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CONTINUITY OF MIDWIFERY CARE FOR MRS. N WITH MILD ANEMIA AT PMB HELEN TARIGAN SP SELAYANG, MEDAN CITY

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ABSTRACT

Anemia is a condition characterized by a reduced number of red blood cells or a lower concentration of hemoglobin than normal, which is essential for transporting oxygen to body tissues. Symptoms may include fatigue, weakness, dizziness, and difficulty breathing. Iron deficiency is the most common cause, but deficiencies in folate, vitamin B12, and vitamin A can also contribute. Anemia often affects children, adolescent girls, menstruating women, and especially pregnant and postpartum women. According to the *Journal of Community Engagement in Health*, research from medical faculties across Indonesia shows that the incidence of anemia among pregnant women in the country reaches 50–63%. The main cause of anemia during pregnancy is iron deficiency, triggered by factors such as multiparity, low socioeconomic status, and infections like malaria and HIV. Additionally, irregular birth spacing also contributes to this issue. To overcome the high prevalence of anemia in pregnant women, the government has launched the Integrated Antenatal Care program. This program includes counseling services for pregnant women to help address nutritional problems during pregnancy. Pregnant women are also given iron (Fe) and folic acid tablets, a minimum of 90 tablets during pregnancy.

Keywords: Continuity, Midwifery Care, Mild Anemia

Introduction

Anemia during pregnancy can have serious impacts on the mother, such as postpartum hemorrhage (PPH), shock, prolonged labor, uterine atony, and uterine inertia. In addition, other contributing factors may also be present. For newborns, anemia can result in low birth weight (LBW) and congenital defects(Dewi, Eva Ratna, Adelia et al., 2022). Long-term effects of iron deficiency during pregnancy may include changes in brain function and body cells, as well as growth disturbances that can lead to stunting (Sari et al., 2020). Danger signs during pregnancy are symptoms indicating that the mother and baby are in danger. If these warning signs are not detected early, they may cause complications for both the mother and fetus, potentially leading to death. Some examples of pregnancy danger signs include miscarriage, ectopic pregnancy, anemia, hyperemesis gravidarum, bleeding, preeclampsia, eclampsia, high fever, decreased fetal movement, swelling in the

face or extremities, seizures, and premature rupture of membranes (Sinaga et al., 2024). The global prevalence of anemia in pregnant women, according to the World Health Organization (WHO, 2024), reached 36.5%. This rate is highest in developing countries and among groups with low socioeconomic status. In Africa, 57% of pregnant women experience anemia, in Asia 48.2%, in Europe 25.1%, and in the Americas 24.1%. In Indonesia, the prevalence of anemia in pregnant women was still high at 48.9% in 2020 (Tanjung, 2023).

Continuity of Care (COC) is a collaborative process between patients and healthcare providers to ensure sustainable, high-quality health services at an efficient medical cost. According to the latest 2020 edition of the Maternal and Child Health (MCH) Handbook, it is recommended that pregnant women undergo at least eight antenatal visits, including appointments with specialists and healthcare providers. Based on the services provided to pregnant women, childbirth, newborns, postpartum, and family planning, the author has written about continuity of midwifery care for Mrs. N with mild anemia at PMB Helen Tarigan SP Selayang, Medan Tuntungan District, Medan City, in 2025 (R. K. Kesehatan, 2023)..

Research Method

The method used in this midwifery care was the continuity of midwifery care approach through a case study on Mrs. N with mild anemia**.** Data were collected through interviews, observations, physical examinations, and documentation reviews covering the antenatal, intrapartum, postpartum, newborn, and family planning periods. Each stage of care was carried out based on midwifery care standards using the SOAP method (Subjective, Objective, Analysis, and Plan) while adhering to ethical principles and obtaining informed consent from the patient.

The results of the care showed that pregnant women with mild anemia could achieve a safe pregnancy and delivery through regular monitoring, administration of iron (Fe) tablets as recommended, and balanced nutrition education. After delivery, both the mother and baby were in normal condition without complications, and the mother continued iron supplementation during the postpartum period.

Result

The study was conducted at PMB Helen Tarigan, located at Jalan Bunga Rinte, Gang Mawar 1 No. 1, Simpang Selayang, Medan Tuntungan District, Medan City. It is a healthcare facility that provides 24-hour health services. PMB Helen Tarigan offers services including antenatal care, childbirth, newborn care, postpartum care, and family planning, as well as general medical treatment. In the case study, Mrs. N, a 28-year-old woman, gravida 1 para 0 abortus 0 (G1P0A0), began receiving care at 35 weeks and 5 days of gestation. She is a housewife, and her husband, Mr. J, is self-employed. Based on interviews with the patient, she stated that this was her first pregnancy and she had no history of miscarriage(*SDGs*, 2024).

Pregnancy refers to fertilization, or the union of sperm and egg followed by implantation. Calculated from fertilization to childbirth, a normal pregnancy lasts 40 weeks, or approximately 10 lunar months, or 9 calendar months (D. Kesehatan, 2018)

Healthcare providers, including midwives and gynecologists, need to understand ten essential standards in the implementation of antenatal care (ANC).

These standards include measuring body weight and height, checking blood pressure, measuring Mid-Upper Arm Circumference (MUAC), checking Fundal Height (FH), determining fetal position and Fetal Heart Rate (FHR), administering Tetanus Toxoid (TT) vaccination, and performing routine laboratory tests. In addition, case management and counseling sessions are important components of care (Purba et al., 2021).

