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PREGNANT WOMEN WITH NORMAL BIRTH BABIES

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ABSTRACT
Anemia is one of the most common complications during pregnancy. Normal physiological changes during pregnancy affect hemoglobin (Hb), and there is a relative or absolute reduction in Hb concentration. The most common anemia during pregnancy are iron deficiency anemia (about 75%) and folate deficiency megaloblastic anemia, which especially in women during pregnancy do not receive adequate and appropriate prenatal iron and folate supplements. Research aims to find out the rusteristic picture of pregnant women who have anemia. Study design Cohort Retrospective, purposive sampling technique. The recipe numbers 50. The results of the study of respondents aged 20-35 years as many as 41 respondents (82%), Secondary respondent education category as many as 27 respondents (54%), IRT respondent job category as many as 34 respondents (68%), Hb TM I categories respondents are not anemic as many as 31 respondents (62%). Category Hb TM II Mild anemia as many as 30 respondents (60%), hb TM III category is normal as many as 35 respondents (70%). The conclusion that improved services during pregnancy examinations need to be done continuously and correctly for example in doing hb examinations, monitoring the weight gain of women during pregnancy, and other supporting examinations. More research is needed on the application of maternal and newborn health science technology innovations.

Keywords: anemia; characteristics; newborn; pregnancy

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INTRODUCTION

The world reports that from 35% to 75% (on average 56%) of pregnant women in developing countries, and 18% of women from industrialized countries are anemic. Hemoglobin levels are biochemical indicators to determine the nutritional status of pregnant women. The World Health Organization (WHO) recommends the ideal hemoglobin level of pregnant women is = 11 gr / dl and not below 10.5 gr / dl in the second trimester of pregnancy (Setiawan, Lipoeto and Izzah, 2013). A high proportion of women in industrialized and developing countries become anemic during pregnancy. Estimates from the World Health Organization report that from 35% to 75% (on average 56%) of pregnant women in developing countries, and 18% of women from industrialized countries are anemic (Birth and Allen, 2001).

Data Riskesdes, 2018 menyebutkan bahwa proporsi anemia pada ibu hamil tahun 2013 ada 37,1 % dan tahun 2018 meningkat menjadi 48,9 % (Kementerian Kesehatan RI, 2018). The government has a target of decreasing AKI estimated by 2030 AKI in Indonesia to decrease to 131 per 100,000 live births from AKI in 2015 as many as 2015 (Dinas Kesehatan Jawa Tengah, 2018b). Health complaints can cause pain and death. Infant Mortality Rate (AKB) is

an indicator used to indicate the state of the degree of health in a society. Still high AKB in Indonesia can be caused by culture and health care access problems (Dinas Kesehatan Jawa Tengah, 2018a). Perinatal morbidity and mortality are closely related to fetal life in the womb and the time of delivery. This component of pregnancy, complications, or death is completely affected by 5 determinants, namely health status, reproductive status, access to health services, health behaviors, and other unknown factors. Intermediate determinants are influenced by distant determinants that are classed as socioeconomic and cultural components (Meisuri *et al.*, 2018). Determinants of BBLR risk factors can broadly be grouped into maternal, fetal and family factors. Maternal factors include gestational age, parity, hemoglobin levels, history of abortus, preeclampsia, eclampsia, last education. Fetal factors are multiple pregnancies, hidramnion, sex. The family factor is economic status (Makbruri, 2015).

The nutritional status of the mother affects the fetal development environment which will also affect the birth weight of the newborn baby. This is evidenced by studies showing that the nutritional status of pregnant women as indicated by anthropometric levels and maternal hemoglobin is associated with the birth weight of the baby. Therefore, the nutritional status of pregnant women should be improved to reduce the risk of low birth weight (Tanziha, Utama and Rosmiati, 2016). Based on the results showed that prematurity, spontaneous abortion, low birth weight, and fetal death are complications of anemia in adolescence and severe pregnancy. Mild to moderate iron deficiency does not seem to cause significant effects on fetal hemoglobin concentrations. Hb levels of 11 gr/dl in the final first trimester and also 10 gr/dl in the second and third trimesters are recommended as lower limits for Hb concentrations (Mahmudah and Sulastri, 2016).

