International Journal Of Health Medicine and Current Research
E - ISSN : 2528 - 3189
P - ISSN : 2528 - 4398

*International Journal of Health Medicine and Current Research*
*Vol. 4, Issue 01, pp.1142-1148, March, 2019*

**DOI:**
10.22301/IJHMCR.2528-3189.1142

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

**ORIGINAL ARTICLE**

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

# MIDWIFERY CARE MANAGEMENT PARTICIPANTS KB SYRINGE 3 MONTHS IN NY. S WITH A BIRTHING AT HOME MOTHER *SPOTTING* HASIMA TOBELO NORTH HALMAHERA

**Maria Dondokambey[1] *, Widyawaty Ismail[1] , Mei Adrina Tongotongo[2]**

*[1] Midwife Deparment of Akbid Makariwo Tobelo, North Halmahera, North Moluccas, Indonesia*
*[2] Nursing Department of STIKES Halmahera, Yayasan Medika Mandiri*

## ARTICLE INFO

***Article History:***
Received 24th Dec, 2018
Received in revised form
22th Jan, 2019
Accepted 25th Feb, 2019
Published online 31st Mar, 2019

***Key words:***
*Midwifery Care, 3 Month Injection Injector Acceptor, Spotting.*

***Correspondence to Author:***
**Maria Dondokambey**
Midwife Deparment of Akbid Makariwo Tobelo, North Halmahera, North Moluccas, Indonesia.

**E-mail:**
m.dondokambey@gmail.com

## ABSTRACT

The new paradigm of the national family planning program has been modified from its vision embodies the small family Norm happy and prosperous (NKKBS) became a vision to realize quality family 2015 year. Participants active in Indonesia year KB 2016 as much fertile age couples 48,536,690 (PUSSY). Acceptors in the Birthing House KB Mother Hasima Tobelo year 2017 is the participant KB syringe 3 months as many as 214 participants (51.10%). One of the side effects is 3 months of injecting KB spotting. *Spotting* is bleeding irregular bleeding or *spotting* but not dangerous is happening outside of the menstrual cycle. Acceptors KB syringe 3 months who experience *spotting* at home Maternity Mother Hasima Tobelo as much as 52 participants.

The purpose of this research is to carry out the direction of midwifery on the acceptors KB syringe 3 months with spotting in accordance with the midwifery management 7 steps Varney.

This scientific paper using a descriptive method. Location at home Maternity Mother Hasima Tobelo North Halmahera Regency, the subject of Ny. S aged 21 years $P_1$ $A_0$ acceptors KB syringe 3 months with *spotting*. A case study done on 02 July until 9 July 2018 using the format of Midwifery care of family planning with the 7 steps Varney and data development using documentation of SOAP.

Midwifery care is done in Ny. S $P_1$ $A_0$ for 7 days that spotting experienced Ny. S $P_1$ $A_0$ on 7 day care can be resolved but not given the therapy



**Citation: Maria Dondokambey[1] *, Widyawaty Ismail[1] , Mei Adrina Tongotongo[2], 2019** "Midwifery Care Management Participants Kb Syringe 3 Months In Ny. S With A Birthing At Home Mother *Spotting* Hasima Tobelo North Halmahera", *International Journal of Health Medicine and Current Research*, 4, (01), 1142-1148.

for removing *spotting*. From case Ny. S There is a gap between theory and case in the case of Ny. S immediate action is only given Fe tablet therapy to prevent anemia and cefixime to prevent infection because it is moist. Whereas in theory should be given two treatment options if the patient wants to continue the injection.

## INTRODUCTION

Family planning is an effort that regulates the number of births in such a way that for the mother and her baby and for the father and his family or the community concerned will not cause harm as a direct result of the birth.[1]

According to the WHO *(World Health Organization)* in 2014 / 100,000 live births in 2012 maternal deaths were related to pregnancy, childbirth, and the birth of 359 per 100,000 live births. [2] The maternal mortality rate in Indonesia has not shown a significant decline that should have been 225 per 100,000 live births in 2000, the challenge we face is to reduce maternal mortality to 102 / 100,000 live births and infant mortality rates to 15/1000 live births in the year 2015 as achieved in the development goals of the *Millenium Pneumatics Development* (MDGs). [3]

Indonesia established a Village Midwife program in 1989 to reduce the high rate of maternal mortality. The aim of this program is to overcome gaps in access to reproductive health care for rural women, improve access and use of family planning services, and expand the types of contraceptive methods available. [4]

