

SINOPSIS

Anemia pada ibu hamil merupakan suatu kondisi dimana terjadinya penurunan kadar haemoglobin di dalam darah. Ibu hamil yang mengalami anemia memiliki kadar Hb yaitu <11,00 gr/dl. Dilansir dari data Profil Kesehatan Provinsi Jawa Timur tahun 2022 jumlah ibu hamil 590.205 dan yang mengalami anemia 63.522 ibu hamil (10,76%). Sedangkan prevalensi anemia di Kabupaten Bangkalan tercatat jumlah ibu hamil 16.309 dan yang mengalami anemia 1.681 ibu hamil (10,30%) (Dinkes Jatim, 2022). Tujuan dari asuhan kebidanan adalah mengidentifikasi data subjektif, data objektif, analisa data, penatalaksanaan dan evaluasi.

Metode yang digunakan dalam studi kasus yaitu asuhan kebidanan kehamilan dengan pendekatan one case study. Subjek dalam studi kasus yaitu ibu hamil Trimester II dengan resiko tinggi (anemia ringan dan riwayat abortus) di Puskesmas Socah, Kabupaten Bangkalan. Teknik pengumpulan data berupa anamnesa, pemeriksaan fisik, analisa data dan penatalaksanaan yang meliputi intervensi, implementasi, dan evaluasi yang mengacu pada permasalahan klien. Penyajian data disajikan melalui format asuhan kebidanan dengan dokumentasi SOAP. Dilakukan dari tanggal 17 mei-09 juni 2024 dirumah pasien Dsn.Pernajuh, Kec.socah.

Berdasarkan hasil kunjungan didapatkan ibu mengeluh pusing, dan cepat merasa lelah. Dalam pola nutrisi ibu makan 2 kali sehari dengan porsi sedang ibu tidak mengkonsumsi sayur, dan ibu tidak rutin mengkonsumsi fe karna sering lupa dan merasa mual, muka pucat, konjungtiva pucat, pemeriksaan Hb:10,5gr/dl. Analisa yang ditentukan berdasarkan nomenklatur kebidanan yaitu G4P2A1 UK 15-16 minggu dengan kehamilan resiko tinggi (anemia ringan dan riwayat abortus) dengan masalah ketidakpatuhan mengkonsumsi tablet fe dan tidak suka mengkonsumsi sayur dan buah-buahan. Asuhan kebidanan yang diberikan yaitu antara lain, berupa KIE cara mengatasi anemia, mempertahankan pemenuhan kebutuhan nutrisi, menjelaskan manfaat tablet fe, mengajarkan cara mengkonsumsi tablet Fe dengan benar, mengajurkan ibu untuk menggunakan alarm untuk pengingat, menganjurkan ibu untuk mengkonsumsi sayur daun kelor, motivasi ibu untuk tetap mengkonsumsi tablet fe, menganjurkan ibu untuk mengurangi minum teh dipagi hari. Hasil evaluasi yang dilakukan selama 3 minggu ibu mengatakan sudah tidak ada keluhan, pada pola nutrisi ibu sudah mengkonsumsi sayur dan sudah tidak mengkonsumsi teh, ibu mengkonsumsi tablet fe menggunakan air jeruk, muka tidak pucat, konjungtiva merah muda, pemeriksaan Hb:11,3 gr/dl.

Asuhan yang diberikan dilakukan dengan baik. Masalah yang dialami ibu Multigravida Trimester II dengan anemia sudah dapat teratasi. Ibu diharapkan tetap mempertahankan kebutuhan nutrisinya dan tetap rutin mengkonsumsi tablet fe.

SYNOPSIS

Anemia in pregnant women is a condition where there is a decrease in hemoglobin levels in the blood. Pregnant women who experience anemia have Hb levels that are <11.00 gr/dl. According to East Java Province Health Profile data in 2022, the number of pregnant women was 590,205, and 63,522 pregnant women experienced anemia (10.76%). Meanwhile, the prevalence of anemia in Bangkalan Regency was recorded as 16,309 pregnant women and 1,681 pregnant women experiencing anemia (10.30%) (East Java Health Office, 2022). Midwifery care aims to identify subjective data, objective data, data analysis, management, and evaluation.

The method used in the case study is midwifery care for pregnancy with a one-case study approach. The subjects in the case study were pregnant women in the second trimester with high risk (mild anemia and history of abortion) at the Socah Community Health Center, Bangkalan Regency. Data collection techniques include anamnesis, physical examination, data analysis, and management including intervention, implementation, and evaluation referring to client problems. Data presentation is presented in a midwifery care format with SOAP documentation. Carried out from 17 May-09 June 2024 at the patient's home Dsn. Pernajuh, Kec. Socah.

Based on the results of the visit, it was found that the mother complained of dizziness and felt tired quickly. In terms of nutrition, the mother eats 2 times a day with moderate portions, the mother does not consume vegetables, and the mother does not regularly consume Fe because she often forgets and feels nauseous, her face is pale, her conjunctiva is pale, her Hb examination is 10.5 gr/dl. The analysis determined is based on obstetric nomenclature, namely G4P2A1 UK 15-16 weeks with a high-risk pregnancy (mild anemia and history of abortion) with problems of non-compliance with taking Fe tablets and not liking to consume vegetables and fruit. The midwifery care provided includes, among other things, in the form of IEC on how to deal with anemia, maintaining nutritional needs, explaining the benefits of Fe tablets, teaching how to consume Fe tablets correctly, encouraging mothers to use alarms as reminders, encouraging mothers to consume Moringa leaf vegetables, motivating mothers to continue consuming Fe tablets, encourage mothers to drink less tea in the morning. The results of the evaluation carried out for 3 weeks, the mother said that there were no complaints, the mother's nutritional pattern had consumed vegetables and no longer consumed tea, the mother consumed Fe tablets using orange juice, the face was not pale, the conjunctiva was pink, the Hb examination was: 11.3 g/dl.

The care provided is carried out well. The problem experienced by Multigravida Trimester II mothers with anemia has been resolved. Mothers are expected to maintain their nutritional needs and continue to consume Fe tablets regularly