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# CASE REPORT: GRANDMULTIPARA POSTPARTUM MOTHER P60005 WITH MILD ANEMIA DUE TO NONCOMPLIANCE IN TAKING IRON SUPPLEMENTS AND A HISTORY OF ANEMIA DURING PREGNANCY

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***Abstract***

***Introduction**: The postpartum period is a very vulnerable phase for a mother after giving birth, because during this time the body is adapting both physiologically, returning to its original form, and psychologically, adjusting to the new role as a mother. The risk of complications increases during this phase, where a mother is prone to infections, fatigue, lactation problems, and a decreased quality of life, which can affect the entire pregnancy-to-postpartum process. **Objective**: To provide a description and overview of comprehensive and continuous midwifery care for a grand multipara mother in the postpartum period with mild anemia caused by not consistently taking iron supplements. **Methods**: This case report used a case study design involving Mrs. "A," a 32-year-old grandemultiparous woman with mild anemia and a history of anemia during pregnancy, on the 21st day postpartum. Data were collected through anamnesis, physical and obstetric examinations, hemoglobin assessment, and documentation review. Comprehensive midwifery care was provided through three home visits conducted from March 11 to March 25, 2026, at Mrs. "A"'s residence in Ngrambe Village. All care was documented using the SOAP format. **Results**: Subjective findings included complaints of dizziness and fatigue, a history of anemia during pregnancy, and non-adherence to iron supplementation. Objective findings showed pale conjunctiva and facial pallor, with an initial hemoglobin level of 10.7 g/dL. Interventions included education regarding adherence to iron supplementation, education on dragon fruit juice consumption, nutritional counseling to increase the intake of iron- and vitamin C-rich foods, and motivational support involving the family. The hemoglobin level increased from 10.7 g/dL to 12.4 g/dL, representing an improvement of 1.7 g/dL over the three visits, with no complications observed.**Conclusion**: This case highlights that comprehensive midwifery care involving early detection, appropriate management, health education, adequate nutritional intake, and continuous monitoring can support the recovery of anemia in postpartum women. Mothers are encouraged to remain adherent to iron supplementation and maintain a balanced, nutritious diet throughout the postpartum period to support optimal recovery*

***Keywords**: Anemia; Postpartum Mother; Midwifery Care.*

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## INTRODUCTION

Postpartum anemia in mothers is still a common maternal health issue during the postpartum period and can potentially slow down the physiological recovery after childbirth. This condition is marked by a drop in hemoglobin levels due to a combination of factors: blood loss during delivery, suboptimal nutritional status, and a history of anemia during pregnancy. According to the WHO Global Anemia Estimates 2025, anemia remains a significant public health problem worldwide, with about 35.5% of pregnant women aged 15–49 suffering from anemia in 2023. While the report doesn't specifically separate postpartum numbers, these data show that high anemia rates during pregnancy contribute significantly to postpartum anemia. If it's not effectively managed during pregnancy, it can lead to ongoing health issues (WHO, 2025).

Anemia can lead to issues with uterine contractility, which may prolong the labor process, increase the risk of postpartum bleeding, and result in impaired intrauterine growth, ultimately leading to higher incidences of low birth weight and prematurity (Nasution, Y.E., 2024). The variety of clinical manifestations and the mother's response to midwifery interventions makes postpartum anemia cases interesting to study in depth through a case report approach to reflect real conditions in the field (Astuti, D., & Handayani, R., 2021). According to (Yuliani, R., et al., 2024), postpartum anemia often goes unnoticed because the complaints are considered a normal part of post-delivery fatigue. Non-compliance in taking iron tablets during the postpartum period can hinder the increase in hemoglobin levels, thereby extending the mother's recovery process (Fitriani, D., & Wahyuni, S.B., 2024).

