



Midwifery Care for Pregnant Women in Mrs. P G: III P: II A: o With Mild Anemia at Maternity Clinic Dewi Sundari, Amd.Keb Kota Tanjung Balai

Delimayani¹, Murniati²

^{1,2} Akademi Kebidanan Bina Daya Husada

Article Info

Article history:

Received Mar 18, 2023

Revised Apr 05, 2023

Accepted Apr 27, 2023

Keywords:

Pregnant Women;
Varney Management
Anemia.

ABSTRACT

Anemia is a condition where there is a reduction in red blood cells (erythrocytes) in the blood circulation or hemoglobin mass so that they are unable to fulfill their function as a carrier of oxygen throughout the tissues. Anemia in pregnancy is caused by iron deficiency, reaching approximately 95%. Globally, the prevalence of anemia in pregnant women throughout the world is 41.8%. The prevalence of anemia in pregnant women in Asia is estimated at 48.2%, Africa 57.1%, America 24.1% and Europe 25.1%. The prevalence of anemia in pregnant women in Indonesia is 70% and the prevalence of anemia in South Kalimantan is 10.9%. Anemia in pregnant women is associated with increased births of low birth weight (LBW) babies, prematurity, maternal and child deaths and infectious diseases. Iron deficiency anemia in the mother can affect the growth and development of the fetus/baby during pregnancy and afterward.

This is an open access article under the CC BY-NC license.



Corresponding Author:

Delimayani,
Kebidanan,
Akademi Kebidanan Bina Daya Husada
JL Prof. HM. Yamin, No. 45, Kisaran Naga, Kisaran Timur, Kisaran Naga, Kisaran, Kabupaten Asahan, Sumatera Utara 21211
Email: akbid.bdh@gmail.com

1. INTRODUCTION

Anemia is a condition in which there is a reduction in red blood cells (erythrocytes) in the blood circulation or hemoglobin mass so that it is unable to fulfill its function as a carrier of oxygen to all tissues (Kuhn et al., 2017). Anemia in pregnancy is caused by iron deficiency reaching approximately 95%. (Yuni, 2019).

According to data from the World Health Organization, it is estimated that around 303,000 women die during and after pregnancy and childbirth with indirect causes of anemia (51%) (Kuhn et al., 2017). In Indonesia, the incidence of anemia is around (70%) (Lukito & Wahlqvist, 2020). Most anemia in pregnancy is caused by iron deficiency and acute bleeding (Nursari, 2018).

Globally, the prevalence of anemia in pregnant women worldwide is 41.8% (Gebre & Mulugeta, 2015). The prevalence of anemia in pregnant women in Asia is estimated at 48.2%, Africa 57.1%, America 24.1% and Europe 25.1% (Santi et al., 2022). The prevalence of anemia in pregnant women in Indonesia is 70% experiencing anemia and the prevalence of anemia in South Kalimantan is 10.9% (Rakanita et al., 2020). Anemia in pregnant women is associated with increased births of low birth weight (LBW), premature, maternal and child mortality and infectious diseases. Iron deficiency

anemia in mothers can affect the growth and development of the fetus/baby during pregnancy and afterwards (Suhartati, 2017).

The incidence of anemia in pregnancy in Indonesia is still high compared to other developing countries (Lestari et al., 2018). Basic health research (2018) revealed that there were 48.9% of pregnant women with anemia in Indonesia with the largest proportion at the age of 15-24 years, which was 84.6% (Ministry of Health of the Republic of Indonesia, 2018). The incidence of anemia has increased quite high compared to the results of the 2013 RISKESDAS, which was 37.1% (Azmi & Puspitasari, 2022). Based on the Health Profile of North Sumatra Province in 2017, the coverage of anemia in pregnant women was in the range of 15 to 39% (SUMUT Health Office, 2017).

Meanwhile, in Asahan district in 2019, the incidence of pregnant women with mild anemia was recorded at 21 people, caused by pregnant women not consuming iron tablets (Bagan Asahan Health Center, 2019). Based on data obtained by the author from the Dewi Sundari Maternity Clinic (2020) from 15 pregnant women who visited in May (2020), 4 people (20%) of pregnant women experienced mild anemia (Ahmad et al., 2021). Pregnancy with mild anemia usually occurs due to lack of knowledge about nutritional intake during pregnancy and never consuming iron tablets for pregnant women, so it is necessary to provide health education about these things (Dewi Sundari Medical Records, 2020).