The provision of iron supplements to pregnant women is one of the most widely practiced, but surprisingly little is known about the benefits of supplemental iron for the mother or her offspring during fetal or postnatal life (Sitoayu and Aula Rumana, 2005). Iron deficiency anemia in adolescence, pregnancy and childbirth are risk factors for pregnancy with anemia, preterm labor and low birth weight, up to lower neonatal health as well (Rahayu, 2020). While anemia in pregnant women can increase the risk of premature birth, maternal and child death and infectious diseases. Deficiency anemia in the mother can affect the growth and development of the fetus / baby during pregnancy or after (Dinas Kesehatan Jawa Tengah, 2018b). Evidence of research shows that maternal iron deficiency in pregnancy reduces the amount of iron in the fetus that affects the weight of the baby born low (Meisuri *et al.*, 2018).

METHOD

The type of research used in this study is Analytic, with a Retrospective Cohort approach. Sampling technique using purposive sampling in mothers who have children aged 1 year, as many as 50 respondents. Data capture uses secondary data from KIA Books.

RESULTS

Table 1, obtained data, the age category of respondents is mostly aged 20-35 years as many as 41 respondents (82%), the education category of respondents is mostly middle as many as 27 respondents (54%), the job category of respondents is mostly IRT as many as 34 respondents (68%), Category Hb TM I respondents were mostly non-anemic as 31 respondents (62%). Hb TM II respondents are mostly mild anemia as many as 30 respondents (60%), Hb TM III categories respondents are mostly normal as many as 35 respondents (70%).

Table 1.
Frequency Distribution Characteristics of Respondents (n=50)

Category	f	%
Mother's Age		
<20 years	2	4
20-35 years	41	82
>35 years	7	14
Mother's Education		
Basis	11	22
Intermediate	27	54
Tall	12	24
Mom's Job		
Housewife	34	68
Civil servants	4	8
Private	12	24
Gestational Age		
Preterm (<37)	4	8
Aterm (37-42)	46	92
Baby's Head Circumference		
<33 cm	17	34
33-35 cm	31	62
>35 cm	2	4
Baby's Body Length		
<48 cm	5	10
48-52 cm	45	90
Baby Chest Circumference		
<30 cm	1	2
30-38 cm	49	98
ANC Frequency		
<4 kali	2	4
>4 kali	48	96
Hb TM 1		
Mild Anemia	19	38
Normal	31	62
Hb TM II		
Mild Anemia	30	60
Normal	20	40
Hb TM3		
Mild Anemia	15	30
Normal	35	70

DISCUSSION

Based on table 1. About Education respondents can be concluded that of the 4 BBLR babies born from mothers who are middle school (25%) and high school (75%). Research entitled pregnancy anemia and influencing factors showed the results that most of the respondents aged at risk is a low level of knowledge and do not obediently consume FE with the incidence of anemia in pregnant women. The dominant factor affecting anemia is the knowledge factor of pregnant women (Sukmawati *et al.*, 2021).

Another article titled determinant of the incidence of anemia in pregnant women resulted in that factors associated with the incidence of anemia in pregnant women revealed that there was a relationship between education levels and low with a value of = 0.001 with the incidence of anemia in pregnant women and the weight of the birth baby. Given the many problems that occur in BBLR babies, more specific knowledge is needed related to BBLR for health workers, especially midwives and nurses (Sinaga and Hasanah, 2019). Another researcher with the title of the article pregnancy anemia and influencing factors that concluded that most respondents were at risk, highly educated, not working, family income was sufficient, low parity, pregnancy distance > 2 years, high knowledge level and non-compliant consumption of Fe (Sukmawati *et al.*, 2021).

Based on table 1 on the job of the responder it can be concluded that of the 4 BBLR babies born from their work as Housewives. Several studies have led to the discovery that work has something to do with and is the originator of anemia in pregnant women. Research titled pregnancy anemia and influencing factors showed the results that most of the respondents aged at risk were those who did not work, adequate family income, low parity, pregnancy distance > 2 years, high knowledge levels and noncompliance consuming FE. There is a relationship between work and adherence to fe consumption and the incidence of anemia in pregnant women (Sukmawati *et al.*, 2021).

Another article titled factors related to anemia in pregnant women showed results that attitude, consumption of iron tablets, nutritional status, role of health workers with anemia in pregnant women affect the incidence of anemia (Suyanti Suwardi, 2019). Other researchers with the title of the pregnancy anemia article and influencing factors concluded that most respondents were not working, family income was sufficient, low parity, pregnancy distance > 2 years, high knowledge levels and non-compliance consuming Fe (Sukmawati *et al.*, 2021).

CONCLUSION

Anemia is a problem that will affect pregnant women and fetuses up to the baby born, both in the short term, due in the medium term and consequences in the long term. Therefore, attention to pregnant women especially in terms of anemia during pregnancy is needed both in terms of prevention and handling so that they can give birth to a healthy baby.

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