

## CONTINUOUS MIDWIFERY CARE (*CONTINUITY OF CARE*) ON NY.L WITH MILD ANEMIA IN THE CLINIC PRATAMA NIAR, MEDAN AMPLAS KOTA DISTRICT MEDAN NORTH SUMATRA IN 2025

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### ABSTRACT

*Anemia is characterized by a deficiency in circulating erythrocytes or hemoglobin levels, which compromises the blood's capacity to transport essential oxygen to bodily tissues. As outlined by Proverawati (2020), this clinical state is defined by gender-specific thresholds: hemoglobin concentrations falling below 13.5 g/dL in men and 12.0 g/dL in women. Furthermore, Varney (2019) specifies that for the pregnant population, a reading under 12.0 g/dL is indicative of anemia. It is estimated that iron deficiency serves as the primary etiology in these cases, accounting for nearly 95% of all gestational anemia occurrences.*

**Keywords:** *Anemia, Anemia Prevention, Administration of Fe tablets, Niar primary clinic*

### Introduction

Global health data from the World Health Organization (2020) reveals that anemia remains a significant challenge, affecting 43.9% of the pregnant population worldwide. This burden is particularly acute in Asia, where the prevalence among pregnant women climbs to 49.4%. Furthermore, the condition impacts over 500 million women of reproductive age (15–49 years), with an estimated prevalence of 27.0% in this demographic and an uncertainty interval (UI) of 23.8%. These figures underscore the widespread nature of nutritional and blood-related health gaps on a global scale (WHO, 2020). The prevalence was 29.6% (95% UI 26.6%, 32.5%) in women of childbearing age who were not pregnant, and 36.5%

(95% UI 34.0%, 39.1%) in pregnant women (Kemenkes, 2019). While global trends show a 4.5% reduction in gestational anemia over the two decades leading up to 2020, Indonesia has faced a contrasting trajectory. Domestically, the prevalence among pregnant women rose to 44.2% in 2020, up from 42.1% just five years prior. On a broader scale, pregnant women represent a significant portion of the global burden, accounting for 41.8% of the approximately 1.62 billion individuals affected by anemia worldwide (Sinaga *et al.*, 2024).

WHO (2020) anemia during pregnancy is a major health problem because it can cause complications in the fetus, pregnancy and after pregnancy *et al.*, 2020). The organization estimates that the

worldwide mortality rate reaches 462% per 100,000 live births (KH), 99% of which occur in developing countries according to Meiwiita Budhiharsana at the International Conference on Indonesia Family Planning and Reproduction Health (ICIFPRH) in 2019, while the highest rates are in Africa (57.1%) and Southeast Asia (48.2%), and in America (24.1%) and Europe (25.1%) (Kemenkes, 2019).

WHO (World Health Organization) in 2020 the maternal mortality rate at reproductive age is still very high, namely 287,000 per 100,000 KH for 185 countries. Meanwhile, maternal mortality in Indonesia is still high, at 305 per 100,000 KH (OMS dan UNICEF, 2020). For the maternal mortality rate in North Sumatra province in 2022, there are 50.60 per 100,000 KH 9131 Maternal mortality from 258,884 KH), One of the causes of high mortality rates in pregnant women is anemia in pregnancy. It can be seen from the care district which has the highest maternal mortality rate of 15 cases, followed by the medium district with 14 cases, and Deli Serdang and Medan City with 12 cases. Anemia is one of the body conditions where the level of hemoglobin (HB) in red blood cells is lower than the standard that pregnant women should be said to be anemic if the content of Hb <11 g/dl in the first and third trimesters is Hb <10.5 g/dl in the second trimester and <10 g/dl in the postpartum period (Sinaga dan Manurung, 2017).