Given the dangers caused by anemia in pregnancy, the author is interested in taking a study/case "Midwifery Care for Pregnant Women in Mrs. P G: III P: II A: O with Mild Anemia at the Dewi Sundari Am. Keb Clinic, Tanjungbalai City in 2020."

Based on the background above, the problem can be formulated as "How is the management of Midwifery Care for Pregnant Women Mrs. P G: III P: II A: o with Mild Anemia at the Dewi Sundari Am. Keb Clinic, Tanjungbalai City in 2020 using Varney's 7-step midwifery management approach." The scope of the author in this case study starts from a theoretical explanation of "Mild Anemia" and the presentation of Midwifery Care is carried out using the observation method, direct interviews and documentation studies which include case reviews, namely: Data assessment, identification of diagnoses or obstetric problems, identification of potential problem diagnoses, identification of immediate needs and collaboration, planning of midwifery care, implementation of midwifery care, evaluation. Management of Midwifery Care for Pregnant Women Mrs. P G: III P: II A: o with Mild Anemia at the Dewi Sundari Am. Keb Clinic, Tanjungbalai City from May 28 to June 20, 2020.

2. RESEARCH METHOD

Varney Management is a method of solving maternal and child health problems that is specifically carried out by midwives in providing midwifery care to individuals, families, groups and communities (Batbual et al., 2020).

Step I: Collecting basic data

In this first step, all accurate information is collected from all that is related to the client's condition (Whipple et al., 2003). To obtain data, it can be done by anamnesis, physical examination according to needs and examination of vital signs, special examinations and supporting examinations (Walyani, 2016).

Data obtained for mild anemia cases is done by collecting complete data from the client by assessing the client's condition through anamnesis, physical examination, supporting examinations (laboratory) (Torre et al., 2009).

Subjective data, namely data obtained from the mother, such as the mother complaining of often feeling tired and often sleepy, feeling dizzy and weak, feeling unwell, complaining of headaches (Temizel Kırışman, 2022). Objective data, namely data from the results of the examinations carried out, such as, the conjunctiva looks pale and the results of the laboratory examination show Hb levels <11 gr% (Nurjannah, 2017).

Step II: Interpretation of baseline data

The baseline data that has been collected is interpreted so that it can formulate a specific diagnosis or problem (Leske et al., 1999). The formulation of diagnosis and problem are both used

because the problem cannot be defined like a diagnosis but still requires treatment. Problems are often related to the results of the assessment (De Lange, 1995).

From the subjective and objective data obtained during the data assessment are:

- the diagnosis that was established was mild anemia with Hb levels <11 gr%.
- The mother often feels tired and sleepy, feels dizzy, often has headaches and pale conjunctiva (Nurjannah, 2017).

Step III: Identifying potential diagnoses or problems

In this step, the midwife identifies potential problems or diagnoses based on a series of problems and diagnoses that have been identified. This step requires anticipation if possible to prevent while monitoring the patient, the midwife is prepared if potential problems actually occur (Walyani, 2016).

The potential problems of mild anemia in pregnant women during pregnancy can result in abortion:

- Can cause premature labor
- Can disrupt the growth and development of the fetus in the womb (Nurjannah, 2017).

Step IV: Identifying needs and immediate action/collaboration

Anticipating the need for immediate action by midwives and doctors for consultation or to be handled together with other members of the health team (Health, 2003).

In cases of mild anemia, immediate action is not required for the client as long as the condition or condition of the mother who experiences mild anemia does not feel like shortness of breath, fainting, shock or is unconscious (Nurjannah, 2017).

Step V: Planning

A comprehensive care plan not only includes what has been identified from the client's condition/problem, but also from the framework of anticipation guidelines for the client, whether counseling, education and whether the patient needs to be referred because there are problems related to other health problems (Walyani, 2016).

The objectives to be achieved are:

- the pregnancy is normal, the condition of the mother and fetus is good, and anemia can be overcome
- Actions to be taken if anemia is found in pregnant women are giving iron supplements (Nurjannah, 2017).

