Lampiran 1 Jadwal Penyusunan Skripsi Tahun 2019/2020.

JADWAL PENYUSUNAN SKRIPSI TAHUN 2019/2020

No.	Kegiatan	Juli 2019	Agust 2019	Sept 2019	Okt 2019	Nov 2019	Des 2019	Jan 2020	Feb 2020	Mar 2020	April 2020	Mei 2020	Juni 2020	Juli 2020
1.	Informasi penyelenggaraan Skripsi	■												
2.	Informasi pembimbing	■												
3.	Proses bimbingan dan penyusunan proposal	■	■	■	■	■	■							
4.	Pengumpulan proposal ke panitia/ pendaftaran seminar proposal							■						
5.	Seminar proposal								■					
6.	Revisi dan persetujuan proposal oleh penguji									■	■	■		
8.	Pendaftaran ujian												■	■
9.	Pelaksanaan ujian												■	■
10.	Revisi laporan												■	■
11.	Penyerahan laporan												■	■

Lampiran 2

PERNYATAAN
KESEDIAAN MEMBIMBING

Saya yang bertanda tangan dibawah ini:

1. Nama dan gelar : Hupitoyo, S. Kp., M.Kes
2. NIP : 196511111986031002
3. Pangkat dan golongan : Penata/ IIIb
4. Jabatan : Dosen
1. Asal Institusi : Politeknik Kesehatan Kemenkes Malang
5. Pendidikan Terakhir : S2
6. Alamat dan Nomor yang bisa dihubungi
   a. Rumah : Perum GPA Jln. Intan II Blok HC No.12 Karangploso
   b. Telepon/HP : 082301319191
   c. Alamat Kantor : Jl. Besar Ijen No. 77C, Malang
   d. Telepon Kantor : (0341) 551893

Dengan ini menyatakan (bersedia /tidak bersedia*) menjadi pembimbing (utama/pendamping*) skripsi bagi mahasiswa:

Nama : Gita Purwitasari
NIM : 1602450054
Judul Skripsi : Studi Literatur Perubahan Kadar Hemoglobin Ibu Hamil Trimester I dan Trimester III di Puskesmas Pandanwangi

*)coret yang tidak dipilih

Malang, 21 Juni 2020

Hupitoyo, S. Kp., M.Kes.
NIP.196511111986031002

Lampiran 3

PERNYATAAN
KESEDIAAN MEMBIMBING

Saya yang bertanda tangan dibawah ini:

1. Nama dan gelar : Nur Eva Aristina,M.Keb
2. NIP : 19804031520091220002
3. Pangkat dan golongan : Penata/ III C
4. Jabatan : Dosen
5. Asal Institusi : Politeknik Kesehatan Kemenkes Malang
6. Pendidikan Terakhir : S2
7. Alamat dan Nomor yang bisa dihubungi
   a. Rumah : Jl. Simpang Ijen Blok A No.29 Malang
   b. Telepon/HP : 081331193829
   c. Alamat Kantor : Jl. Besar Ijen No. 77C, Malang
   d. Telepon Kantor : (0341) 551893

Dengan ini menyatakan (bersedia /tidak bersedia*) menjadi pembimbing (utama/pendamping*) skripsi bagi mahasiswa:

Nama : Gita Purwitasari
NIM : 1602450054
Judul Skripsi : Studi literatur Perubahan Kadar Hemoglobin Ibu Hamil Trimester I dan Trimester III di Puskesmas Pandanwangi