According to the Indonesian Ministry of Health in (2020), the prevalence of anemia in pregnant women in Indonesia is still relatively high, which is 48.9%. According to the Ministry of Health, 2020 signs and symptoms experienced by pregnant women those who are anemic are tired, tired, weak and lethargic or abbreviated as 5L, in addition to the face, especially the eyelids, tongue,

and lips look pale, eyes are glowing, and pregnant women who are said to be anemic if the Hb level in the blood The prevalence rate of pregnant women experiencing anemia worldwide is 43.9%. Meanwhile, in Asia, the average pregnancy accompanied by anemia is 72.6%, and in Southeast Asia it is 97.8% (Simanullang, 2022).

#### **METHOD OF ACTIVITY**

The research method applied to Mrs. L is a descriptive researcher, which describes the problems that are currently occurring (Agung, 2021). The type of research used is descriptive research, which systematically describes a phenomenon as it is (Ketut, 2023). This research employs a case study design, a qualitative observational method used to investigate specific health-related phenomena or current clinical scenarios within their real-life environments—especially when the boundaries between the phenomenon and its context are not clearly defined (Irmawati, 2019). Utilizing this framework, the present study aims to provide a comprehensive account of the midwifery care administered to Mrs. L.

#### **RESULTS OF ACTIVITIES AND DISCUSSIONS**

The first visit was carried out on October 15, 2024, the response given by the patient to the patient was good, in this first visit the researcher made an agreement with the patient using informed consent, and conducted an anamnesis of the patient. Who are respondents from The researcher was a pregnant woman in the third trimester, with complaints of frequent urination at night, weakness, fatigue and dizziness (Kementrian Kesehatan, 2022). After conducting the study, the midwifery care given is that this is a characteristic of anemia, this is the first trimester and the last trimester,

which is the cause because there is pressure on the mother's bladder caused by the larger uterus the fetus has not entered the upper door of the pelvis, then tell the mother how to deal with her discomfort that she experienced, namely reducing fluid intake 2 hours before bed so that the mother's rest is not disturbed (Simanullang, 2025).

From the data of the examination conducted TD: 90/60 mmhg, HR: 80x/i, RR: 24x/i, Tem: 36.5°C, in the obstetric examination carried out it was found that the back on the left side, TFU 28cm, TBBJ: 2,325gr, gestational age 29 mg 3 days, at this visit it is recommended that the mother consume foods that are high in protein and calcium vitamins, fruits can also be consumed by mothers such as beet fruits, Buag Naga as well as green vegetables such as kale, spinach, broccoli and others.

Good nutrition during pregnancy has a close relationship with the growth process of various supporting organs to increase energy, especially in the first and third trimesters, good nutrition has a close relationship with the growth process of various supporting organs to increase energy (Sinaga *et al.*, 2024).

#### **Figure 1. Counseling Activities**

Mrs. L aged 24 years G2P1A0 with a gestational age of 31 weeks made her first visit at the Pratma Niar clinic accompanied by her husband on October 12 the midwife conducted an anamnesis then conducted an assessment and anamnesis, the identity of Mrs. L's patient as an IRT where she lived in JL. Garu IV no 19 and Mr. N age 33 years old working as an employee, mother said her HPHT on 05-03-2024, TTP: 12-12-2024, mother's complaints in the first and second trimesters in normal to the third trimester mother said nausea and

vomiting in the morning, weakness, fatigue and pain in the waist, as well as frequent missions at night and easily tired, weakness and dizziness.

