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IDENTIFICATION OF ANEMIA MANAGEMENT IN PREGNANT WOMEN IN THE THIRD TRIMESTER AS AN EFFORT TO PREPARE FOR A HEALTHY DELIVERY

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ABSTRAK: IDENTIFIKASI PENANGANAN ANEMIA PADA IBU HAMIL TRIMESTER III SEBAGAI UPAYA PERSIAPAN PERSALINAN SEHAT

Latar Belakang: Anemia pada ibu hamil merupakan salah satu masalah gizi yang masih sering dijumpai di Indonesia, terutama pada trimester III kehamilan. Kondisi ini disebabkan oleh peningkatan kebutuhan zat besi dan volume darah yang tidak diimbangi dengan asupan gizi yang adekuat. Anemia pada masa kehamilan dapat meningkatkan risiko komplikasi, seperti kelelahan, perdarahan saat persalinan, kelahiran prematur, dan berat badan lahir rendah (BBLR). Oleh karena itu, penanganan anemia sejak masa kehamilan sangat penting untuk mempersiapkan persalinan yang sehat dan aman.

Tujuan: Penelitian ini bertujuan untuk mengidentifikasi bentuk penanganan anemia pada ibu hamil trimester III sebagai upaya persiapan persalinan sehat.

Metode: Metode penelitian ini adalah desktiptif. Penelitian akan dilaksanakan di Puskesmas Puyung Kabupaten Lombok Tengah. Sampel dalam penelitian ini sebanyak 30 ibu hamil Trimester III. Data dikumpulkan menggunakan kuesioner, diolah secara univariat, dan disajikan dalam bentuk tabel distribusi frekuensi.

Hasil: hasil penelitian menunjukan bahwa sebagian besar umur responden pada ketegori tidak beresiko (56,7%), sebagian besar responden dalam kategori multipara (66,7%), sebagian besar responden berprofesi sebagai ibu rumah tangga (66,7%), sebagian responden memiliki pengetahuan yang baik (50%) tentang pencegahan anemia, sebagian besar ibu patuh mengonsumsi suplemen zat besi (56,7%), sebagian besar ibu rutin melakukan pemeriksaan hemoglobin (73,3%), dan hampir seluruh ibu hamil rutin melakukan pemeriksaan antenatal care (90%).

Kesimpulan: Sebagian besar ibu hamil memiliki perilaku yang baik dalam penanganan anemia, ditunjukkan dengan tingkat pengetahuan yang cukup, kepatuhan mengonsumsi suplemen zat besi, serta rutinnya pemeriksaan hemoglobin dan kunjungan antenatal care.

Saran: Tenaga kesehatan diharapkan terus meningkatkan kegiatan edukasi, konseling gizi, dan pemantauan kepatuhan konsumsi tablet Fe pada ibu hamil melalui program posyandu dan kelas ibu hamil.

Kata Kunci : Anemia, Ibu Hamil Trimester III, dan Persiapan Persalinan Sehat

ABSTRACT

Background: Anemia in pregnant women is a common nutritional problem in Indonesia, particularly in the third trimester. This condition is caused by increased iron requirements and blood volume, which are not matched by adequate nutritional intake. Anemia during pregnancy can increase the risk of complications, such as fatigue, bleeding during delivery, premature birth, and low birth weight (LBW). Therefore, managing anemia during pregnancy is crucial for a healthy and safe delivery.

Objective: This study aims to identify the form of anemia management in pregnant women in the third trimester as an effort to prepare for a healthy delivery.

Method: This research method is descriptive. The study will be conducted at the Puyung Community Health Center in Central Lombok Regency. The sample size for this study is 30 pregnant women in their third trimester. Data were collected using a questionnaire, processed univariately, and presented in a frequency distribution table.

Results: The results of the study showed that most of the respondents were in the no-risk category (56.7%), most of the respondents were in the multiparous category (66.7%), most of the respondents were housewives (66.7%), some of the respondents had good knowledge (50%) about preventing anemia, most of the

mothers were compliant in consuming iron supplements (56.7%), most of the mothers routinely had hemoglobin checks (73.3%), and almost all pregnant women routinely had antenatal care checks (90%).

