

DOI:

10.22301/IJHMCR.2528-3189.965

Article can be accessed online on:
<http://www.ijhmcr.com>

ORIGINAL ARTICLE

**INTERNATIONAL JOURNAL
OF HEALTH MEDICINE AND
CURRENT RESEARCH**

MANAGEMENT TRIMESTER PREGNANT WOMEN CARE MIDWIFERY II ANEMIA BY WEIGHT AT HOME DELIVERY AATHIRA NORTH DISTRICT HALMAHERA TOBELO

**Rasmin Hi. Abd. Mutalib^{1,2*}, Maria Rantung^{1,2}, Alexander Maengkom^{1,2},
Charles Turangan^{2,3}, Fadila Palias¹**

¹ Midwifery Program of AKBID Makariwo Tobelo, North Halmahera, North Moluccas, Indonesia.

² Nursing Program of STIKES Halmahera Tobelo, North Halmahera, North Moluccas, Indonesia

³ Medika Mandiri Foundation Halmahera, North Halmahera, North Moluccas, Indonesia.

ARTICLE INFO

Article History:

Received 4th June, 2018

Received in revised form

5th July, 2018

Accepted 03th Agustus, 2018

Published online 30th September,
2018

Key words:

Management Midwifery Care,
Anemia Weight.

***Correspondence to Author:**

Rasmin Hi. Abd. Mutalib
Midwifery Program of AKBID
Makariwo Tobelo, North
Halmahera, North Moluccas,
Indonesia

E-mail:

mutalibrasmin@gmail.com

ABSTRACT

Anemia in pregnancy can hurt, especially during pregnancy, and childbirth. Anemia high Perferensi negative consequences such as disruption and resistance at good growth of body cells and brain cells.

Demographic health survey results from Indonesia (IDHS) in 2013 states that MMR in Indonesia is 359 per 100 000 live births, the target in the Millennium Development Gold (MDG) was 120 in 2015. One of the factors of altitude MMR in Indonesia is caused by anemia.

This study aims to implement midwifery care in pregnant women with severe anemia trimstr II in accordance with midwifery care management 7 steps varney.

Research method in this case is in use in a problem-solving approach to midwifery care yang include assessment, problem analysis / diagnosis, a potential diagnosis, immediate action, the action plan implementation and evaluation. The location decision is a case of a maternity home Aathira Tobelo northern Halmahera district.

Results In the case of midwifery care data collected for 4 weeks with final results in MRS "F" by the second trimester pregnant women with severe anemia can result: Vital Signs BP 110/70 mmHg, HB10 gr% Nadi 82 x / minute, respiratory 22x / m, body temperature 36oc, with moderate anemia In conclusion,Based midwifery care that has been done and the discussion of "manejemen Midwifery Care in Pregnancy trimester II with severe anemia in Mrs. F G2P1A0 in RUMA Maternity AATHIRA Tobelo 2018 "which uses 7

Copyright © 2018, **Rasmin Hi. Abd. Mutalib**. This is an open access article distributed under the creative commons attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Rasmin Hi. Abd. Mutalib^{1*}, Maria Rantung², Alexander Maengkom³, Charles Turangan⁴, Fadila Palias¹, 2018 "Management Trimester Pregnant Women Care Midwifery II Anemia By Weight At Home Delivery Aathira North District Halmahera Tobelo", *International Journal of Health Medicine and Current Research*, 3, (03), 965-968.

steps Varney from data collection to evaluation.

After the appropriate midwifery care to the SOAP varney step 7, the results are expected at the maternity hospital Aathira North Halmahera Tobelo implement handlers Anemia weight and can be handled carefully and precisely so as to prevent the occurrence of anemia can weight.

INTRODOCTION

Until now, the high maternal mortality rate in Indonesia is still an issue to be a priority in the health sector. In addition to showing the health of society, can also describe the level of community prosperity and quality of health services. The direct causes of maternal death are anemia. 1

Severe anemia in pregnancy remains a chronic problem in Indonesia is proven in the prevalence among pregnant women by 63, 5%. In the last four years the prevalence of anemia did not show decreased quite significantly. In the era of development in Indonesia as it is today where the quality of human resources is a priority as being particularly at the problem of anemia should receive serious treatment.