Indonesia's Health Profile in 2015 showed that there was an increase in population growth between 3 , 34 and 3.73 million per year from 2010 to 2015. This contributed to the population of Indonesia 255 , 46 million in 2015. The population pyramid in Indonesia shows that the highest distribution in the younger population. This can have an impact on the population explosion in the next few years. One method for controlling population growth is through family planning (KB). Indonesian Regulation number 87 of 2014 states that family planning is a way to limit the number of children, distance, and ideal age for maternity as well as childbirth through promotion, protection, and assistance in accordance with reproductive rights to establish quality family planning. [5]

The new paradigm of the national family planning program has been changed from its vision of realizing Happy and Prosperous Small Family Norms (NKKBS) into a vision to realize a quality family in 2015. Quality families are families who are prosperous, healthy, advanced, independent, have ideal, insightful children forward, responsible, harmonious and devoted to God Almighty. [6]

Have a harmonious, harmonious and balanced relationship between family members, the community and the environment around the place of residence. Based on the vision and mission of the National Family Planning, a quality family planning program with quality childbirth can be arranged which can be regulated through the use of contraception. [7]

The use of contraception in Indonesia from year to year has increased significantly, in 2016 there were 48,536,690 active couples (EFA) as active participants. Likewise what happened in North Maluku Province, while based on the data the authors obtained about the coverage of new active and family planning participants from the Indonesian health profile data and information in 2016, namely the number of active family planning participants as many as 36,873 participants (87.03%). For use according to contraceptive methods : 1,580 participants (4.28%) condoms, 7,807 participant pills (21.17%), 17,184 injection participants (46.60%), 1,475 IUD participants (4.00%), 7,435 implant participants (20, 16%), MOW 845 participants (2.29%), MOP 547 participants (1.48%), diaphragm 0 (0.00%). While the number of new KB participants was 43,603 participants (102 , 91 %). For use according to contraceptive methods: condoms 1,187 participants (2 , 27 %), 5,900 pills (13.53%), injections 20,877 participants (47.88%), IUD 718 participants (1.65%), implants 14,294 participants ( 32.78%), MOW 580 participants (1.33%), MOP 47 participants (0.11%). [8]

The achievement of active family planning participants in North Halmahera Regency in January to December 2017 was 23,172 participants. For use according to the contraception method : implants 4,604 participants (19.86%), injections 16,103 participants (69.50%), IUD 680 participants (2.93%), MOP 59 participants (0.25%), MOW 295 participants ( 1.27%), condoms 93 participants (0.40%), diaphragm 0 (0.00%), pill 2,018 participants (8.70%). [9]

Meanwhile, in the Motherhouse of Hasima Maternity Home chosen as a place of study, in 2017 from January to December there were 412 family planning participants, 214 months (51.10%) using 3 months injection contraception, 75 participants (implantable). 18.20%), IUD (uterine contraception) as many as 74 participants (17.10%), MOW (Female Surgery Method) as many as 27 participants (6.55%), pills as many as 19 participants (4.6%), condoms as many as 3 participants (0.72%), MOP (Male Surgery Method) none. There were several side effects from injecting family planning users, namely spotting *(* 52 *)* ,

vaginal discharge *(Flour albus)* as many as 50 participants, weight gain of 46 participants, 43 amenorrhea, 12 participants in hypermenorrhea, 11 headaches participants.

## METHODS

The research method used was descriptive with a case study approach, namely, reviewing and analyzing the theory of 3-month injection contraception, *spotting*, midwifery care management, and documentation methods at the Maternity House of Hasima Tobelo North Halmahera Regency. [25]

## RESULTS AND DISCUSSION

After the author carried out midwifery care for injection KB acceptors with *Spotting* in Ny. SP $_1$ A $_0$ with midwifery management according to Varney, the author will discuss and compare between theory and case when providing midwifery care so that they can find out the gaps that occur and draw conclusions using Varney's 7 steps as follows:

Step I. Basic Data Identification and Analysis

In this step include *subjective* data and *objective* data . Subjective data, ie information recorded includes identity, complaints obtained from interviews directly with patients / clients (history) or from family and health personnel. The main complaint of the 3-month injection KB acceptor with *spotting* is removing blood-brownish blood spots on the genitals fingers.

