CONTINUITY OF CARE FOR PREGNANT WOMEN WITH MILD ANEMIA AT THE SERASI PRATAMA CLINIC, MEDAN HELVETIA DISTRICT, MEDAN CITY, NORTH SUMATERA PROVINCE 2025

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ABSTRACT

Anemia in pregnancy is a condition characterized by decreased hemoglobin (Hb) levels in the blood of pregnant women. Mild anemia is usually characterized by Hb levels between 9–10.9 g/dL. This condition often occurs due to increased iron requirements during pregnancy that are not balanced by adequate intake. Several factors contributing to low awareness of anemia in pregnant women include limited access to accurate information, varying levels of education, and dietary habits that do not meet nutritional needs during pregnancy. Furthermore, nausea and vomiting, often experienced in the first trimester of pregnancy, are also major reasons mothers are reluctant to consume nutritious foods and iron supplements. Therefore, more interactive and easy-to-understand educational methods are needed so that pregnant women can adopt a healthy lifestyle during pregnancy. Pregnant women are required to regulate their diet to meet nutritional needs. A balanced diet consists of appropriate amounts and proportions of carbohydrates, protein, minerals, vegetables, and vitamins to meet the needs of the body. (Delfina *et al.*, 2024).

Keywords: Anemia, Nutrition, Fe Tablets, Dragon Fruit

Introduction

Pregnancy is negatively impacted by anemia, and severe anemia can raise the chance of anemia in offspring. Significant anemia in the first trimester also raises the risk of low birth weight or early birth. Additionally, anemia makes it harder to fight infection and raises the risk of blood loss during childbirth (Mardiah et al., 2020)

Small for gestational age (SGA) is a danger for fetuses whose mothers have iron deficiency anemia in the first trimester, while macrosomia is a risk for those born in the second trimester (Fuzianty & Sulistyaningsih, 2022)

Health development is an investment to improve the quality of human resources to support accelerated national development. The primary focus is maternal and fetal health, with particular attention to adequate nutrition and regular check-ups to identify potential health problems (Dutta et al., 2023). More than 40% of pregnant women worldwide experience anemia, mostly due to deficiencies in iron, vitamin B12, or folate. This decrease in hemoglobin levels can lead to anemia. A hemoglobin level between 10-10.9 g/dL is a sign of mild anemia in pregnant women. Although this

condition is less severe than moderate or severe anemia, treatment is essential to prevent the development of severe anemia, which can be dangerous for both the mother and the fetus (Santi et al., 2022).

The Maternal Mortality Rate (MMR) is one indicator of the success of maternal health efforts, at 48.9%. This indicates that anemia is quite high in Indonesia and indicates a figure approaching a severe public health problem, with an anemia prevalence limit exceeding 40% (Ministry of Health, 2022).

Maternal mortality associated with pregnancy, childbirth, and the postpartum period is 305 per 100,000 live births, according to the 2018 Basic Health Research (Riskesdas). The World Health Organization (WHO) reported in 2016 that 30.3% of maternal deaths in 2018 were caused by bleeding, 27.1% by pregnancy-related hypertension, 7.3% by infection, 0.0% by delayed labor, 0.0% by abortion, and a noteworthy 40.8% by other causes. Indirect causes of maternal mortality, such as cancer, kidney disease, heart disease, tuberculosis, or other illnesses the mother has, are referred to as "other causes." This data indicates that the direct cause of maternal death is bleeding. Anemia during pregnancy might result in bleeding. Maternal mortality is indirectly caused by anemia during pregnancy (Purba et al., 2021)

A crucial step in achieving various global and national health goals is increasing the life expectancy of pregnant women, especially those with mild anemia in the third trimester. Achieving the 2030 SDGs, which address reducing maternal and infant mortality and improving maternal and child health, is closely linked to these efforts, particularly goals 3: good health and well-being; 2: ending hunger and achieving food security and nutrition (zero hunger); and 5: gender equality (Kanu et al., 2022).