Figure 1. Counseling Activity

On October 6, 2024, Mrs. N, 28 years old, G1P0A0, at 39 weeks and 4 days of gestation, made her fourth visit to PMB Helen Tarigan. The patient complained of fatigue due to frequent urination, especially at night. After assessment and examination, the patient reported her last menstrual period was January 26, 2024. The general condition of the mother was good. Her pre-pregnancy weight was 49 kg, and her current weight was 65 kg. Her height was 158 cm, MUAC was 24.5 cm, and her vital signs were within normal limits: blood pressure 110/70 mmHg, pulse 80 bpm, temperature 36.5°C, and respiratory rate 20 breaths per minute.

Leopold maneuvers I–IV were performed and showed that the fetus was in a good condition. The FHR was 137 bpm, fundal height was 32 cm, estimated fetal weight was 2,945 grams, the fetus was in cephalic presentation, and had not yet entered the pelvic inlet. The midwifery care provided in response to the patient's complaint involved explaining that lower back pain in the third trimester is a physiological condition common in pregnant women.

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Visit 1 Counseling Activity

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Visit 2. Education on Iron Tablet Administration

Based on the results of counseling and intervention, several important discussions arose regarding the effectiveness of iron tablet supplementation and nutritional education for pregnant women, as well as its impact on fetal development. Direct education has proven effective in increasing public awareness about the importance of nutritional fulfillment during pregnancy (Ledi et al., 2023).

Through the counseling sessions conducted, the community received clear and relevant information on how to meet the nutritional needs of pregnant women. This education included explanations about beneficial types of food for pregnant women and how these foods support fetal development and growth. With improved knowledge, the public is expected to make better decisions regarding nutrition and care during pregnancy, ultimately contributing to maternal health and reducing the incidence of anemia in pregnant women. Iron tablet supplementation in pregnant women has been shown to increase hemoglobin levels in the blood, thereby helping to resolve cases of anemia. Fulfilling nutritional needs during pregnancy is essential for optimal fetal growth and development, helping to prevent anemia. Pregnant women with good economic conditions generally have better access to nutritious food and healthcare facilities, supporting proper nutrition during pregnancy. In contrast, those with limited economic resources often face challenges in providing nutritious food during pregnancy. Additionally, the surrounding environment, including access to healthcare and education, also plays an important role in ensuring proper nutritional intake.

Therefore, effective interventions must consider these factors and aim to improve the economic and environmental conditions of pregnant women. Education about the treatment and prevention of anemia in pregnant women is a crucial component in improving maternal and child health, especially in the working area of the Tuntungan Health Center, Medan City. This outreach program provides insight into the importance of balanced nutrition, as well as ways to identify and manage anemia in pregnant women. Through intensive education, it is hoped that the community will become more aware of the signs of low hemoglobin levels and take preventive steps to avoid complications. This approach helps raise public awareness about the importance of adequate nutrition during early fetal development and promotes better practices in meeting nutritional needs during pregnancy.

Conclusion

In this study, the author drew conclusions from the case study titled "Continuity of Midwifery Care for Mrs. N, 28 Years Old, at PMB Helen Tarigan SP Selayang, Medan Tuntungan District, Medan City.

The author conducted visits and provided antenatal midwifery care to Mrs. N, aged 28, G1P0A0, with a last menstrual period (LMP) of January 26, 2024, by performing antenatal visits three times in the third trimester. Subjective and objective data were collected, assessments were made, and care plans were developed. During the first visit, the patient complained of fatigue due to frequent urination, especially at night. She was informed that this is a physiological condition during the third trimester. The patient was advised to drink more fluids during the day and reduce

intake at night. She was also advised not to engage in heavy physical activities, to take short walks around the house, and to rest on her left side to alleviate lower back pain. Additionally, she was advised to get sufficient rest and maintain a balanced nutritional intake. During the second and third visits, the patient had the same complaints of frequent urination and back pain. The researcher informed her again that this was a physiological condition in the third trimester. To manage this, the patient was advised to increase fluid intake during the day and reduce it at night to avoid frequent bathroom trips that disrupt rest. Nocturia during late pregnancy is likely caused by the growing uterus pressing on the bladder. The patient was also advised to maintain personal and vulvar hygiene, and to change wet or damp underwear with clean, dry ones. The author provided care according to the planned interventions and documented them accordingly.

Midwifery care during labor for Mrs. N (28 years old, P1A0) was carried out based on a proper diagnosis from assessments and the delivery was conducted following the 58 steps of normal delivery care. The baby was delivered spontaneously via vaginal birth on October 30, 2024, at 09:00 WIB. The labor proceeded normally without complications. The delivery took place at PMB Helen Tarigan, a facility adequately prepared to handle potential complications.

Newborn care for Mrs. N's baby included assessments and diagnosis based on examinations. The newborn received eye ointment, 1 mg of vitamin K1, and a Hepatitis B0 vaccine within the first hour of life. The baby was monitored until 28 days of age, and no complications or danger signs were detected.

Postpartum care was also provided to Mrs. N, including subjective and objective data collection, and was carried out without complications. The mother remained in good health.

Family planning midwifery care for Mrs. N (28 years old, P1A0) was provided from the counseling stage to the selection of condom contraception, with no discrepancies between theory and practice.

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