

ANTENATAL CARE FOR MRS. “L” G2P1A0 WITH CHRONIC ENERGY DEFICIENCY AT BATARAGURU HEALTH CENTER

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A B S T R A C T

Background: Chronic Energy Deficiency is a condition where protein and energy needs are not met for a long period of time. Chronic energy deficiency can be seen from measuring the upper arm circumference (LILA) which is less than 23.5 cm. **Objective:** to be able to implement antenatal midwifery care for Mrs "L" with the problem of KEK (chronic energy deficiency) in the working area of Bataraguru Community Health Center in 2024. **Subject:** The research subject taken was Mrs "L" G2P1A0 with chronic energy deficiency (KEK). **Research Method:** the research method uses a descriptive method with a case study approach through Varney's 7-step midwifery care management and documentation in the form of SOAP. **Results:** Management of cases of chronic energy deficiency provided is measuring height, weight, and weight as well as providing counseling regarding regular eating patterns, adequate rest and giving PMT in the form of biscuits to improve maternal nutrition to prevent complications in the mother and fetus. , as well as complications that occur during childbirth and the postpartum period. After the evaluation, N.y "L" understands and understands all the explanations that have been given regarding her situation and is willing to follow the directions given. The evaluation showed that there were changes where the client's excessive fatigue felt when doing housework had begun to stabilize, the client's appetite began to improve and there was an increase in body weight and weight, but not too significantly. **Conclusion:** based on a case study with the implementation of midwifery care management using Varney's 7 steps and SOAP, the midwifery problem in Mrs. "L" has been handled optimally in accordance with service standards and midwifery care plans, and complications that may occur have been successfully resolved.

INTRODUCTION

According to (Kurniawan et al., 2021) “Chronic Energy Deficiency (CHD) is a situation where a mother experiences malnutrition over a long period of time, leading to unbalanced energy and protein consumption. As a result, the nutritional needs of the fetus are not properly met. Pregnant women suffering from SEZ are vulnerable to a shocking loss of life at some stage in the perinatal period or giving birth to a low birth weight baby.” Fulfillment of basic needs is done through adequate, sustainable, and age-appropriate interactions (Ode & Jeni, 2022). A nurturing environment full of unnatural tension and sadness carried out by the mother in the circle of relatives can have a significant impact on the development of the child's social behavior (Sudirman et al., 2022). In pregnant women, SEZ can have a serious impact on maternal health and fetal development. Pregnant women who experience SEVERITY are at high risk of pregnancy complications, such as anemia, urinary tract infections, preeclampsia, and preterm labor. SEZ can also lead to excessive maternal weight loss and decreased breast milk production after delivery. In addition, SEZ also has a negative impact on fetal growth and development. Fetuses carried by mothers with SEZ are at risk of stunted growth, low birth weight (LBW), and have a high risk of developing chronic diseases later in life, such as type 2 diabetes and heart disease. (Sudirman et al., 2022)

According to the Southeast Sulawesi Health Office quoted from the official website of BPS (Central Bureau of Statistics) Southeast Sulawesi, “the number of pregnant women with SEZ (chronic energy deficiency) in South Sulawesi in 2021 was 2,119 out of the total population. The number of pregnant women at that time was 58,952 people (Southeast Sulawesi Provincial Health Office, 2022).” Meanwhile, according to the performance report of the Directorate General of Public Health of the Indonesian Ministry of Health in 2022, “the percentage of pregnant women with chronic energy deficiency (KEK) in South Sulawesi is 3,786 out of 23,439 pregnant women who have done.