Step VI: Implementation

In this step, the comprehensive care plan that has been made can be implemented efficiently in its entirety by midwives or doctors or other health teams (Walyani, 2016).

Provide the results of the examination to the mother and explain things that are considered important, so that the mother can know the progress of her pregnancy and is the main goal of antenatal care (Hildingsson et al., 2002). Inform the cause of mild anemia so that the mother knows how to overcome her anemia by:

- Giving iron tablets to increase Hb levels
- Telling the mother to eat foods containing iron
- Telling the mother to get enough rest.

Step VII: Evaluation

Evaluating the results of the care that has been provided including fulfilling the need for assistance whether it has really been met according to the diagnosis/problem (Walyani, 2016).

According to Nurjannah (2017), evaluation is an assessment of the client to see how far the plan has been achieved. To assess the effectiveness of the actions given, the midwife can conclude the amount of Hb levels by conducting a laboratory examination again (Higgins, 2012).

3. RESULTS AND DISCUSSIONS

Midwifery Care for Pregnant Women for Mrs. Pg: Iii P: Ii A: o With Mild Anemia at The Dewi Sundari Clinic, Am. Keb City of Tanjung Balai In 2020

Name : Mrs. P
Age : 30 Years
Diagnosis : Pregnant Women with Mild Anemia

No	Day/ Date	Data	Diagnosis/ Problem	Diagnosis/Potential Problems	Immediate Needs/ Collaboration	Planning	Implementation	Evaluation
1.	Thursday / May 28, 2020 Time: 16.30 WIB	<p>Subjective Data:</p> <ul style="list-style-type: none"> - Mother said this was her third pregnancy. - Mother said she had given birth and never had an abortion. - Mother said she often felt dizzy and tired easily after doing housework. - Mother said her vision often blurred. - Mother said she felt fetal movement 10-20 times in 24 hours. - LMP : 11-24-2019 - Date of Birth : 01-08-2020 <p>Objective Data:</p> <ul style="list-style-type: none"> - The mother's general condition is weak - Face looks pale - Conjunctiva: pale - Fetal movement (+) - DJJ : 138 x/i - BP: 90/80 mmHg - HR : 80 x/i - RR : 20 x/i - Temp: 36.5 x/i <p>Palpation:</p> <ul style="list-style-type: none"> - DJJ is heard at one place 	<p>Diagnosis: Mrs. P, G: III P: II A: O, gestational age 26 weeks. Live fetus, single. right back, head presentation , not yet on PAP, with indications of mild anemia Problem: Mother's vision was blurry.</p>	<ul style="list-style-type: none"> • Impact on mother: <ul style="list-style-type: none"> - Moderate Anemia - Bleeding - puerperal infection - His Disorder • Impact on the fetus: <ul style="list-style-type: none"> - Fetal Death in the Womb - BBLR (Low Birth Weight) 6) 8 	<ul style="list-style-type: none"> • Giving at least 90 Fe tablets during pregnancy • Advise mothers to consume foods that contain vitamins, iron, folic acid and protein. • Green vegetables, side dishes such as: fish, meat, eggs and tempeh 	<ul style="list-style-type: none"> • Tell mother about the situation • Provide health education about nutrition during pregnancy • Advise mother to increase nutritional intake • Provide health education about consuming Fe tablets • Advise mother to get plenty of rest • Give iron tablet therapy • Tell the mother about the danger signs of pregnancy • Tell your mother about the effects of anemia. • Advise the mother to make a repeat visit. 	<ul style="list-style-type: none"> • Inform the mother about the results of the examination that the mother has mild anemia. • Providing health education to mothers about nutrition during pregnancy: <ul style="list-style-type: none"> - Eating little but often - Consume lots of foods that contain vitamins, iron, folic acid, protein such as: <ul style="list-style-type: none"> - Green vegetables, side dishes such as: fish, meat, eggs, tofu, tempeh, milk and fruit - Reduce foods containing carbohydrates and fats - Drink 7-8 glasses of water/day - Provide health education on how to consume iron supplements at night with water or orange juice and do not drink them with milk, coffee, tea and soda water because the vitamins contained in these drinks will interfere with the absorption of the Fe tablets. • Rest Pattern - Tell the mother about good and sufficient rest 	<ul style="list-style-type: none"> • Mother said she already knew about the situation • Mother said she already understood about nutritional needs during pregnancy. • Mother said she already knew about taking iron supplements properly. • Mother already knows about the correct rest patterns. • Therapy has been given and the mother is willing to take the medication given by the midwife. • Mother said her anxiety had reduced after receiving the explanation from the midwife. • Mother will make a return visit.