*)coret yang tidak dipilih

Malang, 19 Juni 2020

Nur Eva Aristina,M.Keb
NIP.19804031520091220002

Lampiran 4

No	Judul Jurnal	Abstrak Penelitian
	Judul penliti tahun	**Abtrak di jurnal**
1	*The change in haemoglobin concentration between the first and third trimesters of pregnancy: a population study*	*Background: The physiological fall in haemoglobin concentration from the 1st to the 3rd trimester of pregnancy is often quoted as 5 g/L. However, other studies have suggested varying levels of fall between 8 and 13 g/L. We evaluated the change in haemoglobin concentration between the 1st and 3rd trimesters of pregnancy in a multiethnic population of pregnant women. Methods: A retrospective cohort analysis of 7054 women with singleton pregnancies, giving birth during 2013–15 in a single urban maternity unit in England. We calculated the changes in haemoglobin concentration from 1st to 3rd trimester using the first trimester haemoglobin as the reference point. The population was stratified into sub-groups to explore any differences that existed within the population. Results: In general the fall in haemoglobin concentration was in the order of 14 g/L or 11% of the first trimester value. This fall was consistent for the majority of sub-groups of the population. The fall was lower (7.7%) in the most deprived section of the population, IMD1, but it increased to 11.7% when we restricted that sub-group to pregnant women without health problems during the index pregnancy. Conversely, there was an increase in haemoglobin of 10.2% in women whose first trimester haemoglobin concentration was in the lowest 5% of the total study population. The population fall in haemoglobin was 10.2 g/L (7.8%), after excluding cases above the 95th and below the 5th centiles, and women with a medical and/or obstetric disorder during the pregnancy. Conclusion: The fall in haemoglobin during pregnancy is in the order of 14 g/L or 11% of the first trimester level. This is 2 to 3 times higher than suggested by some guidelines and higher than previously published work. The results challenge the current accepted thresholds for practice, and have broader implications for diagnosis and managment of antenatal anaemia. Tweetable abstract: Fall in haemoglobin across pregnancy is around 14 g/L (11%) and significantly higher than previously stated in the*

		pregnant population. This poses questions over currently accepted thresholds for anaemia in pregnancy.
2.	*The Frequency of Anemia and Underlying Factors among Iranian Pregnant Women from Provinces with Different Maternal Mortality Rate*	*Abstract Background: Anemia is a common nutritional disorder that is more prevalent in pregnant women than other population groups. This study aimed to assess the frequency of anemia and its association with health care determinants among Iranian pregnant women from provinces with different Maternal Mortality Rate (MMR). Methods: This cross-sectional survey was carried out on 2737 pregnant women referred to public health centers in Iran, 2015. The participants were randomly selected by multistage sampling from six provinces with low, moderate or high MMR. The level of hemoglobin lower than 11 g/dl were defined as anemia in first and third trimester of pregnancy. Results: The rate of anemia in first and third trimester were respectively 8.2 and 26.7%. The most determinants of anemia among women in both first and third trimester of pregnancy were geographical classes with high MMR, no care before pregnancy, and type of house. Moreover, lower number of previous pregnancies (OR, 0.48; 95% CI, 0.27 to 0.85) and adequate care during pregnancy (OR, 0.66; 95% CI, 0.47 to 0.92) were protected women from anemia and high number of children (OR, 2.07; 95% CI, 1.13 to 3.80) enhanced risk of anemia in first trimester of pregnancy. Moreover, higher body mass index had lower odds of anemia in third trimester. Conclusion: The rate of anemia is differed in various parts of Iran, and this disorder gets worse in third trimester of pregnancy than first. Strengthening health care programs may be a useful strategies to prevent and control anemia. Keywords: Anemia; Hemoglobin; Pregnancy; Risk factor; Delivery of health care*
3.	*Physiological Changes in Iron and Blood Parameters during Different Pregnancy Trimesters in Pregnant Women in Baghdad*	*Abstract Received 8\May\2017 Accepted 17\Oct.\2018 This work was carried out for four months in the province of Baghdad including many hospitals in Baghdad during the 1 st of November 2016 until 28 February 2017. 120 pregnant women included in the present study ranged in age from 14 – 42 years were randomly selected. Pregnant women were divided into three groups according to the different periods of*

		pregnancy every trimester include 40 pregnant women divided to 20 pregnant women with anemia and 20 without anemia after taking a blood film and hemoglobin as a good adoption indicator for diagnosis of anemia, also, history taken by previously diagnosis and by physical examination. Result of the three trimesters in indicators the blood of pregnant women with or without anemia, showed that the first trimester all of the parameters of indicators the blood (Hb, Hct, MCV, MCH and MCHC) were decreased in women with anemia compared with women without anemia, also in second and third trimester decreased. However, in second trimester the values of Hb, Hct, MCV, MCH and MCHC decreased in women with anemia on the values of the first trimester. On the other hand a values of indicators the blood in a third trimester less than the second trimester. Indicator of iron (SI, TIBC, TS and SF) for women with anemia in first trimester was less than from women without anemia. However, in second trimester the values of SI, TIBC, TS and SF decreased in women with anemia on the values of the first trimester. Father more, the values of indicator of iron in a third trimester less than in the second trimester. When comparison in blood parameters (Hb, Hct, MCV, MCH and MCHC) between 1st, 2nd, and 3rd trimester of pregnancy women noticed that the all parameters decreased gradually from the first trimesters to second to third trimester. Iron deficiency marked increase was famous in pregnant women in the second and third trimester of pregnancy, due to high fetal and placenta growth rates and development of red cell mass mother. Thus anemia affects up to 70% of pregnant women. Blood indicators RBC, RDW, platelet and MPV for all pregnant women in the first trimester was decreased in women with anemia compared with women without anemia in all parameters of this, also in second and third trimester. Furthermore, in second decreased from first, also in third less that from second. White blood cell and their various types (NEU, LYM, Mono, ESO and BASO) were impressed with the pregnant women with anemia in first and second trimesters WBC and NEU% increased but LYM%, Mono%, ESO% and BASO% decreased. However, in the third trimester WBC, NEU% and BASO% decreased but LYM%, Mono%, and EOS%