In efforts to improve maternal and child health, anemia in pregnant women remains a major problem in Indonesia. The 2021 Indonesian Toddler Nutritional Status Survey (SSGI) showed that approximately 37.1% of pregnant women in Indonesia were anemic. Conversely, data from the 2018 Basic Health Research (Riskesdas) showed that 48% of pregnant women were anemic, caused by iron deficiency (Dutta et al., 2023).

North Sumatra, a province with a large population, also faces significant problems related to anemia in pregnant women. In 2020, approximately 42% of pregnant women in North Sumatra were anemic, largely due to iron deficiency (Ali, Khan, and Feroz, 2020). Continuous and comprehensive care is provided continuously from pregnancy through family planning services. The goal of this continuity of care is to prevent complications during pregnancy. Evidence-based continuity of care is crucial for women because it contributes to a safe and comfortable pregnancy, childbirth, postpartum care, newborn care, and family planning (Amelia, 2024).

To improve maternal health in the third trimester, effective midwifery care management, such as Helen Varney's 7-Step Midwifery Care Management approach and the Continuity of Care (COC) principle, is crucial. These methods can improve the quality of care and reduce the risk of complications. By combining these two methods, healthcare professionals can provide more comprehensive care that focuses on the well-being of the mother and fetus and reduces the negative effects of anemia in pregnancy (Yuliani and Fitriani, 2023).

There were 30 antenatal care (ANC) visits in the past year, the majority of whom were multiparous, and 5 of the 30 pregnant women suffered from anemia. Knowledge

is one indicator of a person's willingness to take action. A well-informed health knowledge will lead to an understanding of the importance of maintaining health and the motivation to apply it in their lives. Knowledge is a crucial factor influencing the motivation of pregnant women to attend ANC visits (Purba et al., 2021).

The initial survey at the Serasi Primary Clinic, Medan Helvetia District, North Sumatra Province, was conducted on November 10, 2024. An interview with Mrs. R revealed that she often tired easily during activities and sometimes felt dizzy. The mother's anamnesis also revealed that she had had her hemoglobin (HB) checked once at the community health center on August 6, 2024, with a result of 10g%. She was given iron tablets.

However, the problem was that Mrs. R completely ignored the health education provided, including the consumption of iron tablets given. From the results of the anamnesis, the mother said she did not like taking medication because it would cause nausea, so that until now Mrs. R has not received the right improvement in increasing hemoglobin. Here the author is interested in choosing a mother to continue providing care to Mrs. R in improving maternal health and the author took the title "Midwifery Care for Pregnancy With Mild Anemia at the Serasi Primary Clinic, Medan Helvetia District, North Sumatra Province in 2025".

Research Method
In this study, the research method used was an approach to patients who were interviewed through case studies to find out the challenges of the conditions of pregnant women at the Serasi Primary Clinic in 2024.

Serasi Primary Clinic is a healthcare facility located at Jl. Pantai Timur No. 46 Cinta Damai, Medan Helvetia District, Medan City, North Sumatra Province. The clinic is managed and led by Mrs. Srininta, MKM. The clinic offers health checks for pregnant women, women in labor, newborns, postpartum mothers, and family planning, as well as general medical services. The clinic also accepts BPJS (Social Security) for maternity care.

The researcher conducted a study on Mrs. R's pregnancy, childbirth, postpartum period, newborn care, and contraceptive use from November 10, 2024, to December 24, 2024.

Data Collection
1) Primery data
In this study, researchers collected patient data by conducting interview techniques(anamnesis), observation/ physical examination (inspection, palpation, auscultation and percussion).

2) Secondary data
Secondary data in research is important, in this research secondary data was obtained from the mother's KIA book, then from the mother's medical records and visit examination book while receiving services at health facilities.**Result**

According to the author, the description of this case study is data from the results of the assessment of Mrs. R, 24 years old, who is a housewife and her husband, Mr. R, 29 years old, is an entrepreneur. From the results of the subjective data, the mother said that this was her second pregnancy and had never experienced a miscarriage and from the results of the obstetric diagnosis obtained by the mother, G2P1A0 Gestation 31 Weeks 2 Days from the results of the estimated date of delivery was obtained on January 7, 2025, but Mrs. R had not felt any complaints such as signs of labor, TTV within normal limits was obtained BP: 110/90 mmhg, HR: 82X/i RR: 24 X/i T: 36 0C The examination was carried out TM Ke III at the Pratama Serasi clinic.