*Objective* data is data that has been collected, tailored to the needs of patients and then do the data processing that combine and correlate data with one another, giving rise to the facts. To find out the general condition of the patient as a whole by observation. To get an overview of patient awareness, assess the degree of awareness of patients from the state of *composmentis* (maximal awareness), coma (the patient is not conscious).

In the case of Ny. S 3-month injection KB acceptor with *spotting* the reason for coming to the midwife was to continue the injection and found the main complaint was that the mother said that the mother as a 3-month injection KB acceptor and complained of issuing brownish red blood spots from the genitals. Whereas in the *objective* data a physical examination and laboratory examination are carried out, namely: general condition: good, abdominal palpation: not palpable tumor, inspection of conjunctiva: easy red color, genetalia examination: blood stains appear brownish red, blood odor, blood test, 10: , 1 g / dL. In this step there is no gap between theory and case.

Step II. Identify Actual Diagnosis of Problems

Identify lazy data available to determine accurate diagnosis. The collected data is interpreted according to obstetric diagnosis, problems and needs. An emerging obstetric diagnosis is Ny . SP $_1$ A $_0$ age 21 years family planning acceptors with 3 months injection with *spotting* the 12th day, the problem is that the mother feels anxious and uncomfortable due to the blood spots she has experienced. The need given is to provide information about blood spots *(Spotting)* it is a side effect of using injection KB and providing moral support to the mother.

*Spotting* is one of the side effects of injectable KB in *menstrual* disorders. *Menstrual* disorders are long-term effects that are often found in injecting contraceptive users. Because injection contraception contains the hormone *progesterone* which causes menstrual disorders due to hormonal balance in the body. [27] So it can be concluded that in this step there is no gap between theory and case.

Step III. Identify Diagnosis of Potential Problems

This step is a step to identify diagnoses or potential problems and anticipate their handling if possible prevention.

In the case of Ny. At the age of 21 years, a family planning acceptor with 3 months injection with day *spotting of* 12 potential diagnoses was determined to be anemia.

Anemia is a decrease in levels *hemoglobin*, *erythrocyte* count , and *hematocrit* so that the amount of *erythocytes* and or circulating *hemoglobin* levels cannot fulfill its function to provide oxygen to body tissues. Usually anemia characterized by a decrease in *hemoglobin* concentration of less than 13, 5 g / dL in men and less than 11.5 g / dL in adult women. Four causes of anemia, namely: inadequate intake, loss of red blood cells caused by trauma, chronic bleeding infections, *menstruation*, and decreased or abnormal cell clotting. [28]

Anemia is a decrease in the number of red blood cells or a decrease in *hemoglobin* concentration in the blood circulation to the conditions hemoglobin level <10, 0 g / dl for perempua n. [29]

The length of time and bleeding that occurs during menstruation does vary between one woman and another woman. Normally, bleeding bleeding occurs during menstruation is 3-7 days. Basically, abnormal

menstrual periods or more than normal will result in more blood expenditure so that it can cause iron deficiency. [30]

So it can be concluded that in this step there is no gap between theory and case.

Step IV. Immediate Action and Collaboration

Determine the patient's need for immediate action by a midwife or consultation, collaboration and referral to abnormal deviations.

In the case of Ny. At the age of 21 years, family planning acceptors were injected with 3 months injection with 12 days of *spotting* the immediate action given was therapy of Fe tablets once a day and antibiotics cefixime twice a day.

While according to the theory there are two suggestions for treatment options if the patient receives bleeding and wants to continue the injection, the treatment includes:

1. With a combined contraceptives 2 times 1 tablet a day, after the bleeding stops reduced doses 1 times 1 tablet a day, then stopped altogether.
2. Prenomut N 2 times a day until the bleeding stops, after bleeding stops the dose of the drug is reduced to 1 time 1 day then stopped altogether. ( given after consul with an obstetrician).
3. If the bleeding that threatens the client's health or the client cannot receive the bleeding that occurs, then the injection should not be continued and choose another type of contraception. [19]

So in this step there is a gap between theory and case, because in the case only blood tablets and antibiotics are given, whereas according to the theory there must be two treatment options to stop the blotch bleeding.

Step V. Midwifery Care Action Plan

Planned comprehensive care based on previous steps. All planning must be based on appropriate considerations.