Conclusion: Most pregnant women have good behavior in managing anemia, as indicated by a sufficient level of knowledge, compliance with consuming iron supplements, and routine hemoglobin checks and antenatal care visits.

Suggestion: Health workers are expected to continue to improve educational activities, nutritional counseling, and monitoring compliance with the consumption of iron tablets in pregnant women through integrated health service posts (Posyandu) programs and pregnancy classes.

Keywords: Anemia, Third Trimester Pregnant Women, and Preparation for a Healthy Delivery

INTRODUCTION

Pregnancy is a crucial period in a woman's life that requires special attention to nutritional status, as it increases the need for energy and nutrients to support fetal growth and maintain maternal health. One nutritional problem still prevalent in Indonesia is anemia in pregnant women, especially in the third trimester. Anemia in pregnancy is defined as a condition in which hemoglobin (Hb) levels are less than 11 g/dl (World Health Organization, 2022). This condition is generally caused by deficiencies in iron, folic acid, vitamin B12, or proteins that play a role in red blood cell formation (Rukiyah & Yulianti, 2022).

According to the Indonesian Health Profile (Kementerian Kesehatan Republik Indonesia, 2024b), the prevalence of anemia among pregnant women in Indonesia reached 48.9%, an increase compared to 44.2% in 2018. This figure indicates that nearly half of pregnant women still suffer from anemia, posing a significant challenge to efforts to improve maternal and child health. Globally, World Health Organization (2022), reported that around 37% of pregnant women in the world experience anemia, and most cases occur in developing countries, including Indonesia.

Anemia in pregnant women remains a major health problem in Indonesia because it directly impacts the health of both the mother and the fetus. This condition can lead to complications such as bleeding during delivery, low birth weight, prematurity, and an increased risk of maternal and infant mortality. According to the latest national data, the prevalence of anemia in pregnant women in Indonesia reached approximately 27.7% in 2024. This figure represents a decrease compared to the 2018 Basic Health Research (Riskesdas) of 48.9%, but it still indicates that more than a quarter of pregnant women still suffer from anemia (Riskesdas, 2018).

Based on regional data and recent health publications, the prevalence of anemia in pregnant women in West Nusa Tenggara (NTB) has fluctuated in recent years. In 2021, it was recorded at 13.8%, increasing to 22.8% in 2022. According to the 2023 NTB Provincial Health Profile, 12,833 pregnant women were anemic. In addition, the consumption coverage of 90 iron supplement tablets (TTD) only reached 70.1%, indicating that there is still a gap in compliance and distribution of iron supplements (Dinas Kesehatan Provinsi Nusa Tenggara Barat, 2024).

Anemia in pregnant women in the third trimester significantly impacts the health of both mother and fetus. Pregnant women with anemia are at greater risk of excessive fatigue, infection, impaired uterine contractions, postpartum hemorrhage, premature birth, and low birth weight (LBW) (Susilowati & Andriani, 2021). Furthermore, low hemoglobin levels also affect oxygen flow to the fetus, which can hinder fetal growth and development (Rahmawati & Suryani, 2023). This condition can increase maternal and neonatal morbidity and mortality.

The Indonesian government's efforts to prevent this, through the Antenatal Care (ANC) program, have established a policy of providing 90 iron (Fe) tablets during pregnancy. Iron supplementation is a key strategy in reducing anemia (Kementerian Kesehatan Republik Indonesia, 2024b). However, the effectiveness of this program depends heavily on the level of compliance of pregnant women in taking the Fe tablets. Research by Rahmawati & Suryani (2023), indicates that some pregnant women still do not regularly take Fe tablets due to side effects such as nausea and stomach discomfort.

In addition to compliance, an unbalanced and iron-deficient diet can also contribute to anemia. Pregnant women often neglect their intake of iron-rich foods, such as red meat, liver, green vegetables, and nuts (Dewi & Wulandari, 2023). Furthermore, consuming beverages like tea or coffee after meals can inhibit iron absorption. Therefore, nutrition education by healthcare professionals is crucial in raising awareness among

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pregnant women about the importance of a nutritious diet and adherence to iron supplementation (Kurniawati & Fitriani, 2022).