		increased. The results of the study found out that the is a clear correlation between anemia in pregnant women and some social factors, such as: occupation, monthly income and maternal education.
4.	*Hematological parameters of the blood count in a healthy population of pregnant women in the Northwest of Morocco (Tetouan-M'diq-Fnideq provinces)*	*Abstract: The aim of this study was to evaluate the values of hematological parameters at different trimesters of pregnancy in pregnant women who attended antenatal care at Sabratha Teaching Hospital, Northwest Libya. This cross-sectional survey included consecutive pregnant women who attended the obstetrical department in Sabratha Teaching Hospital for prenatal booking. This study was carried out over period of 6 month from April 2016 to September 2016. The study involved 120 pregnant women as the study group and 40 non-pregnant women as control. The study pregnant women were between the ages of 18 to 45 years. 5 ml of venous blood samples were taken from each pregnant woman in K3 –EDTA tubes for the haematological examinations. The analysis of haematological indices was done using automated hematological analyzer. The obtained results showed that the mean age of pregnant women was 30 years ± 5.8 SD, 48.4% of pregnant women were between 21-30 years old, 40.8% were at age between 31-40 years. The most prevalent blood group in pregnant women was group O, 47.5%; followed by blood group A, 28.3%; blood group B, 17.5% and blood group AB, 6.7%. 15.8% of the pregnant women were observed to lack Rh antigen in their blood. Highly significance decrease in Hb, Hct, MCH, MCHC, lymphocytes%, RBCs and blood platelets count and significant decrease in MCV as compared with non pregnant women. On the other hand, highly significance increased in WBCs count, and neutrophils % of pregnant women compared with non pregnant women. A progressive decline in Hb concentration and haematocrite values from the first to third trimester was observed. The mean corpuscular volume was significantly decreased in the second trimester. The values of MCH showed highly significant decrease in the second and third trimester, and MCHC decreased significantly in the first trimester. WBC count and neutrophils % showed highly significant increase from the first to the third trimester. Lymphocytes % were highly significant decreased from the first to the third*

		trimester. Mixed percentage of leukocytes (eosinophil, basophil and monocytes) decreased significantly in the third trimester. Platelets count exhibited a highly significant decrease in the second and third trimesters, and a significantly decrease in the first trimester. It can be concluded that a significant changes in the haematological parameters at different trimesters of pregnancy in pregnant women. So it is essential to monitor and manage these parameters during pregnancy.
5.	*The association between haemoglobin levels in the first 20 weeks of pregnancy and pregnancy outcomes*	*Low haemoglobin has been linked to adverse pregnancy outcomes. Our study aimed to assess the association of haemoglobin (Hb) in the first 20 weeks of pregnancy, and restoration of low Hb levels, with pregnancy outcomes in Australia. Methods Clinical data for singleton pregnancies from two tertiary public hospitals in New South Wales were extracted for 2011–2015. The relationship between the lowest Hb result in the first 20 weeks of pregnancy and adverse outcomes was determined using adjusted Poisson regression. Those with Hb Conclusions Women with both low and high Hb in the first 20 weeks of pregnancy had higher risks of adverse outcomes than those with normal Hb. Restoring Hb after 20 weeks did not improve most adverse outcome rates but did reduce risk of transfusion*
6.	U-shaped curve for risk associated with maternal hemoglobin, iron status, or iron supplementation	*Both iron deficiency (ID) and excess can lead to impaired health status. There is substantial evidence of a U-shaped curve between the risk of adverse birth outcomes and maternal hemoglobin concentrations during pregnancy; however, it is unclear whether those relations are attributable to conditions of low and high iron status or to other mechanisms. We summarized current evidence from human studies regarding the association between birth outcomes and maternal hemoglobin concentrations or iron status. We also reviewed effects of iron supplementation on birth outcomes among women at low risk of ID and the potential mechanisms for adverse effects of high iron status during pregnancy. Overall, we confirmed a U-shaped curve for the risk of adverse birth outcomes with maternal hemoglobin concentrations, but the relations differ by trimester. For low hemoglobin concentrations, the link with adverse outcomes is more evident when hemoglobin concentrations are measured in early*