In the case of Ny. At the age of 21 years a family planning acceptor with 3 months injection with *spotting* day 12 action plan is tell the mother the results of the examination, tell the mother that will be injected injections 3 months, tell the mother about information bloodstains *(Spotting)* experienced, give KIE in mothers about side effects of injections 3 months, advise the mother to maintain *personal hygiene*, especially in the pubic area, give the mother moral support and encourage the mother to revisit if there are complaints and tell the mother that a home visit will be made.

Because at this step the midwife's job is to formulate a care plan in accordance with the results of the discussion as planned with the client and family, then make a mutual agreement before implementing it. [24]

Then it can be concluded that in this step there is no gap between theory and case.

Step VI. Implementation of Midwifery Care

This stage is the implementation stage of all previous plans, both on the patient's problem or the diagnosis that is enforced.

In this step, appropriate action has been carried out in planning, namely telling the results of the examination, telling the mother that the mother will be injected immediately, giving information about blood spots *(Spotting)* , giving KIE to the mother about the side effects of 3-month injection KB, encouraging the mother to maintain *personal hygiene* especially in the pubic area, giving the mother moral support and encouraging the mother to come back if there are complaints and notifying the mother that a home visit will be held on July 5, 2018.

In this step a comprehensive care plan that has been made can be carried out efficiently entirely. So in this step there is no gap between theory and case.

Step VII. Midwifery Care Evaluation

Evaluation is the final stage in midwifery management, namely by evaluating the planning and implementation carried out.

After 8 days of midwifery care, starting from July 2, 2018 until July 9, 2018 obtained a good general condition, vital signs within normal limits, no potential diagnosis that appears, the mother is not anxious and already feels comfortable, staining bleeding stops since July 8, 2018 when he woke up in the morning and then in the afternoon until the afternoon when the blood spot examination was no longer out, the mother was willing to come to the puskesmas or doctor to get further examination and treatment if the spotting bleeding came out again.

Evaluating the results of care that has been provided includes meeting the need for help whether it has actually been fulfilled according to the diagnosis of the problem or not. [24]

So to conclude this step there is no gap between theory and case.

## CONCLUSION

After the authors Midwifery Care using midwifery management according to Varney, in Ny. S age 21 years $P_1 A_0$ family planning acceptors injecting 3 months with *spotting* 12 days, the authors can draw the following conclusions:

1. Identification and analysis of basic data in Ny . S age 21 years $P_1 A_0$ family planning acceptors with 3 months injection with 12 days *spotting* obtained from *subjective* and *objective* data . From the *subjective* data , data was obtained that the mother said that she had blood brownish red spots from her genitals since June 21, 2018 and the mother was worried about her condition. *Objective* data obtained from physical and laboratory examinations include general conditions : good, abdominal palpation: no palpable tumor, inspection of the conjunctiva: easy red color, genetalia examination: there are brownish blood spots, typical blood odor, Hb examination: 10.1 g / dL.
2. Identify diagnoses of actual problems, data obtained from data collection taken from identification and analysis of basic data to obtain a midwifery diagnosis, namely Ny . S age 21 $P_1 A_0$ acceptors injecting 3 months with *spotting* day 12, the problems experienced are feeling anxious and uncomfortable for spotting experienced. The needs provided are information about *spotting* and moral support.
3. Identification diagnosis of potential problems in the case of Ny. S age 21 years $P_1 A_{0-}$ month KB acceptor with 12 days *spotting* is anemia.
4. Immediate action and in the case of Ny. S age 21 years $P_1 A_0$ family planning acceptors injected 3 months with *spotting* on the 12th day which is giving Fe tablet therapy once a day and cefixime antibiotics twice a day.
5. The midwifery care plan that will be carried out in the case of Mrs. S age 21 $P_1 A_0$ acceptors injecting 3 months with *spotting* day 12 is let the results of the examination, tell the mother about information blood spots *(spotting),* provide the IEC in the mother about side effects of injections 3 months, advise the mother to keep *personal hygiene* especially in the pubic area, give the mother moral support, encourage the mother to revisit if there are complaints and tell the mother that a home visit will be carried out.
6. Implementation of midwifery care given to Mrs. S age 21 years $P_1 A_0$ family planning acceptors injected 3 months with *spotting* 12 days according to what was planned.
7. Evaluation of the care provided in Ny. S 21 years old $P_1 A_0$ family planning acceptors are injected 3 months with 12 days *spotting* for 8 days, the results of general conditions are: good, awareness: *composmentis* , no potential diagnoses that occur, the mother does not feel anxious and is comfortable, bleeding stopped since July 8, 2018 when I woke up early in the morning and then in the afternoon when the blood spot examination was no longer out, the mother was willing to come to the puskesmas or doctor to get further examination and treatment if the spotting bleeding came out again.