		<p>at the punctum maximum of the right lower quadrant of the mother's center.</p> <ul style="list-style-type: none"> - A small, hollow part can be felt on the left side of the mother's stomach. - A round, hard, movable part is felt above the maternal symphysis. - One round, soft, and widened part is felt above the maternal fundus. - Both hands can still be joined at the symphysis. <p>TFU :25cm TBBJ: 1835 grams Hb : 9 gr%</p>					<ul style="list-style-type: none"> - Recommend to sleep at night \pm 8 hours and take a nap \pm 2 hours - Reduce heavy activity. • Providing therapy <ul style="list-style-type: none"> - Fe 250mg 1x1 - Vitamin C 2x1 - Lactas 500mg 2x1 • Danger signs of pregnancy <ul style="list-style-type: none"> - Fetal movement <10 x/day <ul style="list-style-type: none"> - The bleeding occurs without pain and suddenly increases in quantity. - Premature rupture of membranes (premature rupture of membranes) - Blurred vision - Fetal movement is reduced or not as usual - Fever, vomiting, pain when urinating <ul style="list-style-type: none"> - Severe and persistent headache - Swelling of the face and extremities <ul style="list-style-type: none"> • Signs of labor <ul style="list-style-type: none"> - Discharge of mucus mixed with blood - Pain from the waist spreading to the lower abdomen symphysis - There is fluid that comes out of the birth canal without the mother realizing it (amniotic fluid) • Inform the mother about the effects of anemia, namely: <ul style="list-style-type: none"> - Bleeding 	
--	--	--	--	--	--	--	--	--

							<ul style="list-style-type: none"> - Long labor - Fetal Death in the Womb - BBLR (Low Birth Weight) ● Advise mothers ● to make a return visit in the next 3 days if the mother finds complaints or signs of danger in pregnancy and signs of labor. 	
--	--	--	--	--	--	--	--	--

DEVELOPMENT DATA I

2.	Friday/ June 05, 2020 Time: 16.00	<p>Subjective Data :</p> <ul style="list-style-type: none"> - Mom said she still felt weak. - Mom said she still felt a little dizzy. - Mother said she had consumed 1x1 Fe tablet with water and warm orange juice. - Mother said she had consumed foods containing iron such as green vegetables. - Mother said she had been resting regularly, sleeping ±2 hours during the day and ±8 hours at night. - Mom said her vision was still blurry. <p>Objective Data:</p> <ul style="list-style-type: none"> - Mother's general condition is good <p>Vital signs:</p>	<p>Diagnosis: Mrs. P, G: III P: II A: O, gestational age 26 weeks, live fetus, single, right dorsal, head presentation, the lowest part has not entered the PAP, with mild anemia. Problem : The mother is worried about her condition and the fetus. Need:</p> <ul style="list-style-type: none"> ● Nutritional Pattern ● Rest Pattern 		<ul style="list-style-type: none"> - Tell the mother the results of the examination - Advise mothers to continue consuming foods containing iron. - Advise mother to continue taking Fe tablets - Advise mother to get enough rest - Encourage the mother to make a repeat visit. 	<ul style="list-style-type: none"> - Inform the mother of the results of the examination that the Hb level is not yet normal. - Encourage mothers to continue consuming foods containing iron, such as green vegetables, and to increase foods containing minerals and vitamins, such as milk and fresh fruit. - Give Fe tablets 250mg 1x1, vitamin C 2x1, and Lactas 250mg 1x1 - Encourage mothers to get enough rest by taking a nap of ±2 hours and sleeping at night for ±8 hours. - Advise the mother to make a repeat visit. 	<ul style="list-style-type: none"> - Mother still feels weak, mother has taken 1x1 Fe tablet a day as recommended - Vital Signs: T: 100/80 mmHg S: 36.5 oC N: 78 x/i R: 21 x/i <p>Mother's condition began to improve with Hb: 9.3 gr/dl</p>
----	--	---	---	--	--	---	--