Women (SEZ) (Kementerian Kesehatan Republik Indonesia, 2023).” Based on preliminary survey data conducted from January to March 2024 at the Bataraguru Health Center, Baubau City, Examination of pregnant women totaling 39 people, there were 10 mothers who were diagnosed with chronic energy deficiency (CHD). experience energy deficiency, mothers said. During pregnancy, do not consume enough high-calorie foods such as rice, potatoes, and low-protein foods such as eggs, fish, meat, and iron supplements, which can make the body healthy for those who feel energy deficiency and weakness. I'm swallowing food (Surbakti, 2010)

Initial investigations were conducted on Mrs. “L” G2P1A0 The problem was found based on objective data showing the mother's arm circumference of 20 cm which is an indicator of SEZ at 6 weeks gestation in the working area of the Bataraguru Health Center, Baubau City. Based on this description, the author is interested in conducting a case study called “antenatal care midwife service”. “In 2024, Puskesmas Bataraguru Kota Baubau experienced chronic energy deficiency. “L ‘G2P1A0’

METHODOLOGY

This research uses descriptive techniques, which is a research method that aims to provide an objective explanation of a situation. This study uses a lot of case research as part of its research technique, which is a type of research conducted by analyzing a problem through a case as a unit. This observation focuses on controlling midwifery care by following Varney's 7 steps, specifically subjective and target evaluation, identification of problem prognosis, identification of diagnoses of ability barriers, identification of immediate needs, planning (intervention), implementation, and evaluation given in the form of hand washing soap. This research was conducted in the working area of the Bataraguru Health Center, Baubau City, with the implementation time from January 15 - March 8, 2024. The research subject was Mrs. “L”, a pregnant woman with the code G2P1A0 who experienced Chronic Energy Deficiency (CHD). The statistical form used consists of numbers and secondary records. The fact series method was conducted through statements, interviews, and reports

RESULT AND DISCUSSION

Subjective Data

Mrs. “L” aged 22 years, GIIPIA0, came to Bataraguru Health Center on January 2, 2024, the mother came to Bataraguru Health Center with complaints of often feeling tired easily when doing housework and decreased appetite. During pregnancy, she felt strong fetal movements in the lower left part of her abdomen. The patient informed that she had three antenatal care visits and received one Tetanus Toxoid injection at the medical institution. The last date of her last menstrual period was November 20, 2023. At several stages of pregnancy, the patient had never felt severe abdominal pain.

The affected person declares that he has no record of illnesses such as high blood pressure, allergies, heart disorders, diabetes mellitus, or other infectious diseases. Additionally, the affected person additionally has no document of allergic reactions to meals, drinks, or medicines. Before pregnancy, she had never used contraceptives. The patient's meal frequency before pregnancy was 2-3 times a day with a menu of rice, vegetables, and side dishes. During pregnancy, her diet remained 2-3 times a day, with breakfast and lunch consisting of rice, vegetables, fish, and tempeh, but at night she rarely ate, only occasionally consuming snacks such as biscuits. The patient's resting pattern was also good.

Objective Data

According to Adriati & Chloranyta, (2022) “Physical examination confirmed a blood pressure (BP) of ninety-four/seventy-eight mmHg, pulse (N) of 82 beats per minute, body temperature (S) of 36.5°C, respiratory rate (P) of 20 beats per minute, upper arm circumference (LILA) of 20 cm, body weight (BW) of 42 kg, and height (TB) of 158.5 cm. The conjunctiva showed no signs and symptoms of anemia, and there was no enlargement of the thyroid gland, lymph nodes, or jugular veins. The breasts appeared symmetrical with hyperpigmentation of the areola mammae. Abdominal examination revealed a TFU Ball. Laboratory examination confirmed a hemoglobin of eleven.4 g%, and poor results for syphilis, HIV, malaria, and HBSaG

Analysis

Mrs. “L” age 22, GIIPIA0, 6 weeks pregnant with Chronic Energy Deficiency (CHD)

Management

The mother was given initial education on Chronic Energy Deficiency (CED) in collaboration with the nutritionist. She was advised to consume one box of biscuits (four boxes or 28 packets), with the provision of consuming one packet or three pieces per day, and spent within a month to meet calorie and nutrient needs. In addition, mothers are advised to double their daily food portions compared to usual. Mothers are also encouraged to consume foods rich in iron, such as green vegetables and animal protein sources such as milk, meat, and eggs.