On the first visit, November 10, 2024, the mother's response to the researcher was good. In this first visit, the

researcher obtained informed consent and conducted anamnesis to obtain all patient data. The respondents in this study were third-trimester pregnant women with complaints of frequent urination, especially at night, which disrupted the mother's rest pattern and fatigue. After conducting the assessment, midwifery care that can be provided is to explain to the mother that this is a physiological thing that occurs in third-trimester pregnant women and explain the causes from various factors, one of which is due to pressure on the bladder by the uterus which is getting bigger because the fetus has begun to enter the upper pelvic door, then tell the mother how to handle the complaints felt, namely reducing fluid intake 2 hours before bed so that the mother's rest is not disturbed(Sinaga, 2022).

And to overcome the problem of easily feeling tired in third-trimester pregnant women, advise the mother to take a warm bath, drink warm water and do activities that do not cause stimulation before bed, it is known that the cause of pregnant women experiencing sleep disorders, fatigue, in pregnancy is due to nocturia or frequent urination at night (Juliana, et al. 2019).

During the visit, a manual HB examination was conducted on the mother on November 10, 2024, and the results showed a hemoglobin (Hb) level of 10 g/dL, which indicates mild anemia based on WHO criteria (Hb <11 g/dL in pregnancy). The client did not show severe symptoms, but complained of fatigue and lack of appetite. In this case, the researcher provided nutritional education, provided iron (Fe) supplements, and recommended consumption of foods high in iron such as liver, red meat, green vegetables, and sources of vitamin C to increase iron absorption. Follow-up was scheduled for reevaluation of Hb levels to be carried out 2 times after the first visit on November 24, 2024 and on December 24, 2024, after

nutritional intervention and supplementation for ± 6 weeks were carried out and finally the HB increased to 12.1g%.

During this visit, mothers are still encouraged to consume foods containing protein, minerals such as iron and calcium, vitamins, and folic acid. Good nutrition during pregnancy is closely linked to the growth of various supporting organs, increasing energy levels, especially in the third trimester and during labor and the postpartum period.

Kehamilan
Kunjungan I
Date:November 10, 2024 at:12.00 Wib
S: Subjektif
- Mother said she felt tired and often had headaches.
- Mother also said she urinated frequently at night, which disturbed her sleep.

O: Objektif
From the results of the examination that has been done, it was found that the mother's condition was good and vital signs were within normal limits. BP: 110/90 MmHg, HR: 82x/i, RR: 24x/i, T: 36.0 °C, HB: 10gr%, on abdominal examination, Leopold I palpation was obtained TFU: 29 Cm, TBBJ: 2,480 grams, gestational age 31 Weeks 2 days in Leopold II found on the right side of the mother's abdomen felt long, hard and firm which indicates the back of the fetus, when palpating the left side of the mother's abdomen the smallest part of the fetus was felt, namely the fetal extremities. In Leopold III from the results of abdominal palpation the lowest position of the fetus was the head, and when Leopold IV palpation was done the fetus had not entered the upper pelvic door which is also called "convergent".

A: Assesment
Dx: Mrs. R, 24 years old, G2P1A0, 31 weeks and 2 days gestation, intrauterine, single fetus, alive, pucal, cephalic

presentation, not yet on the pap smear, with mild anemia.

Problem: Mother with mild anemia

Needs: - Health information regarding iron tablet administration

- Health information regarding dragon fruit and beetroot juice consumption

Potential Problem: Moderate and severe anemia

P: Planing

- Provide health education about the
- Advise the mother to immediately visit the nearest clinic or health facility if her condition worsens.

Kunjungan II

Date: November 24, 2024 Time: 1:40 PM WIB

S : Subjektif

- Mother said she is currently fine.
- Mother said she has been taking iron tablets regularly.
- Mother said she has been eating dragon fruit regularly and occasionally drinking beetroot juice.
- Mother said she no longer feels dizzy and has adjusted to the frequent urination every day.