		<ul style="list-style-type: none"> - BP: 100/80 mmHg - RR: 21 x/i - HR: 78 x/i - Temperature: 36.50C - DJJ: 137 x/i - Movement (+) - TFU: 25cm - The fetus lies longitudinally - A long, hard, and solid part was felt on the right side of the mother's abdomen. - A round, small, and hollow part was felt on the left side of the mother's stomach. - One round, hard and bouncy part can be felt, still movable above the mother's symphysis. - Both hands can still be joined, not yet in PAP (convergent). - Pale conjunctiva - HB: 9.3gr% 						
--	--	--	--	--	--	--	--	--

DEVELOPMENT DATA II

3.	Saturday / June 13, 2020 Time: 15.00 WIB	Subjective Data: <ul style="list-style-type: none"> ● Mother said she felt calm about the situation ● Mom said she felt a 	Diagnosis: Mrs. PG: III P: II A: o, gestational age 26 weeks, live fetus, single, right back, head		<ul style="list-style-type: none"> - Notify the results of the examination - Advise mothers to continue consuming nutritious foods 	<ul style="list-style-type: none"> ● Inform the mother of the results of the examination that the Hb level is not yet normal. ● Encourage mothers to 	<ul style="list-style-type: none"> ● Mother said she was calm about her condition, she continued
----	---	--	---	--	--	--	---

		<p>little dizzy and didn't get tired easily anymore.</p> <ul style="list-style-type: none"> ● Mother said that she had eaten 3 times a day in moderate portions: rice, vegetables, side dishes, 1 glass of milk and ± 8 glasses of water/day. ● Mother said she had been resting regularly <p>Objective Data:</p> <ul style="list-style-type: none"> ● Mother's general condition is good Vital signs: BP: 110/80 mmHg RR: 21 x/i HR: 80 x/i Temperature: 37 °C ● DJJ: 138 x/i ● Fetal movement (+) ● TFU :25 cm ● The fetus lies longitudinally ● A long, hard, and solid part is felt on the right side of the mother's abdomen. ● One part is felt, round, hard and hollow on the left side of the mother's stomach. ● One hard, round, bouncy part 	<p>presentation, the lowest part of the fetus has not entered the PAP, mild anemia</p> <p>Problem: The mother feels at ease with her condition and that of her fetus.</p>			<ul style="list-style-type: none"> - Advise mother to continue taking Fe tablets - Advise mother to get enough rest - Notify next reschedule. 	<p>continue consuming nutritious foods, namely by adding foods that contain vitamins, minerals, and iron, such as oranges, mangoes, apples, milk, water, and green vegetables.</p> <ul style="list-style-type: none"> ● Giving therapy with 1x1 iron tablet, 2x1 vitamin C and 1x1 lactate ● Encourage the mother to get enough rest. ● Advise the mother to have a re-check. 	<p>to take iron tablets.</p> <ul style="list-style-type: none"> ● Vital Signs : T: 110/80 mmHg S: 37 °C N:80 x/i R:21 x/i HB: 10 gr/dl ● The problem is starting to improve ● Planning continues
--	--	---	---	--	--	--	--	---

		<p>can be felt and moved above the mother's symphysis.</p> <ul style="list-style-type: none"> • The lower part of the fetus has not entered the PAP (convergent). • Eyes are not edematous, • pink conjunctiva • HB: 10 gr% 					
--	--	---	--	--	--	--	--