		pregnancy. These relations generally became weaker or nonexistent when hemoglobin concentrations are measured in the second or third trimesters. Associations between high hemoglobin concentration and adverse birth outcomes are evident in all 3 trimesters but evidence is mixed. There is less evidence for the associations between maternal iron status and adverse birth outcomes. Most studies used serum ferritin (SF) concentrations as the indicator of iron status, which makes the interpretation of results challenging because SF concentrations increase in response to inflammation or infection. The effect of iron supplementation during pregnancy may depend on initial iron status. There are several mechanisms through which high iron status during pregnancy may have adverse effects on birth outcomes, including oxidative stress, increased blood viscosity, and impaired systemic response to inflammation and infection. Research is needed to understand the biological processes that underlie the U-shaped curves seen in observational studies. Reevaluation of cutoffs for hemoglobin concentrations and indicators of iron status during pregnancy is also needed.
7.	*Hemoglobin levels during the first trimester of pregnancy are associated with the risk of gestational diabetes mellitus, pre-eclampsia and preterm birth in Chinese women: a retrospective study*	Abstract Background: Hemoglobin (Hb) measurement is a standard test among pregnant women during the first perinatal visit that is used to evaluate physical status and anemia. However, studies focusing on Hb levels and pregnancy outcomes are scarce. This study aimed to determine whether Hb levels in early pregnancy were associated with the risk of gestational diabetes mellitus (GDM), pre-eclampsia (PE) and preterm birth. Methods: A hospital-based retrospective study was conducted among 21,577 singleton, non-smoking pregnancies between June 2013 and January 2015. The demographic data and medical information of each participant were collected individually through questionnaires and patient medical records. Odds ratios were generated using a multivariate logistic regression analysis to evaluate the relative risk of GDM, PE and preterm birth continuously and across different hemoglobin ranges in the overall population and in women from different pre-pregnancy body mass index (BMI) categories, respectively. The level of statistical significance was set at 0.05. Results: (1) For women who were

		underweight, normal-weight, overweight and obese, early pregnancy Hb levels were 127.8 ± 10.1 g/L, 129.6 ± 9.7 g/L, 132.2 ± 9.5 g/L and 133.4 ± 9.4 g/L, respectively. (2) Women with GDM and PE had significantly increased Hb levels during early pregnancy compared with controls, whereas women with preterm birth processed significantly decreased Hb levels. (3) After adjusting for confounders, the risks for GDM and PE increased with high maternal Hb (OR: 1.27 for Hb 130–149; OR: 2.06 for Hb ≥ 150 g/L), and the risk for preterm birth decreased with high maternal Hb (OR: 1.30 for Hb 130–149; OR: 2.38 for Hb ≥ 150 g/L) and increased with low maternal Hb (OR: 1.41 for Hb < 110 g/L). Among women whose BMI was < 24 kg/m2 , high GDM (OR: 1.27 for Hb 130–149; OR: 1.84 for Hb ≥ 150 g/L) and low preterm rates (OR: 0.77 for Hb 130–149; OR: 0.23 for Hb ≥ 150 g/L) were observed with high Hb, whereas in women whose BMI was ≥24 kg/m2 , only high GDM rates were observed with Hb > 150 g/L (OR: 2.33). Conclusion: These findings suggest that Hb levels during early pregnancy play a role in predicting the risk of GDM, PE and preterm birth.
8.	Hubungan Antara Kadar Hemoglobin Ibu Hamil Trimester Iii Dengan Berat Badan Janin Di Puskesmas Trauma Center Samarinda	Latar Belakang : Hemoglobin adalah parameter yang digunakan secara luas untuk menetapkan prevalensi anemia. Anemia pada ibu hamil akan menambah resiko mendapatkan Bayi Berat Lahir Rendah (BBLR), resiko perdarahan sebelum dan pada saat persalinan bahkan akan menyebabkan kematian ibu dan bayinya jika ibu hamil tersebut menderita anemia berat. World Health Organization (WHO) merekomendasikan kadar Hemoglobin ibu hamil ideal adalah lebih dari 11 gr/dl. Tinggi rendahnya kadar Hemoglobin ibu hamil selama kehamilan mempunyai pengaruh terhadap berat bayi lahir karena dapat mengakibatkan gangguan pertumbuhan janin di dalam kandungan. Tujuan : penelitian ini bertujuan untuk mengetahui hubungan kadar Hemoglobin ibu hamil trimester III dengan berat badan janin di Puskesmas Trauma Center Samarinda. Metode : Penelitian ini adalah deskritif korelasional dengan pendekatan time series. Populasi penelitian ini adalah selurus ibu hamil trimester III yang terdata dan memeriksakan kehamilannya di Puskesmas Trauma Center yang sesuai kriteria inklusi mulai dari bulan mei sampai