Pembahasan

DISCUSSION

Subjective Data

Mrs. "L" 22 years old, GIPIA0, came to RSUD Bataraguru on January 2, 2024, the mother came to Bataraguru health facility with complaints of feeling tired without any problems when doing household chores and no desire to eat, the mother claimed to have had 3 antenatal care visits and received 1 injection of Tetanus Toxoid at the health facility. She also said that the first day of her last menstruation was changed to November 20, 2023. During her pregnancy, the affected character stated that she did not experience severe abdominal pain at all. (Arista et al., 2017)

The affected person has no record of diseases related to high blood pressure, allergic reactions, coronary heart disorders, diabetes mellitus, or other infectious diseases. In addition, the patient also had no history of allergies to food, drinks, or medications. The patient said that she did not use contraceptives at all. Before pregnancy, her meal frequency was 2-3 times a day, with a menu of rice, vegetables, and side dishes. During pregnancy, her diet remained 2-3 times a day, where in the morning and afternoon she usually consumed rice, vegetables, fish, and tempeh. However, at night, she rarely ate and only occasionally ate snacks such as biscuits. In addition, the patient's resting pattern was also good (F et al., 2018).

Objective Data

According to Adriati & Chloranyta, (2022) "Physical examination confirmed a blood pressure (BP) of ninety-four/seventy-eight mmHg, pulse (N) of 82 beats per minute, body temperature (S) of 36.5°C, respiratory rate (P) of 20 beats per minute, upper arm circumference (LiLA) of 20 cm, body weight (BW) of 42 kg, and height (TB) of 158.5 cm. The conjunctiva showed no signs and symptoms of anemia, and there was no enlargement of the thyroid gland, lymph nodes, or jugular veins. The breasts appeared symmetrical with hyperpigmentation of the areola mammae. Abdominal examination revealed a TFU Ball. Laboratory examination confirmed a hemoglobin of eleven.4 g%, and poor results for syphilis, HIV, malaria, and HBSaG.

Chronic power deficiency in pregnant girls is a situation in which pregnant women experience the most major food deficiency over a long period of time, characterized by a higher arm circumference of less than 23.5 cm. (Lestari et al., 2023). According to the Ministry of Health of the Republic of Indonesia, "diet is a way or effort in regulating the amount and type of food with certain objectives, such as maintaining health, maintaining nutritional status, and preventing or supporting the healing of disease. A healthy diet is always based on the principle of balanced nutrition, which is the fulfillment of all nutrients according to the body's needs." (Kemenkes RI, 2014). menurut penelitian (Wahyuni et al., 2021) stated that "there is a significant relationship between diet and the incidence of Chronic Energy Deficiency (CHD) in pregnant women. One of the factors affecting SEZ during pregnancy is poor food consumption patterns before pregnancy, which are further exacerbated during pregnancy by the habit of consuming ready-to-eat foods without paying attention to their quality and quantity."

Analysis

Pregnant women with Chronic Energy Deficiency (CED) show symptoms and signs that can be recognized and measured. Signs and symptoms and signs of SEZ consist of an upper arm circumference (LiLA) that is less than 23.5 cm, in addition to a systolic blood pressure below one hundred mmHg. In addition, pregnant women tend to feel tired quickly. Usually, they also experience symptoms of anemia with a hemoglobin (Hb) level of less than 11 g%, as well as feeling tired, exhausted, lethargic, weak, and sluggish. Other physical signs include pale-looking lips, shortness of breath, increased heart rate, difficulty defecating, and decreased appetite. (Aida & Dkk, 2022)

From the results of the assessment of midwifery care on Mrs. "L" who experienced Chronic Energy Deficiency (SEZ) continuously during pregnancy, subjective information was obtained that the mother often felt tired when doing household activities and the desire to eat was reduced, physical examination obtained blood pressure 90/70 mmHg and upper arm circumference (LiLA) less than 23.5 cm. From this rationalization there may be congruence between the principle and the signs that appear in chronic electrical deficiency during pregnancy.