The third trimester is a crucial phase leading up to labor, when mothers need optimal physical condition to cope with the birthing process. Untreated anemia can delay labor, increase the risk of bleeding, and slow postpartum recovery (Yuliani et al., 2022). Management of anemia during this phase must be comprehensive, including regular Hb level checks, iron and folic acid supplementation, balanced nutrition education, and family support for adherence to iron tablet consumption (World Health Organization, 2022).

Previous studies have largely highlighted the relationship between hemoglobin levels and the incidence of anemia or maternal nutritional intake. However, few studies have comprehensively identified anemia management strategies in the third trimester of pregnancy in relation to readiness for a healthy delivery. This research is crucial to provide an overview of how midwifery services, education, and family support play a role in preventing anemia in the lead-up to delivery.

Therefore, this study was conducted to identify anemia management strategies in the third trimester of pregnancy as part of a healthy delivery preparation effort. This research is expected to provide a more comprehensive picture of anemia prevention and management strategies in pregnant women, thus providing a basis for developing a midwifery care model that focuses on sustainable maternal and infant health.

RESEARCH METHODS

The research used was quantitative with a descriptive design. This study employed primary and secondary data analysis methods. This study identified and described various forms of anemia treatment received by pregnant women in their third trimester in the Puyung Community Health Center, Central Lombok Regency. The population was the entire research object. Population can be defined as all elements in a study, including objects and subjects with specific characteristics and traits. The population in this study was all pregnant women in their third trimester (Amin. et al., 2023). The sample is a portion taken from the entire object studied and is considered to represent the entire population. The sample is a portion or representative of the population to be studied (Amin. et al., 2023). The sample in this study amounted to 30 people, namely all pregnant women in the third trimester in the Puyung Health Center work area. This study was conducted in October 2025 in the Puyung Health Center work area. The criteria for respondents in this study were pregnant women with anemia with a gestational age of 28–40 weeks (third trimester), registered and making antenatal care (ANC) visits in the Puyung Health Center work area, willing to be respondents and sign an informed consent form and have a complete hemoglobin (Hb) examination record or KIA book, while the exclusion criteria were pregnant women with severe medical complications such as chronic diseases (kidney failure, severe diabetes, or heart disease). The instrument used in this study was a questionnaire.

RESEARCH RESULTS

Based on research conducted in Oktober 2025, in the Puyung Health Center work area, the following results were obtained:

Table 1
Frequency Distribution Based on the Age

Variable	N	%
Risk	13	43,3
No Risk	17	56,7

Based on table 1, it shows that 17 respondents (56,7%) were at a non-risk age and 13 respondents (43,3%) were at a risk age.

Table 2
Frequency Distribution Based on Parity

Variable	N	%
Primiparous	10	33,3
Multiparous	20	66,7

Based on table 2, it shows that 20 respondents (66,7%) were multiparous and 10 respondents (33,3%) were primirparous.

Table 3
Distribution of Respondents Based on Education

Variable	N	%
Elementary School	5	16,7
Middle School	10	33,3
High School	12	40
College	3	10

Based on table 3, it shows that the high school education category is 12 respondents (40%), the junior high school category is 10 respondents (33,3%), the elementary school category is 5 respondents (16,7%), and the tertiary education category is 3 respondents (10%).

Table 4
Distribution of Respondents Based on Occupation

Variable	N	%
Housewife	20	66,7
Private Employee	7	23,3
Civil Servant	2	6,7
Self-Employed	1	3,3

Based on table 4, it shows that 20 respondents (66.7%) work as housewives, 7 respondents (23.3%) work as private employees, 2 respondents (6.7%) work as civil servants, and 1 respondent (3.3%) work as self-employed.

Table 5
Frequency Distribution Based on knowledge level

Variable	N	%
Good	15	50
Enough	13	43,3
Less	2	6,7

Based on table 5, it shows that 15 respondents (50%) had good knowledge of mothers, 13 respondents (43,3%) had sufficient knowledge of mothers, and 2 respondents (6,7%) had insufficient knowledge of mothers.