		juli 2017. Pengambilan sampel pada penelitian ini dengan metode total sampling dengan jumlah sampel sebanyak 39 orang. Instrument penelitian menggunakan lembar observasi. Data yang terkumpul dianalisis dengan teknik analisa univariat (median dan distribusi frekuensi) dan teknik analisa bivariate dengan uji chi square. Hasil Penelitian : Didapatkan bahwa ada hubungan yang bermakna antara kadar hemoglobin ibu hamil trimester III dengan berat badan janin di Puskesmas Trauma Center dengan nilai Pvalue=0,000. Kesimpulan : karakteristik responden penelitian di Puskeamas Trauma Center yaitu sebagian besar responden berada dalam kelompok usia 20-35 tahun yaitu sebanyak 33 orang (84.6%) sebagian besar responden berpendidikan SMA yaitu sebanyak 19 orang (48.7%), sebagian besar responden adalah ibu rumah tangga yaitu sebanyak 26 orang (66.7%) sebagian besar responden kehamilan kedua atau lebih (multigravida) yaitu sebanyak 23 orang (59.0%) sebagian besar responden memiliki kadar Hemoglobin normal sebanyak 24 orang (61.5%) dan sebagian besar responden memiliki bayi dengan berat badan normal sebanyak 21 orang (53.8%). Ada hubungan kadar Hemoglobin ibu hamil trimester III dengan berat badan janin di Puskesmas Trauma Center samarinda dengan nilai P-value=0.000 di peroleh pula nilai OR=70,000. Kata kunci : kadar Hemoglobin ibu hamil trimester III, berat badan janin.
9.	Profil Haemoglobin Pada Ibu Hamil Dilihat Dari Beberapa Faktor Pendukung	Latar Belakang : Masa kehamilan merupakan masa dimana tubuh sangat membutuhkan asupan makan yang maksimal baik untuk ibu maupun janin. Kurangnya asupan makanan yang berkualitas dapat mengakibatkan terjadinya anemia pada ibu hamil. Penyakit anemia terjadi akibat rendahnya kadar hemoglobin dalam tubuh semasa mengandung. Faktor lain meliputi kepatuhan mengkonsumsi tablet Fe, usia, dan paritas juga dapat mengakibatkan kadar haemoglobin rendah. Tujuan : penelitian untuk mengetahui Profil Haemoglobin pada ibu hamil dilihat dari beberapa faktor pendukung di Puskesmas Ranomuut. Metode : Jenis penelitian ini adalah deskriptif analitik dengan pendekatan retrospektif. Populasi berjumlah 134 ibu hamil. Sebagai total sampling. Instrumen yang digunakan yaitu lembar cheklist. Analisis data menggunakan