## REFERENCES


1. Elise Putri, Melyani. Hubungan Pengetahuan Dengan Sikap Dalam Memilih Metode Amenorea Laktasi Pada Ibu Nifas Di UPTD Puskesmas Kecamatan Pontianak Utara. Jurnal Kebidanan, Vol : 7 Nomor ; 1 Mei 2017.
2. Tamera Grace Natalia, Rasmin Hi. Abd Mutalib, Frangky Mapanawang. Managemen Of Obstetric Care At Maternity Mother Ny. "Y" With Kala II Long In Tobelo Of North Halmahera Clinic. International Journal Of Health Medicine and Current Reserch, 2017, Vol : 2 ; (03) : DOI : 10.22301./IJHMCR.2528-3189.
3. Suhartono Hermanus. Improved Realitationship Of Skills and Knowledge and Equitable Distribution For Health Care Workes Can Reduce Maternal and Infant Mortality Rate In Indonesia Especially. International Journal Of Health Medicine and Current Reserch, 2017, Vol : 2 ; (02) : DOI : 102230/IJMCR.2528-3189.
4. Emily H. Weaver, et al. Effect of Village Midwife Program on Contraception Prevalence and Method Choice in Indonesia. NIH Public Access, 2013 Dec: Vol 44 (4): 389-409. DOI: 10.1111/j.1728-4465.2013.00366.
5. Kementrian Kesehatan Republik Indonesia 2014. Profil Kesehatan Indonesia.
6. Denny Pebrianti, Yuliana. Hubungan Pengetahuan Ibu Tentang Kontrasepsi Suntik Depo Provera Dengan Kepatuhan Kunjungan Ulang di Polindes Kuala II Kabupaten Kubu Raya. Jurnal Kebidanan, Vol : 06 Nomor ; 01 Mei 2016.