DEVELOPMENT DATA III

4	<p>Saturday / June 20, 2020 Time: 16.30 WIB</p>	<p>Subjective Data:</p> <ul style="list-style-type: none"> • Mother said she was no longer weak. • Mother said she no longer felt dizzy and didn't get tired easily anymore. • Mom said she had eaten 3 times a day with moderate portions. Rice, vegetables, side dishes, 1 glass of milk and 8 glasses of water/day • Mother said she had been resting regularly • Mother said she had been taking Fe 1 tablet every night before going to bed. <p>Objective Data:</p> <ul style="list-style-type: none"> • Mother's general condition is good <p>Vital signs: BP: 120/80 mmHg RR: 22 x/i</p>	<p>Diagnosis: Mrs PG: III P: II A: 0 gestational age 26 weeks, single live fetus, right back, head percentage, lowest part of fetus not yet in PAP.</p>		<p>- Notify the results of the examination - Advise mothers to continue consuming nutritious foods. - Advise the mother to get enough rest - Notify the next reschedule</p>	<ul style="list-style-type: none"> • Tell the mother the results of the examination that the Hb level is normal. • Encourage mothers to continue consuming nutritious foods, namely by adding foods that contain vitamins, minerals, and iron, such as oranges, mangoes, apples, milk, water, and green vegetables. • Giving therapy with 1x1 iron tablet, 2x1 vitamin C and 1x1 lactase • Encourage the mother to get enough rest. • Advise the mother for control 3 days later or if there are complaints. 	<ul style="list-style-type: none"> • Mother said she was no longer weak, she continued taking iron tablets. • Vital Signs: BP: 120/80 mmHg S: 37°C N: 80 x/i R: 22 x/i HB: 11.2gr % • The problem has improved • Planning continues
---	---	---	---	--	---	---	---

	HR: 80 x/i Temperature: 37°C <ul style="list-style-type: none"> ● DJJ: 140 x/i ● Fetal movement (+) ● TFU 25cm ● The fetus lies longitudinally ● A long, hard, and solid part is felt on the right side of the mother's abdomen. ● A round, hard, hollow part was felt on the left side of the mother's stomach. ● One hard, round, bouncy part can be felt and moved above the mother's symphysis. ● The lower part of the fetus has not entered the PAP (convergent) ● Eyes are not edematous, conjunctiva is red. ● HB: 11.2 gr % 						
--	---	--	--	--	--	--	--

In this discussion, the author will describe the gap between theory and cases in the field after the author conducted midwifery care for pregnant women to Mrs. P, 30 years old G: III P: II A: 0 with mild anemia, the following results were obtained:

All data collection is carried out to make decisions. In the data assessment, the data collected includes subjective data obtained from anamnesis and objective data from physical examination. In the case of mild anemia in Mrs. P, 30 years old G: III P: II A: 0, it was found that the mother said she never consumed vegetables. In the theory of cases of pregnant women with mild anemia, pregnant women are advised to consume nutrients such as: calories, protein, calcium, iron, folic acid, and water.

In the case of mild anemia in Mrs. P, 30 years old G: III P: II A: 0, it was found that the condition complained of often feeling tired and dizzy, pale conjunctivitis, pale face with blood pressure of 90/80 mmHg, and Hb levels of 9 gr%. In the theory of cases of pregnant women with mild anemia, the

complaints are that the mother gets tired quickly, has headaches and dizziness, and is pale on the face and conjunctiva (Tarwoto, 2019). The author's assumption is that there is no gap between the theory and the cases found in the field. Data interpretation obtained by Mrs. P G: III P: II A: o, 30 years old with mild anemia, diagnosis: Mrs. P G: III P: II A: o Gestational age 26 weeks. Single live fetus, right back, head percentage, has not entered PAP with mild anemia. Problem: The mother is anxious about her pregnancy and feels dizzy and tired easily. Needs: Fulfillment of maternal nutrition.

In the case of Mrs. P G: III P: II A: O if not treated, the complications that will occur are: impact on the mother: Severe anemia, Bleeding, Puerperal infection, Impaired contractions. Impact on the fetus: Fetal death in the womb, LBW (Low Birth Weight).

The potential diagnosis of pregnant women with mild anemia is that it will complicate labor and LBW (Yuni, 2019). The author's assumption is that there is no gap between theory and cases encountered in the field.

In the case of Mrs. P, 30 years old G: III P: II A: o pregnant with mild anemia, the immediate action taken is to administer at least 90 Fe tablets during pregnancy. Treatment for anemia is usually with additional iron. Most iron tablets contain ferrous sulfate, iron gluconate or a polysaccharide (Yuni, 2019). The author's assumption is that there is a gap between theory and cases encountered in the field.