Management

The results of the evaluation of subjective and objective records confirm the analysis of ongoing electrical deficiency while pregnant. The patient came on February 15, 2023 at 09.30 WITA, with complaints of often feeling tired when doing household chores and decreased appetite. This was the mother's second pregnancy, and she had never had a miscarriage before. The current gestational age has reached 6 weeks. In her medical history, Mrs. "L" has never suffered from any disease. The examination results showed blood pressure of 90/70 mmHg and upper arm circumference (LiLA) of 20 cm..(Handayani et al., 2021)

This is in accordance with the principle that girls' upper arm circumference reflects growth and increase in fat and muscle mass, which has a major impact on body fluids. This measurement is done to find protein energy deficiency, which in pregnant women is referred to as SEZ (Chronic Energy Deficiency) if the final measurement is less than 23.5 cm.. (Marisa et al., 2023). This explanation is also supported by the research of Nurmadanisia, R in 2013, which states "that upper arm circumference (LiLA) below normal limits is an indicator of Chronic Energy Deficiency in pregnant women.." (Kusumastuti et al., 2023)

In Leopold's examination to determine the height of the fundus uteri, measurements are taken when the size of the uterus is no longer shrinking, with the mother in a 1/2 sitting position. the measurement begins by attaching a measuring tape from the better edge at the symphysis pubis to the top of the fundus uteri. The reason for this measurement is to evaluate whether the height of the fundus uteri is appropriate for the gestational age or not. To determine fetal presentation, it is very important to keep in mind the shape, duration, and density factors. If the fundus uteri feels round, hard, and rocking, this may imply a breech presentation as the fetal head is within the fundus. then, if the fundus uteri feels smooth and less rocking, this would be interpreted as a head presentation. (Wahyuni et al., 2021).

To evaluate the descent of the fetal head, the lower part of the fetus that is above the symphysis is measured, which can be measured using five palms (according to the liman). The part above the symphysis indicates the part that has not yet entered the pelvic upper door (PAP), at the same time as the final part has entered the pelvic upper door (PAP)..(Muhamad et al., 2019)

In pregnancy, the fetus is considered singleton if the abdominal enlargement corresponds to the gestational age. Palpation indicates the presence of one head and one descending back, at the same time auscultation detects a strong, clean and normal sounding fetal heartbeat in the lower left quadrant of the mother's abdomen. Fetal movement in addition to the fetal heart rate (DJJ) indicates that the fetus is alive. A healthy fetus has a regular fetal coronary heart rate with a frequency of one hundred and twenty to 100 and sixty times per minute. signs and symptoms and symptoms and symptoms of fetal life are also seen from movements that can be felt strongly by the mother, about every hour or more than 10 times a day, in addition to the uterine thumping that indicates the fetus is growing and alive. (Petrika et al., 2016).

Mainly based on the above, the prognosis for sustained power deficiency in pregnancy is: G11P1A0, gestational age 6 weeks, with chronic power deficiency. The evaluation of Mrs. "L"'s case generally showed congruence between theory and real analysis, so it was not too difficult to determine the next direction of movement.

CONCLUSION

Midwifery care for Mrs. "L" with persistent can be completed using the midwifery control method. This method begins with assessing and comparing the initial facts, which includes collecting all statistical records held to comprehensively evaluate the client's condition. This assessment consists of clinical notes, skeletal examination, laboratory examination, and further facts appropriate to the patient's circumstances.

The actual diagnosis/problem in Mrs. "L" with Chronic Energy Deficiency at Bataraguru Health Center is based on the client's subjective and objective data. Potential problems that can occur

in Mrs. “L” include the risk of bleeding, prolonged partus, congenital defects, LBW, and fetal death. However, these problems can be prevented by fast and proper handling. The results of the identification of immediate action/collaboration showed that in this case there was no indication of the need for emergency action. Handling is focused on collaboration with nutrition officers to provide additional food (PMT) in the form of biscuits. The results of the identification of immediate action/collaboration showed that in this case there was no indication of the need for emergency action. Handling is focused on collaboration with nutrition officers to provide additional food (PMT) in the form of biscuits. The obstetric care plan for Mrs. “L” with Chronic Energy Deficiency includes steps to manage the client's condition and minimize the risk of complications. This includes early detection of possible complications and a rapid treatment plan. The implementation of midwifery care includes advice to the mother to manage a diet with balanced nutrition, get enough rest, continue the consumption of PMT biscuits, check pregnancy regularly, and provide an explanation of the impact of Chronic Energy Deficiency. The evaluation showed that the actions given to Mrs. “L” were maximum and in accordance with service standards, as well as possible complications that arose had been successfully handled, and all findings and actions were fully documented.

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