kamal Health Center from January to May 2024. Data collection was carried out by interviews using questionnaires and documentation of KIA books, the results were presented in the form of tables and analyzed descriptively.

The results of the case study were obtained that respondent 1 did not comply with the pregnancy examination while respondent 2 did not comply with the pregnancy examination. P4K has been running quite well, but there are several things that have not been implemented. And it was found that both respondents had planned RDB for childbirth.

Regular pregnancy examinations are carried out as early as possible to minimize complications and monitoring during pregnancy. The lack of P4K stickers, the lack of cooperation between midwives and P4K and the unpreparedness of prospective donors make P4K not optimal. The planned RDB can prevent complications for domestic workers. Suggestions for practice land for recording and reporting pregnancy examination coverage, attaching P4K stickers, cooperation with related parties and preparing prospective blood donors, as well as increasing the role of midwives in implementing the written referral flow policy and assisting in monitoring high-risk pregnant women. Advice for respondents to regularly have pregnancy check-ups and awareness for long-term contraceptive use.

Keywords : Grande Multigravida, Trimester III