Table 6
Distribution of Anemia Prevention Efforts in Pregnant Women by Ensuring Compliance in Consuming Iron Tablets

Variabel	N	%
Compliant	17	56,7
Non Compliant	13	43,3

Based on table 6, it shows that 17 respondents (56,7%) of mothers were compliant in consuming iron supplements and 13 respondents (43,3%) of mothers were not compliant in consuming iron supplements.

Table 7
Distribution of Anemia Prevention Efforts in Pregnant Women by Conducting Hemoglobin Tests

Variabel	N	%
Routine	22	73,3
Not Routine	8	26,7

Based on Table 7, it shows that 22 respondents (73.3%) regularly carry out hemoglobin checks and 8 respondents (26.7%) do not regularly carry out hemoglobin checks.

Table 8
Distribution of Anemia Prevention Efforts in Pregnant Women by Conducting Antenatal Care Examination

Variabel	N	%
Routine	27	90
Not Routine	3	10

Based on Table 8, it shows that 27 respondents (90%) regularly carry out antenatal care checks and 3 respondents (10%) do not regularly carry out antenatal care checks.

DISCUSSION

Table 1 shows that 17 respondents (56.7%) were in the non-risk age range. These results indicate that the majority of pregnant women are between the ages of 20 and 35, a reproductive age considered safe and ideal for pregnancy. Meanwhile, the remaining half are under 20 or over 35, which puts them at risk for pregnancy complications, including anemia.

According to Manuaba (2021), pregnant women under 20 years of age tend to still experience physical growth, so nutritional needs must be divided between their own physical growth and the development of the fetus. This causes iron reserves to rapidly decline and increases the risk of anemia. Meanwhile, in pregnant women over 35 years of age, physiological functions, including iron absorption and red blood cell regeneration, begin to decline, making them more susceptible to hemoglobin deficiency (Nugraheni & Sari, 2022).

Maternal age influences physiological, psychological, and social readiness for pregnancy. Mothers of ideal reproductive age (20–35 years) generally have better adaptation to hormonal changes and increased nutritional needs during pregnancy (Rohmawati & Fitriyah, 2023). Therefore, this age group has a greater chance of a healthy pregnancy with a lower risk of anemia.

Table 2 shows that 20 respondents were multiparous (66.7%), while 10 respondents (33.3%) were primiparous. These results indicate that the majority of respondents had given birth before.

Parity is closely related to the risk of anemia in pregnant women. Multiparous mothers are more likely to experience iron deficiency due to blood loss during previous pregnancies and increased

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nutritional needs during repeated pregnancies (Maryani & Pratiwi, 2023). If pregnancies are spaced too closely together, iron stores may not fully recover, increasing the risk of anemia (Ningsih et al., 2022).

However, the high proportion of multiparous mothers in this study does not necessarily indicate a significant increase in anemia. This could be attributed to increased awareness among pregnant women about the importance of maintaining nutritional intake and adherence to iron supplementation. According to Fitri & Sulastri (2023), mothers with previous pregnancy experience generally better understand the importance of regular prenatal checkups (ANC) and iron supplementation.

Table 3 shows that the majority of respondents had a high school education, 12 (40%). This result indicates that the majority of pregnant women in this study had a secondary education. Education level is a factor that influences maternal health knowledge, attitudes, and behaviors, including anemia prevention.

According to Handayani & Sari (2023), the higher a person's education level, the easier it is to receive and understand health information provided by health workers. This influences maternal behavior in meeting nutritional needs and adherence to iron supplementation (TTD). Research by Wijayanti et al., (2023), found a significant relationship between maternal education level and the incidence of anemia during pregnancy. Mothers with low education tend to have limited knowledge about nutrition and the benefits of iron supplementation, resulting in less effective anemia prevention.

Table 4 shows that the majority of respondents 20 respondents (66.7%) were housewives. This indicates that most pregnant women do not have permanent jobs outside the home, allowing them more time to devote to household chores and a more focused pregnancy. However, this situation can also impact mothers' health knowledge and behaviors, including those related to anemia prevention during pregnancy.

