Jurnal Maternitas Kebidanan, Vol 10, No. 1, April 2025
ISSN 2599-1841

Efforts To Prevent Anemia In Pregnant Women

Lili Nurmaliza[1], Enny Fitriani[2], Andilala, Ruseni
[1,2,3,4] Sekolah Tinggi Ilmu Kesehatan Indah Medan
Email: lilinurmaliza105@gmail.com

ABSTRACT

Anemia in pregnancy is a condition in which the mother has a hemoglobin level below 11 gr% in the first and third trimesters or a level of <10.5 gr% in the second trimester. The limit value and its difference with the condition of non-pregnant women is hemodilution, especially in the second trimester. Sulistyawati (2019). Anemia in pregnant women is generally caused by physiological changes during pregnancy and is influenced by malnutrition. The anemia that is often found in pregnancy is due to iron deficiency. This occurs because of the increased need for iron to supply the fetus and placenta, in order to enlarge tissue and red blood cell mass. The impact of anemia on pregnant women can cause obstacles to fetal growth, both body cells and brain cells, abortion, long labor due to lack of uterine thrust, bleeding, and infection (Septiyaningsih R, Indratmoko S, 2019). The population in this study were pregnant women with a total of 38 respondents who visited the Mardianum clinic, with the results obtained efforts to prevent anemia with compliance with taking FE tablets, 11 people who were not anemic were compliant, 29% and 4 people who were anemic were compliant, 10.5%, and based on non-compliance with taking FE tablets, 2 people who were not anemic were 5.2% and 21 people who were anemic 55.3%. With a P Value of 0.000, which means that there is a relationship between compliance with taking FE Tablets and the occurrence of anemia. Where it is expected that all pregnant women will be compliant in consuming FE tablets to prevent anemia.

Keywords: Prevention Efforts, Anemia, Pregnant Women

INTRODUCTION

Anemia in pregnant women can be seen from the examination of blood hemoglobin levels where a condition of hemoglobin levels in the blood of pregnant women is below 11 gr / dl. Many things can cause this anemia, but most (55.4%) pregnant women do not know that they are anemic. The incidence of anemia in pregnant women worldwide is 43.9%. The prevalence of anemia in pregnant women is estimated in Asia at 49.4%, Africa 59.1%, America 28.2% and Europe 26.1%. In developing countries there are around 40% of maternal deaths related to anemia in pregnancy4. The prevalence of anemia in pregnant women in Indonesia is 37.1%, the highest number in rural areas is 37.8% and the lowest in urban areas is 36.4%. While in

2018 it increased to 48.9%. The highest number of anemia cases in pregnant women is still dominated in rural areas, namely 49.5% and in urban areas by 48.3%5. The Last Supper (2023) Where in the first trimester of pregnancy is a period that greatly determines the health of pregnant women, because at this stage there is the formation of vital organs of the fetus and physiological adjustments to the mother's body. Where prevention of anemia since the first trimester is very important to ensure optimal fetal growth and development and prevent the risk of complications that will occur in pregnancy such as premature birth, low birth weight, to maternal and infant death.

Efforts that must be made in preventing anemia comprehensively include nutritional education, providing iron supplements, routine monitoring of hemoglobin levels, and increasing awareness of pregnant women regarding the importance of early pregnancy check-ups. Through a promotive and preventive approach that starts from the first trimester, it is hoped that the incidence of anemia in pregnant women can be reduced significantly. Sulistyawati, (2019)

The cause of anemia in pregnancy is a lack of iron levels in the blood hemoglobin so that it is not sufficient for the intake of nutrients and O2 for the needs of the mother and fetus so that anemia occurs. Many things can happen if a pregnant woman experiences anemia from the first, second, third trimester. The impact of this anemia can occur in the mother herself and in the baby she is carrying. In the mother during pregnancy, it causes the mother's physical condition to be less fit in carrying out activities due to lack of hemoglobin, during childbirth bleeding can occur and even maternal death, while in the baby itself abortion, premature, fetal death in the womb can occurSimarmata,(2023)

Efforts to prevent anemia during pregnancy can be done by pregnant women by increasing iron intake through food, consuming sufficient amounts of animal food and reducing consumption of foods that can inhibit iron absorption such as: phytate, phosphate, tannin. Iron tablet supplements given at least 90 tablets to meet the iron needs of pregnant women also need to be taken properly. Trihartini, (2019)

There are many things that can be done to prevent anemia during pregnancy, starting with implementing government programs to prevent anemia by consuming iron tablets once a day every day during pregnancy to consuming iron tablets twice a day for treatment in pregnant women who are already anemic. Anemia prevention can also be done by consuming foods that contain iron in the right way so that the iron in food can be absorbed properly. Apart from prevention through consuming iron tablets and consuming foods that contain iron, something

that is no less important is to detect early that the mother is not anemic by checking hemoglobin levels (Suminar et al., 2021).

METHOD

This study is a descriptive study with a qualitative approach, which aims to describe and analyze efforts to prevent anemia in pregnant women since the first trimester. A qualitative approach is used to explore in-depth information about the behavior of pregnant women in consuming FE tablets to prevent anemia. The study was conducted at the Mardianum clinic. The population in this study were all pregnant women who made antenatal care visits. The sample was determined using a purposive sampling technique, namely taking samples intentionally based on certain criteria, including: Pregnant women who are willing to be respondents and provide honest information, have undergone at least one pregnancy visit at a health facility. The instrument used in this study was a questionnaire consisting of a list of open questions regarding Compliance with Consumption of Iron Supplements.