In the case of planning given to Mrs. P G: III P: II A: O aged 30 years pregnant with mild anemia, namely: inform the mother about her condition, provide health education about anemia, provide health education about nutrition during pregnancy, advise the mother to increase nutritional intake, provide health education about Fe tablets, advise the mother to get plenty of rest, give iron tablet therapy, inform the mother of pregnancy danger signs, inform the mother of the impact of anemia, advise the mother to make a return visit.

Planning of care given to pregnant women with anemia according to Varney. The implementation has been in accordance with what was planned efficiently and safely. This planning has been carried out entirely at the Dewi Sundari Maternity Clinic. At this step, the comprehensive care plan that has been made can be implemented efficiently entirely by midwives or doctors or the health team (Walyani, 2016). The author's assumption is that there is no gap between the theory and the cases encountered in the field.

Evaluating the results of the care that has been given includes fulfilling the need for assistance whether it has really been met according to the diagnosis/problem (Walyani, 2016). After receiving care for 1 month (4 visits): Mrs. P G: III P: II A: O already understands about health services and is willing to follow the recommendations given, the mother's condition is good, the mother's Hemoglobin level is normal, namely 11.2 gr% the mother feels happy and comfortable with her current condition. The author's assumption is that there is no gap between the theory and the cases encountered in the field.

4. CONCLUSION

After conducting a study on "Care for Pregnant Women in Mrs. P G: III P: II A: o with Mild Anemia at the Dewi Sundari Maternity Clinic in Tanjungbalai City in 2020, using Varney's 7 steps, the author can draw the following conclusions. Data assessment on Mrs. P G: III P: II A: o with mild anemia obtained subjective data: the mother said she often felt dizzy and tired easily after doing housework, the mother said her vision was dizzy. Objective data obtained: the mother's general condition was weak, her face looked pale, her conjunctiva was pale, Hb: 9 gr%. Interpretation of subjective and objective data from Mrs. P's case obtained a diagnosis: Mrs. P G: III P: II A: o with mild anemia. In this case, a problem arose, namely the mother was anxious about her pregnancy. From this case, a potential diagnosis was obtained, namely the impact on the mother: complications of childbirth and LBW (Low Birth Weight). From this case, the immediate action taken in the case of Mrs. P G: III P: II A: o with mild anemia was the administration of at least 90 Fe tablets during pregnancy. From the case of Mrs. P G: III P: II A: o with mild anemia, the midwifery care plan that was carried out was: Providing care to the mother by providing health education about nutrition, encouraging the mother to increase nutritional intake,

providing health education about Fe tablets, encouraging the mother to get plenty of rest, providing iron tablet therapy, informing the mother of pregnancy danger signs, informing the mother of the impact of anemia. From this case, the implementation of midwifery care was in accordance with what had been planned. From this case, the evaluation results were obtained, namely after receiving care for 1 month (4 visits), the mother's condition was good, the mother's Hemoglobin level was good, the mother understood about health education and was willing to carry out the recommendations given, the mother felt happy and comfortable with her current condition.