According to Rahayu & Sari (2022), housewives tend to have limited access to information compared to working mothers, especially if they rarely interact with health workers or health information media. However, with support from health workers such as midwives and nutrition counseling, housewives can develop a good understanding of the importance of taking iron supplements and a balanced diet.

Research by Fitriani et al., (2021), also shows that employment status is associated with mothers' knowledge and behavior regarding anemia prevention. Working mothers typically have greater access to information but limited time to focus on diet and health during pregnancy. Conversely, housewives have more time but often lack access to accurate health information.

Table 5 shows that 15 respondents (50%) had good knowledge about pregnancy health. This indicates that most pregnant women understand the importance of maintaining health during pregnancy, including preventing anemia. This knowledge is usually acquired through counseling from health workers, information media, and previous pregnancy experiences.

According to Lestari & Rahmawati (2021), the level of knowledge of pregnant women significantly influences their health-maintaining behaviors, such as adherence to iron tablet consumption and nutritious food choices. Furthermore Sulastri (2022), explains that education provided by health workers through prenatal classes can increase mothers' knowledge and awareness of anemia prevention. Therefore, increasing maternal knowledge is a crucial factor in supporting a healthy pregnancy.

Table 6 shows that 17 respondents (56.7%) were compliant with iron supplementation. This indicates that most pregnant women are well aware of the importance of iron supplementation to prevent anemia. This compliance can be influenced by knowledge, family support, and the role of health workers in providing education and monitoring.

According to Nuraini & Astuti (2021), pregnant women's compliance with iron tablet consumption is closely related to the frequency of counseling and motivation provided by health workers. Meanwhile Wati et al., (2023), stated that assistance from midwives and the availability of readily available supplements can improve maternal compliance with iron consumption. Therefore, increasing the role of health workers and providing ongoing education are crucial to maintaining pregnant women's compliance with anemia prevention.

Table 7 shows that the majority of 22 respondents (73.3%) routinely undergo hemoglobin (Hb) tests. This indicates that the majority of pregnant women are well aware of the importance of early detection of anemia during pregnancy. Routine Hb testing is an important way to monitor maternal health and prevent complications that could harm both the mother and the fetus.

According to Putri & Lestari (2023), pregnant women who regularly check their hemoglobin levels tend to receive prompt treatment if their Hb levels drop, thus minimizing the risk of anemia. Furthermore Kemenkes RI (2024) emphasizes that Hb testing should be performed at least three times during pregnancy, in the first, second, and third trimesters, as part of integrated antenatal care (ANC) services. Susanti et al., (2023), also found that maternal compliance with Hb testing increased with increased education and support from healthcare providers at service facilities.

Table 8 shows that 27 respondents (90%) regularly received antenatal care (ANC) checkups. This indicates that the majority of pregnant women are highly aware of the importance of regular prenatal checkups. Routine ANC checkups play a crucial role in monitoring the health of the mother and fetus, early detection of pregnancy risks, and preventing complications such as anemia, preeclampsia, and fetal growth disorders.

According to Hidayati & Rahman (2023), regular ANC visits are closely related to improving the health status of pregnant women and reducing the incidence of pregnancy complications. Furthermore Kemenkes RI (2024), recommends that pregnant women make at least six ANC visits during pregnancy, with standard services including physical examinations, laboratory tests, and nutrition education. Sari et al., (2023), also found that health education and family support are important factors in increasing pregnant women's compliance with routine ANC checkups.

CONCLUSION

Based on the results of research that has been conducted regarding the identification of anemia management in pregnant women in the third trimester as an effort to prepare for a healthy delivery, it can be concluded that most of the respondents' ages are in the non-risk category (56.7%), most of the respondents are in the multiparous category (66.7%), most of the respondents work as housewives (66.7%), some respondents have good knowledge (50%) about preventing anemia, most of the mothers are compliant in consuming iron supplements (56.7%), most of the mothers routinely have hemoglobin checks (73.3%), and almost all pregnant women routinely have antenatal care checks (90%).

SUGESTION

It is hoped that educational activities, nutritional counseling, and monitoring of compliance with Fe tablet consumption in pregnant women will continue to increase through integrated health post (Posyandu) programs and pregnancy classes.

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