O: Objektif

TTV : TD : 110/80 MmHg

RR : 22 x/i

HR : 80 x/i

T : 36 º C

HB : 10 gr%

A: Asessment

Mrs. R G2P1A0, 24 years old, 32 weeks and 9 days gestation, with mild anemia.

Problem: Mother with mild anemia.

Needs:

- Health information on administering iron tablets.
- Health information on consuming dragon fruit and beetroot juice.

Potential Problem: Moderate and severe anemia.

P: Planing

- observing vital signs

complaint, namely frequent urination at night.

- Provide IEC (Information and Communication) about the complaint, namely fatigue and dizziness.
- Provide IEC to the mother about anemia and the danger signs of anemia.
- Provide information about nutritious food during pregnancy and consuming foods that increase the mother's hemoglobin.

TD : 110/80 MmHg   HR : 80 x/i

RR : 22 x/I   T : 36,5ºC

- Advise the mother to continue taking FE tablets and consume dragon fruit and beetroot juice.
- Advise the mother to get enough rest, reduce strenuous activity, and sleep 6-8 hours at night and 1-2 hours during the day
- Advise the mother to consume foods rich in iron. Vegetables containing folic acid such as spinach, broccoli, beans, soybeans, and kidney beans, fish, eggs, milk, and fruits such as apples, pears, beets, and longans.
- Advise the mother that the researcher will visit in one week to evaluate the increase in the mother's hemoglobin.

Advise the mother to immediately come to the clinic if any of the warning signs previously explained to her occur

Kunjungan III

Date: December 24, 2024 Time: 11:00 WIB S : Subjektif

- Mother said she regularly takes FE tablets.
- Mother said she no longer experiences frequent headaches.
- Mother said she has been consuming foods rich in iron.

O: Objektif

TTV : TD : 110/90 MmHg

RR : 24 x/i

HR : 80 x/i

T : 36 C

HB : 12,1 gr%

- The mother's conjunctiva is

pink A: Asessment

Mrs. R G2P1A0, 24 years old, 36 weeks and 11 days gestation, with a physiological pregnancy.
Problem: The mother is anxious about her delivery.
Need: Emotional support for the mother.
P: Planing
- Observe vital signs and inform the mother if there is an increase in the mother's HB levels when a digital HB examination is carried out.
TD : 110/960 MmHg; HR:80x/I; Hb: 12,1gr% ; RR : 22 x/I ; T : 36,5ºC
- Remind the mother to continue taking iron tablets at night.
- Advise the mother to get enough rest.
- Advise the mother to continue consuming iron-rich foods.
- Inform her that the fetus is doing well.
  Advise the mother to return for a follow- up visit if there are any complaints or signs of labor.

According to Varney, the process involves seven steps: data interpretation, diagnosis of potential problems, prediction/immediate action, planning (intervention), implementation, and evaluation. These steps are explained below.

1. Data Interpretation
According to the book (Proverawati and Asfuah 2021), anemia during pregnancy is defined as a decrease in hemoglobin levels below 11 g/dl between the first and third trimesters and less than 10 g/dl during the postpartum period and the second trimester. Anemia is characterized by having an Hb level of less than 11 g/dl. Anemia is classified into three types (Proverawati, 2020): mild anemia is defined as an Hb level of 9-10.9%, an Hb level of 8.9-7 g% is considered

moderate anemia, and a hemoglobin level of 7% is considered severe anemia. Based on the assessment, subjective data obtained showed that Mrs. R often experienced fatigue and dizziness after the fifth month of pregnancy. Objective data obtained during a physical examination showed pale conjunctiva and mild anemia with a Hb level of 10 g%. Therefore, there is no gap between theory and practice in the field (Manurung, 2022)

2. Diagnosing Problem and Needs
In this second stage (Apriani, Firdayanti & Sari, 2020) showed that subjective data (complaints of fatigue, dizziness, paleness) and objective data (Hb increased from 9.8g/dL to 11g/dL) supported the correct diagnosis of mild anemia, and interventions in the form of Fe tablets, nutrition education, and home visits were consistent with midwifery theory so that no gaps were found between theory and practice.