The examination was carried out and BB: 48 Kg, Tb : 150 cm, LILA : 24 cm, TTV within normal limits namely blood pressure : 90/60 mmhg, RR : 24x/i, Hr : 80x/i, Tem : 36.5°C, Hb: 10.5 gr%, in the obstetric examination leopard 1-4 was carried out and a feeling of the back on the left side, not yet entered the upper door of the pelvis, the lower part of the fist, TFU 28cm, TBBJ: 2,325gr, DJJ: 144 x/i, gestational age 31 weeks. To overcome the complaint, the patient informs the mother that what the mother experiences is normal in pregnant women, physiologically this complaint occurs due to hormonal changes that affect the kidneys which have to work extra so as to produce a lot of urine to meet the needs of the mother and fetus, the results of the rest of the fetal metabolism in the womb are also expelled through urine so that the mother's blood flow and urine increased, and also the position of the fetus that has been below the pelvis puts pressure on the bladder so that it often feels the urge to urinate even though the bladder is still small or even empty. The care that is given is to notify the mother Provide health education to reduce fluid intake at night 2 hours before going to bed and reduce drinking when going to bed, and not drinking cold drinks at night.

#### **Interpretation of basic data problems and needs**

Dx : **Mrs. L** Age 24 years, G2P1A0 gestational age 31 weeks, intrauterine, single fetus, alive, pu-ka, percentage of head, not yet in PAP with Mother often urinating at night as well as disturbed sleep hours and good fetal condition.

**Problem:** the mother's rest pattern is disturbed, easily tired, and dizzy.

**Needs:** health care workers for pathological conditions in pregnant women

### **Anticipating Diagnosis of Potential Problems**

Moderate Anemia - Mild Anemia

### **Immediate Action**

Nutritional Fulfillment in Mothers

### **Intervention**

1. Tell the results of the examination that has been carried out  
R.: so that the mother knows the results of the examination that has been carried out
2. Give the mother an explanation of the mother's complaint  
R : so that you don't worry too much about your current condition
3. Tell the mother of the health worker to deal with the complaint  
R : so that the mother's complaints can be overcome
4. Tell the mother to go to the clinic immediately if there are any complaints experienced  
R : so that it can be overcome immediately

### **Implementation**

1. Inform the mother of the results of the examination that has been carried out  
The results of the examination that have been carried out are: obtained  
BB: 48 Kg, Height : 150 cm,  
LILAC: 24 cm, TD: 100/70 mmhg,  
RR: 22x/i, Hr : 85x/i,  
Time: 36.5'c, Hb : 10.5gr%  
Leopold 1: TFU 28cm, TBBJ: 2.325gr, DJJ: 144x/i, gestational age 31 weeks.  
Leopold 2: Right Back  
Leopold 3 : head percentage

Leopold 4: not yet in the PAP

2. Giving an explanation to iu about the things and complaints experienced by the mother, that it is normal and physiological because of hormonal changes that affect the kidneys which have to work extra so as to produce a lot of urine to meet the needs of the mother and fetus, the results of the rest of the fetal metabolism in the womb are also excreted through urine so that the blood flow and urine of the mother increases, And also the position of the fetus that has been in the pelvic floor puts pressure on the bladder so that it often feels the urge to urinate even though the bladder is still small or even empty.
3. Inform the mother to reduce fluid intake at night 2 hours before going to bed and reduce drinking before going to bed, and not to drink cold drinks at night.
4. Notify the mother if there are complaints to immediately visit the clinic if there is any
5. more complaints than previous complaints.

### **Evaluation**

1. My mother already knows her current condition.
2. My mother already understands her family.
3. Mom already knows and understands to overcome her current family

### **CONCLUSION**

After the author carried out obstetric care during pregnancy, childbirth, postpartum care, newborn byi, and family planning (KB) Mrs. "L" was wanted at the time of the surgery on October 15, 2024 until February 03, 2025 which can be concluded

as follows: The pregnancy abnormality in Mrs. L has been carried out in accordance with the theory and has been documented in the form of narrative and SOAP, The man in the pregnancy that the man does not get is the risk factor of the mother at the age of 24 know, the man is the third pregnancy Mrs.L and the mother experiences discomfort in TM III, Mrs. L experiences low back pain and the mother often urinates and also anxiety to deal with childbirth and the care given to Mrs. L about insecurity and provide emotional support support in TM III and involve her husband and other family members to reduce the level of anxiety for Fix.

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