According to Rustam (1998), the cause of most of anemia in Indonesia is a shortage of iron deficiency that is required for the formation of hemoglobin is called anemia difisiensi iron. Anemia in pregnant women due to complications that bring a high risk of miscarriage, bleeding, low birth weight, atonic uterus, uterine inertia, retained placenta. 2

According to the World Health Organizations (WHO), anemia in pregnancy is defined as hemoglobin levels of pregnant women <11g% (Nwachi, et al., 2010). Anemia in pregnant women is said to be normal if it is still suffering from mild anemia (11g%), but in some cases a lot of pregnant women have anemia serious enough due to low levels of iron. 3

Demographic health survey results from Indonesia (IDHS) in 2013 states that the maternal mortality rate in Indonesia is 359 per 100 000 live births, the target in the Millennium Development Gold (MDG) was 120 in 2015. One of the factors of altitude MMR in Indonesia is caused by anemia , 4

This indicator is not only able to assess the maternal health program, moreover, is able to assess the public health because of its sensitivity to the improvement of health services, both in terms of accessibility and quality.

Based on data from the Health Department of North Halmahera 4111 2017 number of pregnant women, the number of pregnant women with less anemia 197 and the number of AKI 13. 5

Based on preliminary studies will be undertaken in Ruma Maternity Aathira Tobelo in January 2017 until the month of May 2018 reached the number of pregnant women 87 pregnant women, 60 normal pregnant and 2% hemorrhage, 1% abortion, 1% percent moderate anemia, 1% severe anemia , 6

METHODS

This study uses descriptive research is research that includes plans to use the case study 7 Varnei rare.

DISCUSSION

Assessment

Assessment and collection of baseline data which is the initial stage of midwifery management implemented by way of assessment of subjective data, objective data and supporting data.

Based on data from subjective and objective data the authors obtained in the case of Mrs. F data obtained mother told her feel weak, dizzy and tired weak general condition, conjungtiva pale, BP = 100/70 mmHg, N = 82 x / minute, S = 36, 5 C, R = 22 x / min, Hb 7 g%.

Based on the signs and symptoms experienced by Mrs. F indicates between theory and practice is no gap.

Data Interpretation

In this case the diagnosis is Mrs. F G2P1A0 24 years of age, gestational age 30 weeks, a single fetus, life, intrauterine, elongated layout, back left, cephalic presentation, the presenting part not yet entered the pelvis, with severe anemia. Problems experienced by Mrs. F is anxious and uneasy for pregnancy, because the body felt weak, dizzy and tired quickly. Requirements given in Mrs. F is the IEC on nutritious foods, IEC on iron supplements and give moral support.

According to Rustam (1998), the cause of most of anemia in Indonesia is a shortage of iron deficiency that is required for the formation of hemoglobin is called anemia difisiensi iron. Anemia in pregnant women due to complications that bring a high risk of miscarriage, bleeding, low birth weight, atonic uterus, uterine inertia, retained placenta.

Potential diagnosis

Potential diagnosis is a statement which comes under the problem that has been identified. This step is necessary anticipation and, if possible to do prevention. By identifying potential problems or potential diagnoses that would occur based on diagnosis / problem that already exists and formulate what action needs to be given to prevent or avoid the problem / potential diagnoses that will happen. Potential diagnosis in pregnant women with severe anemia.

Potential diagnosis in this case is severe anemia does not occur, because the diagnosis has been established and has done the proper handling and fast. This step can not be found in the gap between theory and practice in the diagnosis or identify potential problems.

Anticipation

Anticipation reflects the continuity of midwifery management process, in anticipation theory that

identifies the grave situation in which midwives should act promptly for the benefit and safety of life.

Anticipation should be done in cases of pregnant women with severe anemia is the provision of iron tablets 2 tablets per day with a dose of 120 mg, inspection Hb 1 week.

In this case, be taken immediately for the provision of iron tablets 2 tablets per day with a dose of 120 mg and pemeriksaan kadar Hemoglobin once a week. In this step does not find the gap between theory and practice in anticipation of the action set immediately.

Plan

Planning is based on the diagnosis of obstetrics, thorough planning care is determined by the previous steps. Decisions developed under thorough care should be rational and absolutely appropriate based on knowledge and theory are up to date and a Mrs plan must be approved by the midwife and patient.