REFERENCES

- Ahmad, A., Wagustina, S., & Estuti, W. (2021). Maternal malnutrition before pregnancy determines factors for chronic energy deficiency in pregnancy: a cross-sectional survey in Aceh Besar District, Aceh, Indonesia. *Prof Khor Geok Lin, PhD and Helda Khusun, PhD*, 52, 116.
- Azmi, U., & Puspitasari, Y. (2022). Literature Review: Risk Factors of Anemia in Pregnancy Women. *Journal for Quality in Public Health*, 6(1), 244–256.
- Batbual, B., Suhariadi, F., Damayanti, N. A., & Makalew, L. A. (2020). Performance of Midwives with Self Management as a Mediator from the Influence of Individual Factors. *Indian Journal of Public Health Research & Development*, 11(02), 938–942.
- De Lange, J. (1995). Assessment: No change without problems. *Reform in School Mathematics and Authentic Assessment*, 87–172.
- Gebre, A., & Mulugeta, A. (2015). Prevalence of anemia and associated factors among pregnant women in North Western Zone of Tigray, Northern Ethiopia: A cross-sectional study. *Journal of Nutrition and Metabolism*, 2015(1), 165430.
- Health, W. H. O. R. (2003). *Managing complications in pregnancy and childbirth: a guide for midwives and doctors*. World Health Organization.
- Higgins, C. (2012). *Understanding laboratory investigations: A guide for nurses, midwives and health professionals*. John Wiley & Sons.
- Hildingsson, I., Waldenström, U., & Rådestad, I. (2002). Women's expectations on antenatal care as assessed in early pregnancy: number of visits, continuity of caregiver and general content. *Acta Obstetrica et Gynecologica Scandinavica*, 81(2), 118–125.
- Kuhn, V., Diederich, L., Keller IV, T. C. S., Kramer, C. M., Lückstädt, W., Panknin, C., Suvorava, T., Isakson, B. E., Kelm, M., & Cortese-Krott, M. M. (2017). Red blood cell function and dysfunction: redox regulation, nitric oxide metabolism, anemia. *Antioxidants & Redox Signaling*, 26(13), 718–742.
- Leske, M. C., Heijl, A., Hyman, L., Bengtsson, B., & Group, E. M. G. T. (1999). Early Manifest Glaucoma Trial: design and baseline data. *Ophthalmology*, 106(11), 2144–2153.
- Lestari, S., Fujiati, I. I., Keumalasari, D., Daulay, M., Martina, S. J., & Syarifah, S. (2018). The prevalence of anemia in pregnant women and its associated risk factors in North Sumatera, Indonesia. *IOP Conference Series: Earth and Environmental Science*, 125, 12195.
- Lukito, W., & Wahlqvist, M. L. (2020). Intersectoral and eco-nutritional approaches to resolve persistent anemia in Indonesia. *Asia Pacific Journal of Clinical Nutrition*, 29.
- Rakanita, Y., Sinuraya, R. K., Suradji, E. W., Suwantika, A. A., Syamsunarno, M. R. A. A., & Abdulah, R. (2020). The Challenges in Eradication of Iron Deficiency Anemia in Developing Countries. *Systematic Reviews in Pharmacy*, 11(5).
- Santi, D. R., Suminar, D. R., Devy, S. R., Mahmudah, M., & Soedirham, O. (2022). RISK FACTORS FOR ANEMIA IN PREGNANT WOMEN: LITERATURE REVIEW. *International Journal of Midwifery Research*, 1(3).
- Temizel Kırıřman, S. (2022). *An interpretative phenomenological analysis of somatization experiences*.
- Torre, D. M., Lamb, G. C., Van Ruiswyk, J., & Schapira, R. M. (2009). *Kochar's clinical medicine for students*. Lippincott Williams & Wilkins.
- Whipple, J. L., Lambert, M. J., Vermeersch, D. A., Smart, D. W., Nielsen, S. L., & Hawkins, E. J. (2003). Improving the effects of psychotherapy: the use of early identification of treatment and problem-solving strategies in routine practice. *Journal of Counseling Psychology*, 50(1), 59.
- Ani Luh Seri (2020). Iron Deficiency Anemia Pocket Book during Pre-Pregnancy and Pregnancy, Jakarta: EGC
- Asrinah (2018). Midwifery Care During Pregnancy, Yogyakarta: Graha Ilmu.
- Data Notes, Private Practice Midwife, Dewi Sundari, Amd.Keb, Tanjungbalai City, (2020), Data report on the incidence of pregnant women with mild anemia from the period May to June (2020)
- Data Notes, Bagan Asahan Community Health Center Medical Records (2019), Data Report on the Incidence Rate of Pregnant Women with Mild Anemia

Tarwoto (2019). Pocket Book of Anemia in Pregnant Women, Concept and Management, Jakarta: CV. Trans Info Media.

Walyani Elisabeth Siwi (2016). Midwifery Care in Pregnancy, Yogyakarta: PT. NEW LIBRARY

Yuni Natalia Erlina (2019). Blood Disorders, Yogyakarta: Nuha Medika.

<http://scholar.unand.ac.id/48383/2/BAB1.pdf> Accessed on 26 April 2020 at: 15.00 WIB