Anemia in pregnant women can cause fetal growth problems, fetal hypoxia, and increase the risk of preterm birth due to the decreased oxygen supply carried by hemoglobin to the mother's and fetus's body tissues (Abdillah, S., et al, 2024). Besides that, anemia can also increase the risk of childbirth complications like postpartum bleeding because low hemoglobin levels can affect the contraction of the uterus muscles during delivery (Mufti, I. R., & Lestari, S. A, 2023). During the postpartum period, anemia can slow down the mother's recovery process, increase the risk of infection, and contribute to higher rates of maternal morbidity and mortality from complications such as bleeding and organ failure (Wahyuntari, E., & Purwati, Y. 2025)

Reporting cases of anemia in postpartum mothers is important because it can provide a contextual picture of how midwifery care is applied in clinical conditions that are common but not well-documented (Rohmah, S. 2023). To address anemia in postpartum mothers, non-pharmacological therapy such as dragon fruit juice can be given to help increase the mother's hemoglobin levels. Regular consumption of red dragon fruit juice (Hylocereus polyrhizus) has been shown to significantly raise Hb levels compared to before the intervention (Nurhayati, H., & Fitriani, E. 2024). In addition, this case report contributes to the development of evidence-based midwifery care methods, especially in improving continuity of care from pregnancy to postpartum. Documenting postpartum anemia cases can serve as a basis and strengthen the role of midwives in early detection and prevention of postpartum complications (Utami, T., & Prasetyo, B. 2022).

This study aims to describe a Case Report: Postpartum Mother Grandemultipara P60005 with Mild Anemia Due to Noncompliance in Taking Iron Tablets and a History of Anemia During Pregnancy

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## METHOD

This research is a type of qualitative research with a Case Report approaches. The subject in this case report is Mrs. "A", a 32-year-old postpartum mother with multigravida obstetric status (P60005), who experienced a pregnancy with anemia at the "N" Health Center in Ngawi. The case information was collected in the working area of the Ngrambe Health Center, Ngawi Regency. Data collection and monitoring took place over 1 month with a total of 3 visits: the first visit and then followed up once a week to continuously monitor the mother's condition. Data collection in this case study was done through several stages, including interviews, observations, physical examinations, and document studies. All midwifery care data was systematically documented using the SOAP format (Subjective, Objective, Assessment, and Plan) according to midwifery care documentation standards. Midwifery care was carried out continuously by the practicing midwife, with the involvement of students from the Midwifery D3 Study Program as prospective midwives under the supervision and guidance of the supervising midwife at the practice site.

## RESULT AND DISCUSSION

Based on the assessment results, Mrs. "A", a 32-year-old postpartum mother, P60005, on the 21$^{st}$ day post partum, breastfeeding, with normal involution and lochia, has a mild anemia problem. Currently, the mother is in the letting go phase, her general condition is good, and her prognosis is good. The anemia is due to non-compliance in taking iron supplements and a history of anemia during pregnancy. According to the Indonesian Ministry of Health (2022), mild anemia is indicated by Hb levels of 9–10 g/dL, while moderate anemia is indicated by Hb levels of 7–8 g/dL. The diagnosis of postpartum anemia is established based on hemoglobin test results that are below normal values and the presence of clinical manifestations such as dizziness and a history of risk factors. The author believes that the established diagnosis is consistent with theory as it is based on subjective data in the form of complaints of dizziness and a history of anemia during pregnancy, as well as objective data from laboratory test results showing anemia. In addition, the factors of grandemultiparity and non-compliance in taking iron tablets strengthen the analysis of the cause.

The author believes that Mrs. A's anemia is most likely a continuation of the anemia she experienced during pregnancy, which wasn't properly managed due to her not consistently taking iron supplements. Even though she received fairly good ANC services and got 90 iron tablets, her low adherence meant her iron needs during pregnancy weren't fully met, so her hemoglobin levels couldn't be maintained up to delivery. During the second visit, her condition showed a bit of improvement. She felt less dizzy, could do daily activities better, and her conjunctiva looked slightly pale, with hemoglobin levels rising to 11.9 g/dl. This improvement happened after she started consistently taking the iron tablets and regularly drinking dragon fruit juice as advised.

