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CASE REPORT OF AN ELDERLY GRANDMULTIPARA POSTPARTUM MOTHER (P31024) WITH MODERATE ANEMIA AND REFUSING FAMILY PLANNING PROGRAM

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Abstract

Introduction: *Postpartum anemia is a maternal health problem that may delay postpartum recovery and increase the risk of fatigue, impaired uterine involution, infection, and reduced quality of life.* ***Objective:*** *To implement and describe the application of midwifery care management for a postpartum grand multiparous woman of advanced maternal age with moderate anemia who refused a family planning program.* ***Methods:*** *This case report employed the SOAP, consisting of subjective and objective data collection, data analysis, and implementation of care.* ***Results and Discussion:*** *The case report was conducted on Mrs. S, a 38-year-old grand multiparous woman (P31024) on the 02nd day postpartum, with a hemoglobin level of 9.4 g/dL and pale conjunctiva indicating moderate anemia. Initially, the patient refused contraception due to a lack of support from her husband. The interventions included iron supplementation, education on an iron-rich diet and vitamin C intake, hemoglobin monitoring, family planning counseling involving the husband, and assistance in selecting an appropriate contraceptive method. After one month, the patient's hemoglobin level increased to 12.7 g/dL, her clinical condition improved, and she agreed to become an Intrauterine Device (IUD) acceptor.* ***Conclusion:*** *A comprehensive midwifery care approach through anemia management, health education, and husband involvement in family planning counseling was effective in improving the mother's health status and promoting acceptance of postpartum contraception to prevent high-risk pregnancies.* ***Recommendation:*** *the husband—it is hoped that they will support the mother in ensuring she takes iron supplements to treat anemia.*

Keywords: *Anemia; Grand Multiparity; Family Planning; Intrauterine Device (IUD)*

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INTRODUCTION

The postpartum period is an important time for a mother's health recovery after pregnancy and childbirth. Anemia during this period is usually a continuation of anemia experienced during pregnancy, worsened by blood loss during delivery, which leads to a drop in hemoglobin levels and slows down the mother's physiological recovery after giving birth (Syamsuriyanti, 2024). Additionally, anemia that is not addressed during pregnancy can lead to a depletion of iron stores, further worsening the mother's health during the postpartum period

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(Medyawati et al., 2023). The risk of maternal health complications increases if the mother has certain obstetric risk factors, one of which is high parity. The term grandemultipara refers to a mother who has given birth five times or more, and clinically, it is linked to a higher risk of obstetric and maternal complications, especially if it is not accompanied by the use of postpartum family planning methods (Dasa, Okunlola and Lagana, 2022).

Pregnancy with high parity requires special attention because it is linked to low use of postpartum family planning, which increases the risk of closely spaced pregnancies and various maternal health complications (Kusuma, 2024). Using family planning during the postpartum period plays an important role in spacing pregnancies and giving the mother's body enough time to recover her health. However, rejection of family planning during the postpartum period still often occurs and is influenced by various factors such as lack of knowledge, fear of contraceptive side effects, cultural and religious beliefs, and minimal support from partners (Yemane, 2021). If anemia is not addressed and the mother also refuses to use family planning, the risk of closely spaced pregnancies can increase, worsening the anemia and raising the risk of obstetric complications in the next pregnancy (Michael A. Okunlola and Yadeta Dessie, 2022).

Nationally, the prevalence of modern contraceptive use in Indonesia has only reached 57.0% among couples of reproductive age, which is still below the 2030 Sustainable Development Goals (SDGs) target of 75% (Maharani, Sujarwoto and Ekoriano, 2023). At the regional level, the Modern Contraceptive Prevalence Rate (MCPR) in East Java Province shows some fluctuations, being 66.85% in 2022, rising to 76.25% in 2023, and then dropping again to 67.42% in 2024 (East Java Province Health Profile, 2024). In Magetan Regency, the MCPR reached 79.26%, exceeding the target of 63.4%, and postnatal family planning coverage reached 52% with a target of 40%. However, around 48% of postpartum mothers are still not using family planning, so they remain at risk of unintended pregnancy.

One of the conditions mentioned above was also found in Mrs. S, a 38-year-old postpartum mother, grandemultipara (P31024) with moderate anemia who refused to participate in a family planning program after giving birth at TPMB “I”. The uniqueness of this case lies in the combination of risk factors, namely being over 35 years old, having high parity, having moderate anemia, and not using contraception, which can increase the risk of repeated pregnancies and worsen the mother's health condition (Rokhimawaty et al., 2025). Therefore, the author is interested in conducting a further analysis through a case report titled “Case Report on Family Planning for an Older Grandemultipara Postpartum Mother (P31024) with Moderate Anemia Who Refused Family Planning” to describe the application of midwifery care in family planning for postpartum mothers with high-risk factors, as well as the role of midwives in providing counseling and decision-making regarding postnatal contraceptive use.

METHOD

This research is a type of qualitative research with a Case Report approaches. The subject in this case report Mrs. 'S', an elderly grandmultipara postpartum mother (P31024) with moderate anemia, refused the family planning program at 'T' Health Center in Magetan. Data collection and monitoring took place over 1 month with a total of 3 visits, starting with the first visit and then every two weeks 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

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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, it was found that Mrs. S is 38 years old. This age falls into the advanced reproductive age group (>35 years). In this case, the mother's age is an important factor because it comes along with being a grand multipara and having anemia, which increases the risk of reproductive complications. Rahmawati (2024) mentioned that an unfavorable reproductive age can affect a mother's readiness to receive counseling and make decisions regarding postpartum contraceptive use, which could potentially increase refusal of family planning programs. The assessment results also show that Mrs. S works as a housewife. As a housewife, her daily activities include taking care of the home, looking after the children, cooking, and other domestic chores. According to Maryani & Himalaya (2024), a person's work is related to physical activity, fatigue levels, and the mother's access to health information.