RESEARCH RESULT

Respondent Characteristics

Table 1. Frequency Distribution of Characteristics of Anemia Prevention Efforts in Pregnant Women

Respondent Characteristics	F	%
Parity		
Primipara	12	31.6
Secondary	8	21
Multipara	18	47.4
Pregnant		
Trimester I	5	13.1
Trimester II	11	28.9
Trimester III	22	58
Consumption of FE Tablets		
Obedient	15	39.5

Not obey	23	60.5
Anemia Occurrence		
No Anemia	13	34
Anemia	25	65.8
Total	38	100%

Based on Table 1, it is known that the distribution of respondents according to parity is that the most parity is multiparous, 18 people (47.4%) and based on pregnancy, the most parity is in the third trimester, 22 people (58%).

Table 2. Frequency Distribution of Anemia Prevention Efforts in Pregnant Women

Compliance with Taking FE Tablets	**Anemia Occurrence**				**Total**		**Mark *Value***
	No Anemia		**Anemia**				
	n	%	n	%	N	%	
Obedient	11	29	4	10.5	15	39.5	
Not obey	2	5.2	21	55.3	23	60.5	*0,000*
Total	13	34%	25	65.8	38	100	

Based on Table 1.2, it is known that the efforts to prevent anemia with compliance in taking FE Tablets, those who are not anemic are 11 people (29%) and those who are anemic are 4 people (10.5%), and based on those who are not adhering to taking FE tablets, those who are not anemic are 2 people (5.2%) and those who are anemic are 21 people (55.3%). With a P Value of 0.000, which means that there is a relationship between compliance in taking FE Tablets and the incidence of anemia.

DISCUSSION

Anemia Prevention Efforts in Pregnant Women

Based on the results obtained where in the effort to prevent anemia with compliance in taking FE Tablets, those who are not anemic are 11 people (29%) and those who are anemic are 4

people (10.5%), and based on those who are not adhering to taking FE tablets, those who are not anemic are 2 people (5.2%) and those who are anemic are 21 people (55.3%). With a P Value of 0.000, which means that there is a relationship between compliance in taking FE Tablets and the occurrence of anemia.

Anemia in pregnancy is a condition in which the mother has a hemoglobin level below 11 gr% in the 1st and 3rd trimesters or a level <10.5 gr% in the 2nd trimester. This limit value and its difference with the condition of non-pregnant women is hemodilution, especially in the 2nd trimester. Sulistyawati (2019).

Anemia in pregnant women is generally caused by physiological changes during pregnancy and is affected by malnutrition. Anemia that is often found in pregnancy is due to iron deficiency. This occurs because of the increased need for iron to supply the fetus and placenta, in order to enlarge tissue and red blood cell mass. The impact of anemia in pregnant women can cause obstacles to fetal growth, both body cells and brain cells, abortion, long labor due to lack of uterine thrust, bleeding, and infection (Septiyaningsih R, Indratmoko S, 2019).

The treatment for anemia that can be done is by increasing the intake of iron-rich foods in the community in the form of a balanced nutritious diet.Food sources of iron can be categorized into two, namely heme iron sources (from animals) and non-heme (from plants). Animal sources of iron include red meat, poultry, fish, and shellfish. Non-animal sources of iron include green vegetables, nuts, seeds, and dried fruit.Iron tablets 90 mg per day for 90 days are effective in increasing hemoglobin levels. Therefore, it is necessary to support pregnant women in compliance in consuming FE tablets, Aulia, 2022

Parity is a woman's status in relation to the number of children she has ever given birth to. Parity itself is included in the high-risk factors in pregnancy, namely grandemultipara (Bakri, 2021).

Adawiyah's research (2021) shows that high parity can affect anemia in pregnancy, this is related to the biological condition of a mother as well as iron intake so that parity has a high risk if accompanied by close pregnancy spacing. If you have experienced anemia in a previous pregnancy, then the iron reserves in the body are automatically reduced and in pregnancy it is able to draw and absorb more iron reserves in the body so that anemia in pregnancy will continue to recur.

Based on the results of previous studies, it shows that there is a relationship between parity status and the incidence of anemia in pregnant women. Parity has an important role in determining the incidence in pregnant women. The results of this study are in line with the

research of Adawiyah (2021) that there is a statistically significant relationship between the relationship between parity and the incidence of anemia. Wahyu's research (2016) also supports that there is a relationship between parity and the incidence of anemia in pregnant women. This study showed that the highest incidence of anemia occurred in multiparas. These results are not in line with the opinion according to Lapau (2015) that anemia is highest in mothers with a parity of more than 3, this is because frequent pregnancies and childbirth often cause bleeding. According to the assumption of researchers, multiparity parity is the most anemia, frequent or repeated pregnancies can damage blood vessels and then the blood vessels and uterine walls are also blocked so that it affects the circulation of nutrients to the fetus, this causes the risk of anemia to be easily experienced by mothers who experience their third pregnancy. Therefore, the number of parities affects the incidence of anemia, and is lazy to do ANC because it is considered normal in pregnancy, so that it is not compliant in consuming FE tablets for 90 days.

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