7. Selfi Elisabet Kansil dkk. Hubungan Penggunaan Kontrasepsi Suntik Depo Medroxi Progesteron Asetat (DMPA) Dengan Perubahan Fisiologis Pada Wanita Usia Subur (WUS) di Puskesmas Ranomuut Kota Manado. Jurnal Keperawatan Vol : 03 Nomor ; 03 Agustus 2015.
8. Kementrian Kesehatan Republik Indonesia. Data dan Informasi Kesehatan Indonesia, Profil Kesehatan Indonesia Tentang Cakupan Pengguna Kontrasepsi di Maluku Utara : 2016.
9. Profil Dinas Kesehatan Kabupaten Halmahera Utara. Data Cakupan Pengguna Kontrasepsi Tobelo : 2017.
10. Sariestya Rismawati. 2014. Unmet Need: Tantangan Program Keluarga Berencana Dalam Menghadapi Ledakan Penduduk tahun 2030.
11. Elise Putri, Megalina Limoy. Hubungan Pengetahuan Dengan Sikap Istri Dalam Pemilihan Kontrasepsi Alamiah Metode Ovulasi Billings (MOB). Jurnal Kebidanan, Vol : 7 Nomor ; 1 Mei 2017.
12. Yetti Atiyah dkk. Hubungan Sosial Budaya, Persepsi, Ketakutan Akan Pemasangan Dengan Pilihan Ibu Dalam Menggunakan Kontrasepsi AKDR di Desa Telaga Sari Kecamatan Tanjung Morawa Kabupaten Deli Serdang. Jurnal Ilmiah Simantek, Vol : 1 Nomor ; 4 November 2017.
13. Chealsea B. Polis, et al. Effect of Injectable Contraceptive Use on Respon to Antiretroviral Therapy Among Women in Rakai, Uganda. NIH Public Access, 2012 Dec: Vol 86 (6): 725-730. DOI: 10.10.16/j.contraception.2012.05.001.
14. Sri Hayati, dkk. Hubungan Pengetahuan Ibu tentang metode Kontrasepi Dengan Pemilihan Kontrasepsi (Studi Kasus: Puskesmas Majalaya). Jurnal Keperawatan BSI, Vol : V Nomor ; 2 September 2017.
15. Farida. Penggunaan Alat Kontrasepsi Suntik dan Pil terhadap Peningkatan Berat Badan Pada Ibu Pasangan Usia Subur. Jurnal Ilmiah Kesehatan, Vol : 6 Nomor ; 02 Desember 2017.
16. Ida Susila, Triana Riski Oktaviani. Hubungan Kontrasepsi Suntik Dengan Peningkatan Berat Badan Akseptor (Studi di BPS Dwenti K.R. Desa Sumberejo Kabupaten Lamongan 2015). Vol : 7 Nomor ; 02 Desember 2015.
17. Nilda Yunita Siregar. Prilaku Wanita Usia Subur Terhadap Pemilihan Alat Kontrasepsi Suntik 3 di Klinik Hasanudin Medan. Jurnal Ilmiah Simantek, Vol : 1 Nomor ; 2 Juni 2017.
18. Nina Siti Mulyani, Mega Rinawati. 2013. Keluarga Berencana dan Alat Kontasepsi. Yogyakarta: Nuha Medika, (hal. 93-98).
19. Ernawati. Hubungan Lama Pengguna Suntik Depo Progestin Dengan Kejadian Spotting Pada Akseptor KB di Puskesmas Pattingaloang Makassar. Jurnal Ilmiah Kesehatan Diagnossis, Vol : 10 Nomor ; 2 Tahun 2017.
20. Babre VM et al. Depot-medroxy Progesteron Acetate As An Affective Contraception Method In Lactating Mothers. International Journal Of Reproduction, Contraception, Obstetrics and Gynecology, 2016 Oct: Vol : 05 ; (10) : 3422-3424. DOI: 10.18203/2320-1770.
21. Sari Priyanti. Lama Pemakaian Kontrasepsi Suntik 3 Bulan Terhadap Kejadian Melasma di Desa Karangjeruk Kecamatan Jatirejo Kabupaten Mojokerto. Jurnal Hospital Majapahit, Vol : 8 Nomor ; 2 November 2016.
22. Merlinda Dias Octia, dkk. Studi Komparatif Berat Badan Sebelum Dan Sesudah Menggunakan KB Suntik 3 Bulan di BPS Titin Desa Bangunjaya Kecamatan Pakel Kabupaten Tulungagung. Jurnal Ilmiah Kebidanan Vol : 1 Januari 2013.
23. Evie Ludviyah, Ferilia Adiesti. KB Suntik DMPA Terhadap Perubahan Berat Badan di Desa Karang Jeruk Kecamatan Jatirejo Mojokerto. Jurnal Hospital Majapahit, Vol : 5 Nomor ; 1 Februari 2013.
24. Betty Mangkuji, dkk. 2012. Asuhan Kebidanan 7 Langkah SOAP. Jakarta, (hal. 167-171).
25. Juliansyah Noor. 2017. Metodologi Penelitian. Jakarta: Kencana, (hal. 35-36).
26. Mapanawang, A.L, Buku Riset Di Bidang Kesehatan. Medika Mandiri Halmahera Utara : Tobelo 2016, (hal. 135-145).
27. Rusni Mato, Hasriyani Rasyid. Faktor-faktor Yang Mempengaruhi Efek Samping Pada Pemakaian Alat Kontrasepsi Depo Provera Di Puskesmas Sudiang Makassar. Jurnal Ilmiah Kesehatan Diagnosis, Vol : 5 Nomor ; 2 Tahun 2014.
28. Istia Putri Lestasi dkk. Hubungan Konsumsi Zat Besi Dengan Kejadian Anemia Pada Murid SMP Negeri 27 Padang. Jurnal Kesehatan Andalas, Vol : 5 Nomor ; 3 Tahun 2017.
29. Martina Maljeti et al. The Effect Of Spinach Capsules (Amaranthus Tricolor To Increase The Level Of Hemoglobin (Hb)) In Pregnant Women In Mahia Village, Centeral Tobelo Sub-District North Halmahera Regency. Internasional

Journal Of Health Medicine And Cusrrent Research, Hal.2 PP 558-562, DOI;10.22301/IJHMCR.2558-3189.558.
30. Suci Avnalurini Shariff, Nurlina Akbar. Hubungan Antara Status Gizi Pada Pola Menstruasi Dengan Kejadian Anemia Pada Mahasiswi Prodi DIII Kebidanan Universitas Muslim Indonesia. Artikel Riset, Window Of Health, Vol : 1 Nomor ; 1 Januari 2018.

********