The assessment results showed that initially Mrs. S refused to join the family planning program due to her husband's prohibition. After gradual counseling, she eventually accepted the family planning program and chose an IUD. According to Notoatmodjo (2018), health behavior is influenced by predisposing factors, supporting factors, and reinforcing factors. One of the most important reinforcing factors is partner support. In the author's view, psychosocial factors were the main issue in this case. The refusal of family planning was not caused by medical contraindications but by a lack of support from her husband. After receiving accurate information and adequate counseling, the mother’s attitude changed, and she finally agreed to use contraception. This shows that the theory and case facts align, meaning partner support plays a major role in the success of family planning programs.

Based on the assessment results, the mother received education about consuming foods high in iron, such as red meat, liver, and green vegetables. According to the Indonesian Ministry of Health (2023), nutrition is a key factor in anemia recovery. Iron intake should be accompanied by vitamin C to improve absorption, while tea and coffee should be avoided as they can inhibit iron absorption. In the author's opinion, the nutritional education given in this case was appropriate because it focused on increasing iron intake as a main component for hemoglobin formation. This is reinforced by the physical examination results during the initial visit, which found that the conjunctiva appeared pale. This finding is one of the clinical signs pointing to anemia and serves as objective data supporting the laboratory results for Mrs. S. According to Walyani and Purwoastuti (2021), the conjunctiva is one of the clinical indicators often used to simply detect anemia.

According to the author, the pale conjunctiva found in Mrs. S is most likely related to anemia, which is confirmed by a hemoglobin test showing 9.4 g/dL. Besides being influenced by blood loss during childbirth, this condition can also be associated with being a grand multipara, which can reduce the mother's iron stores due to repeated pregnancies and deliveries. At the initial visit, the hemoglobin test result was 9.4 g/dL. This result indicates that Mrs. S was experiencing anemia during the postpartum period. According to Cunningham et al. (2022), a hemoglobin test is the standard practice for diagnosing anemia because it reflects the blood's capacity to carry oxygen throughout the body. The lower the hemoglobin level, the higher the risk of tissue metabolism disorders and delayed postpartum recovery. According to the author, an Hb result of 9.4 g/dL at the initial visit supports the clinical finding

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of pale conjunctiva observed during the physical examination. This shows that subjective data, objective data, and laboratory results all support the diagnosis of anemia in Mrs. S. In addition, the increase in Hb to 12.7 g/dL indicates that the care provided successfully improved the anemia condition experienced by the mother.

In this case, the diagnosis was made based on the mother being over 35 years old, her status as a grandmultipara, an Hb level of 9.4 g/dL, and her refusal to use contraception. According to Rokhimawaty et al. (2025), a combination of advanced reproductive age, grandmultiparity, anemia, and not using contraception are risk factors that can increase the likelihood of closely spaced repeated pregnancies. Pregnancy that occurs before iron reserves are fully restored can worsen anemia and increase the risk of maternal complications. The author believes that the assessment in this case should not only focus on anemia as an actual problem but also consider potential future risks. These risks include unplanned pregnancies, worsening anemia, increased risk of bleeding in subsequent pregnancies, as well as complications related to age and high parity.

The management in this case started with family planning counseling because initially the mother was not willing to use contraception. After being given an explanation about various family planning methods, the mother chose an IUD because it is effective, long-term, doesn't need to be used every day, and is safe for breastfeeding mothers. This aligns with Sinta and Juariah (2025), who stated that the IUD is an effective and safe contraceptive method for breastfeeding mothers and can be used by mothers with high parity. After the mother agreed, the IUD was inserted, followed by observation and education on side effects and warning signs.

To address anemia, the mother was given iron tablets, advised to eat iron-rich foods, and monitored for hemoglobin levels. The initial hemoglobin level of 9.4 g/dL increased to 12.7 g/dL at evaluation, along with the mother's improved condition and her conjunctiva no longer looking pale. According to the Indonesian Ministry of Health (2023), an increase in hemoglobin levels and improvement in clinical conditions indicate successful anemia management. Considering the mother is over 35 years old and is a grand multipara, permanent contraception (sterilization) is still recommended if she no longer wants another pregnancy. However, since she is not yet willing to undergo sterilization, an IUD becomes a long-term contraceptive alternative based on the mother's choice.

CONCLUSION AND SUGGESTION

In the subjective assessment, Mrs. S, 38 years old, is 32 days postpartum with anemia and refuses a family planning program. The management provided during the care process included giving iron supplement tablets, nutrition education rich in iron, monitoring hemoglobin levels, family planning counseling, and IUD insertion after the mother agreed to become a family planning acceptor. Evaluation showed an increase in hemoglobin levels, rising from 9.4 g/dL to 12.7 g/dL during the monitoring period, and the mother successfully became an IUD family planning acceptor.

With the education provided to the family, especially the husband, it is hoped that they can support the mother in taking iron supplement tablets to overcome anemia. It is also hoped that healthcare facilities continue to accompany postpartum mothers by monitoring their hemoglobin levels. Midwives are expected to provide effective education and involve the family in health decision-making to improve the success of care.

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