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Zahra Roiviny Qorimah

NIM: P17324221087

**Antenatal Care G3P1A1 With Mild Anemia at Cijeruk Public Health Center
6 Chapters, 50 Pages, 7 Attachments, 0 picture, 2 table**

ABSTRACT

Anemia is one of the causes of bleeding during pregnancy and childbirth, it was recorded that 28.17% of maternal deaths occurred due to bleeding. Anemia in pregnancy is a condition of the mother with an Hb level of <11 gr% in the first and third trimesters, while in the second trimester the Hb level is <10.5 gr%. Anemia is a condition of lack of red blood cells that can cause various complications in the mother and fetus, including dizziness, weakness, bleeding, infection, fetal growth retardation, and BBLR. The purpose of writing this Final Project Report is to study and provide obstetric care, especially in pregnancies with mild anemia.

The preparation of this Final Project Report is using the method used, namely the case report. Types of SOAP documentation. Data collection techniques through interviews, physical examinations, observations, literature studies, and documentation studies.

The results of the subjective data assessment were obtained by Mrs. A, 24 years old with complaints of dizziness and weakness, pregnant with a third child, one miscarriage and one childbirth, HPHT: October 25, 2023, no history of diseases such as worms, tuberculosis and malaria, diet 2 times a day, does not like to eat meat, drinks 6 cups/day. General conditions objective data is good, awareness of mentis compos, TTV is in a normal state, face is not pale, conjunctiva is pale, TFU 17 cm, TBJ 620 gr, DJJ 140 x/min, regular, single fetus alive, supporting examination Hb10.4 gr/dl. Analysis of Mrs. A, 24 years old, G3P1A1, 24 weeks pregnant with mild anemia. Management is the detection of red flags, nutritional counseling, giving Fe 2x1 tablets a day and how to drink, regulating diet and drinking, maintaining personal hygiene, pregnancy danger signs, re-checking Hb.

Conclusion The final result of the mother's HB level increased by 2.7% to 13.1 gr%. Mom began to understand the importance of regulating her diet and eating 3 times a day. Advice for midwives to continue to detect danger signs and monitor Hb levels and counseling according to the mother's condition and needs. Advice for clients to revisit ANC regularly, recheck Hb in the 3rd trimester, and continue to take Fe tablets regularly.

Keywords : Antenatal, Midwifery, Mild Anemia

Bibliography : 29 (2011 – 2023)