Implementation

In step implementation of midwifery care in pregnant women with severe anemia is the implementation of a comprehensive action plan on steps pelaksanaan ini care has been done and done in accordance with the care plan that has been made.

In this case not found the gap between theory and practice in the implementation of the overall set.

Evaluation

Evaluation is the final step to assess the effectiveness of the plan of care provided includes fulfillment if it really had been met in accordance with kebutuhannya dalam problems and diagnoses.

The expected results of midwifery care of pregnant women with severe anemia are expected KU and vital signs good mother, a mother willing to take a tablet Fe, and ordinances, mother willing to eat foods that contain lots of vegetables, hemoglobin rise, does not occur with severe anemia.

Evaluation of these cases after treatment for 4 weeks with the results of the general state of good mother, awareness composmentis, TD = 110/70 mmHg, n = 82 x / minute, S = 36, 5 C, R = 22 x / min, Hb 11 , 3 g%, a mother willing to take iron supplements, mothers willing to eat nutritious meals 95, hemoglobin rose from 7 to 10 g% g%, conjungtiva pink, white sclera and severe anemia.

In this case it is not found the gap between theory and practice in the field in the evaluation of the case.

CONCLUSION

Based midwifery care that has been done and the discussion of "Midwifery Care in Pregnancy trimester II with severe anemia in Mrs. F G2P1A0 in Home Delivery Aathira Tobelo 2018 "can be summed up as follows:

1. Severe anemia occurs in others, such that it is iron-deficiency anemia is back by the Hb examination. Therefore, the recommended treatment is regular and administration ANC Fe
2. Anemia in pregnancy is not only caused by an iron deficiency but bisa also caused by (megaloblastic anemia, hypoplastic anemia and hemolytic anemia)
3. With good counseling is given to the mother, the problems faced by the mother can tackle optimally so that midwives can make good decisions in providing care midwifery.

REFERENCES

1. Jidan Journal ilmia midwife. 2016; Volume 4 (1). Factors associated with anemia factor.
2. Midwives Prada: the journal of obstetrics, compliance Relations pregnant women consume iron tablet with anemia In the village Pageraji Cilongok District of BaMrsumas. December 2012 Vol. 3 (2).
3. SUPRIYANTININGSI. Manograf anemia in pregnancy hiperimesi gravidarum, Research Article 7: 381 812. 28 May 2018; fromhttp: // www. NCB. NML. NLH. gov / articles / PMC 317 165 / PDF / ANE. case 1.
4. Deiby Rumbajan, Arend L. Mapanawang, Nolly LM Gagali, JumriaMrs, Santje M. tooy, Maria Rantung, Selvi S. Ticoalu, Leady D. Lamidja. IJMCR International Journal Of Medicine and Current Reserch Heald, The Effect Of Leaf Gedi Decoktion (Abelmoschus Manihot) Hb Toward Increasing Perturition At Mom With Anemia.
5. Profile PHO North Halmahera number of AKI, pregnant women and pregnant women with less anemia health department. 2017.
6. Aathira Maternity Clinic. Data delivery in 2017.
7. Copyright 2017, Journal of Aisha: Journal of Health Sciences. The incidence of anemia among pregnant women in the review of parity age.
8. International Journal Of Medical Scienci and Public Health. Effect of intravenous iron sucrose therapy for moderate -to0severe anemia in pregnancy: A longitudinal study. 2015; Vol 4 (1).
9. Nigerian Journal of Clinical Practice. Is antenatal pregnancy to prevent anemia in pregnancy aterem. Mey-jun, 2015.
10. Sabina Shaikh, Syed Iftequar, Zahit Zahet, Mhed, Mukhtar Khan, Sarfaz Khan. Journal Of Innovactions In Pharmaceuticals and Biologica Sciencs.www.jipbs.co, a glimpse of anemia in pregnancy.
11. Th. Endang Purwoastuti, S. Pd. APP, Elizabeth Siwi Walyani, Amd. KEB. Social science for

- obstetrics and gynecology obstetrics, 1-
Yogyakarta. 2015.
12. Betty Mangkuji, SST. M. Keb. 7 rare varney
 13. midwifery care, SOAP 167-168 things.
 14. Arend Mapanawang. Research health field.
Medika Mandiri. 2016; 135 things.