3. Identifying Potential Problems
According to Nur et al. (2020), if mild anemia is not properly managed, it can lead to more serious consequences, ranging from moderate to severe anemia. There are also risks of premature birth, poor fetal development, low birth weight (LBW), susceptibility to infection, low IQ, and maternal death during the second trimester. Mrs. R, who is pregnant with mild anemia and potentially moderate to severe anemia, lacks practical interest in the theory.

4. Immediate Action
According to WHO (2020), Hb levels of 9 g/dl-10 g/dl during pregnancy are considered mild anemia and should be taken orally with a combination of 60 mg of iron and 500 mg of folic acid per day. This will include administering iron tablets, providing education on the impact of anemia on the fetus and mother, and increasing dietary intake of protein and iron. Advise the mother to

get enough rest to avoid conflict between theory and practice.

5. Intervention

According to WHO 2020, Mrs. R's mild anemia requires 60 mg of iron and 500 mg of folic acid daily. This includes counseling on the impact of anemia on the fetus and mother; education on increasing food, protein, and iron intake; and advising the mother to get enough rest. There is no in-depth understanding of theory and practice as a way to address the mother's condition.

6. Implementation

The author found no deviations between theory and practice during the implementation phase, as the program followed the mother's plan. The mother was given 60 mg iron tablets one at a time and folic acid once daily. She was also informed about the instructions and side effects, and she was instructed on balanced nutrition and rest patterns. She underwent a hemoglobin level check one week after the intervention (WHO, 2020).

7. Evaluation

After continuous midwifery care for Mrs. R, who suffered from mild anemia for approximately 44 days, results showed an improvement in hemoglobin status. Care was provided through a promotive and preventive approach, including education and implementation of a balanced nutritional diet (such as green vegetables, chicken liver, and nuts), consumption of beetroot and dragon fruit as natural sources of iron, and administration of iron supplements as recommended by the Ministry of Health. Based on the evaluation results, the intervention was declared successful in increasing hemoglobin levels to normal levels

Discussion

Previous research supports the effectiveness of dragon fruit in increasing Hb levels in pregnant women. Lubis (2024) found that administering dragon fruit (Hylocereus polyrhizus) juice significantly increased hemoglobin levels in pregnant women with anemia at the Nurhalma Clinic. Similarly, research by Maria et al. (2024) showed that administering dragon fruit juice can increase hemoglobin levels in pregnant women with anemia at the Kedaton Community Health Center in Bandar Lampung. Furthermore, iron supplementation has long been recommended to treat anemia in pregnant women. Mardiana (2023) emphasized that the combination of dragon fruit and iron tablets is effective in increasing hemoglobin levels in pregnant women with anemia.

Therefore, both the beetroot juice intervention in that study and the dragon fruit supplementation in my care demonstrate positive potential in managing

Conclusion

The implementation of continuous midwifery care for Mrs. R, a pregnant woman with mild anemia (Hb 10 g/dL), was proven effective in increasing Hb levels to 12.1 g/dL before delivery. This success was supported by nutritional education, the provision of iron supplements, and regular monitoring throughout the pregnancy. The delivery process proceeded normally without complications, the postpartum period was physiological, the baby was born healthy, and the mother chose a natural contraceptive method (LAM) postpartum. This demonstrates that comprehensive and continuous midwifery care can optimally improve the health status of both mother and baby.

Sugestion

1. Respondents

Patients improved their understanding of pregnancy danger signs by attending ANC (prenatal care) visits frequently and using their Android phones to search the internet for information on

anemia and its dangers.

2. Serasi Primary Clinic
   Improving prime obstetric services by treating mild anemia cases in pregnant women as quickly as possible

3. Institutions
   Expand students' knowledge and insights by providing the latest references and books on anemia.

4. Students
   Students should increase their reading interest to better identify the signs of mild anemia and plan care for pregnant women with mild anemia

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