Holm, C (2025) said that regularly taking iron supplements can improve erythropoiesis, which gradually increases hemoglobin levels. In addition, the vitamin C and iron content in dragon fruit helps enhance iron absorption and supports red blood cell formation (Nurhayati, H., & Fitriani, E, 2024). The success of anemia therapy is marked by increased hemoglobin levels after 2–4 weeks of intervention, along with improved clinical condition of the mother. Another theory explains that combining iron supplementation, improving diet, and complementary therapy with dragon fruit juice can increase hemoglobin levels more effectively than relying on just one intervention alone (Mardiana, 2023; Nurhayati, H., & Fitriani, E, 2024).

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The author believes that the increase in hemoglobin levels at the third visit shows that the mother has good adherence to the prescribed therapy, so the goal of midwifery care has been achieved.

Based on the physical examination of Mrs. A, her face appeared pale without any signs of edema or other abnormalities. This condition indicates a decrease in peripheral tissue perfusion, which is commonly found in postpartum women with anemia. According to the Ministry of Health of the Republic of Indonesia (2023), a pale face is one of the clinical manifestations of anemia due to reduced hemoglobin levels, which makes the distribution of oxygen to body tissues less than optimal. Reduced oxygen supply causes the skin to appear paler than usual. According to the researcher, the paleness seen on Mrs. A's face corresponds to the mild anemia she is experiencing and indicates that the decrease in hemoglobin levels has affected tissue perfusion. Cunningham, F.G., et al. (2022) explain that pale conjunctiva happens because of a reduced amount of hemoglobin in the blood circulation, so the tissues get less oxygen supply. This statement is also supported by the Indonesian Ministry of Health (2023), which mentions that checking the conjunctiva is a simple physical exam that can be used as an early screening for anemia before lab tests are done.

Laboratory test results showed that Mrs. A's hemoglobin level was 10.7 g/dL, so she was categorized as having mild anemia during the postpartum period. After receiving care that included education on complying with iron tablet consumption, increasing intake of iron- and vitamin C-rich foods, and supplementary therapy with dragon fruit juice, her hemoglobin level increased to 11.9 g/dL. The Ministry of Health of the Republic of Indonesia (2023) states that hemoglobin testing is the main standard for diagnosing anemia and also serves as an indicator of successful therapy in postpartum mothers.

The first management step taken was to explain the examination results to the mother. Based on the assessment results, it was found that the mother was experiencing postpartum anemia. According to the Indonesian Ministry of Health (2023), providing information about health conditions is an important initial step because it can increase the patient's understanding and involvement in the treatment process. The next management step was to provide education about the dangers of postpartum anemia. The education covered risks such as prolonged fatigue, disturbances in breast milk production, postpartum infections, uterine subinvolution, and reduced ability to care for the baby. The midwife also provided pharmacological therapy in the form of iron supplement tablets to be taken twice a day. The following management step was education on meeting a high-iron nutrition. The mother was encouraged to consume foods such as chicken liver, red meat, fish, eggs, green vegetables, nuts, and vitamin C-rich fruits. The midwife also provided education on the need for rest.

The implications of this case report highlight the important role of midwives in early detection of postpartum anemia through comprehensive assessments, regular monitoring of hemoglobin levels, continuous education on adherence to iron supplementation, and guidance in meeting nutritional needs during the postpartum period. Additionally, involving the family as a support system has proven to be a key component in improving the mother's compliance with the treatment provided. The findings from this case also suggest that a combination of pharmacological and non-pharmacological interventions based on local foods has the potential to support faster recovery from mild anemia in postpartum mothers. However, the effectiveness of this approach still needs further validation through research with an analytical design and a larger number of participants.

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## CONCLUSION AND SUGGESTION

Based on the midwifery care results for Mrs. A, age 32, P60005, she had mild anemia during the postpartum period. The assessment showed that Mrs. A was diagnosed as a postpartum mother with mild anemia influenced by a history of anemia during pregnancy and non-compliance in taking iron tablets. The management provided included education about anemia during the postpartum period, administration and monitoring of iron tablet intake, education on iron-rich nutrition needs, a recommendation to drink dragon fruit juice as a complementary therapy, advice on getting enough rest, monitoring for postpartum danger signs, family planning counseling, and involving the family in supporting the mother's health recovery. The care given showed good results as there was an improvement in her clinical condition and an increase in hemoglobin levels by the end of the monitoring period.

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