		analisis univariate dan bivariat dengan rumus chi Square. Hasil : penelitian diperoleh 26,9% responden memiliki kadar Hb tidak normal, 24,6% tidak patuh mengkonsumsi tablet Fe, dan 26,9% berusia < 20 atau > 35 tahun dan 17,9% dengan paritas > 2 kali. Ada hubungan yang bermakna antara kepatuhan mengkonsumsi tablet Fe, usia, dan paritas dengan kadar Hb ibu hamil. pvalue=0,000 (
10.	Kadar Hemoglobin (Hb) Ibu Hamil Di Puskesmas Bahu Manado	Hemoglobin merupakan parameter yang digunakan secara luas untuk menetapkan prevalensi anemia Anemia ialah suatu kondisi medis dimana jumlah sel darah merah atau hemoglobin (Hb) kurang dari normal. Pada ibu hamil dikatakan anemia jika kadar hemoglobin (Hb) World Health Organization (WHO) memperkirakan bahwa 35-75 % ibu hamil di negara berkembang dan 18 % ibu hamil di negara maju mengalami anemia. Menurut data WHO, secara global prevalensi anemia pada ibu hamil di seluruh dunia adalah sebesar 41,8 %. Penelitian ini bertujuan untuk mengetahui kadar hemoglobin (Hb) ibu hamil di Puskesmas Bahu Manado. Jenis penelitian yang digunakan adalah penelitian observasional bersifat deskriptif prospektif dengan rancangan penelitian cross sectional (potong lintang). Empat puluh subjek berpartisipasi dalam penelitian ini. Setelah dilakukan pemeriksaan kadar hemoglobin (Hb) didapatkan 13 orang (32,5%) dengan kadar hemoglobin (Hb)
11.	Pengaruh Pemberian Zat Besi (Fe) Terhadap Peningkatan Hemoglobin Ibu Hamil Anemia	Anemia sering terjadi akibat defisiensi zat besi karena pada ibu hamil terjadi peningkatan kebutuhan zat besidua kali lipat akibat peningkatan volume darah tanpa ekspansi volume plasma, untuk memenuhi kebutuhan ibu (mencegah kehilangan darah pada saat melahirkan) dan pertumbuhan janin. Penelitian ini bertujuan untuk mengetahui pengaruhpemberian tablet zatbesi (Fe) terhadappeningkatankadar hemoglobin padaibuhamil yang anemia. Jenis penelitian yang digunakan yaitu penelitian kuantitatif, dengan desain penelitian Quasi eksperimen jenis One group pre-test dan pos-test dengan cara pengukuran sebelum dan sesudah intervensi. penelitian dilakukan pada bulan April 2015 di Laboratorium RSIA Zainab Pekanbaru. Populasi dalam penelitian ini adalah seluruh ibu hamil yang datang memeriksakan kehamilannya

		di RSIA Zainab Pekanbaru. Sampel dalam penelitian ini adalah ibu hamil yang anemia dengan jumlah sampel 30 orang. Pengambilan sampel dilakukan secara purposive sampling. pengumpulan data dilakukan dengan data primer dan analisis data dilakukan dengan menggunakan uji statistik paired sampel t-tes dan menggunakan grafik. Hasil penelitian didapatkan rata-rata kadar hemoglobin ibu hamil yang anemia sebelum pemberian tablet zat besi (Fe) adalah 8,81 gr/dl,sedangkan sesudah pemberian tablet zatbesi (Fe) adalah 12,59 gr/dl. Pada pemeriksaan uji T didapatkan nilai p.value 0,001. Ada pengaruh pemberian tablet zat besi (Fe) terhadap peningkatan kadar hemoglobin pada ibu hamil yang anemia dengan p.value< 0,05
12.	Gambaran kadar hemoglobin pada ibu hamil di Puskesmas Bahu Kecamatan Malalayang Kota Manado	Abstrak: Hemoglobin merupakan komponen sel darah merah yang berfungsi menyalurkan oksigen ke seluruh tubuh. Berkurangnya hemoglobin menyebabkan anemia. Pada ibu hamil biasanya mengalami hemodelusi. Di Indonesia prevalensi anemia kehamilan relatif tinggi, yaitu 38%-71,5% dengan rerata 63,5%. Penelitian ini bertujuan untuk mengetahui kadar hemoglobin pada ibu hamil di Puskesmas Bahu Kecamatan Malalayang, Manado. Penelitian ini menggunakan metode deskriptif dengan desain potong lintang. Kriteria inklusi ialah ibu hamil trimester II dan trimester III. Penelitian ini berlangsung di Puskesmas Bahu Kecamatan Malalayang Kota Manado dalam periode November – Desember 2014. Jumlah sampel yang memenuhi kriteria sebanyak 30 pasien. Hasil penelitian memperlihatkan bahwa ibu hamil trimester II dan III yang memiliki kadar hemoglobin normal 25 dari 30 orang. Rerata umur ibu yang melakukan pemeriksaan antenatal care 26 tahun. Umumnya ibu hamil yang melakukan pemeriksaan antenatal care ialah ibu hamil trimester II dengan paritas nulipara. Simpulan: Sebagian besar ibu hamil trimester II dan trimester III mempunyai kadar hemoglobin normal dan berada dalam usia reproduksi sehat yaitu usia 20-35 tahun.
13.	Kepatuhan Minum Tablet Zat Besi Dengan Peningkatan Kadar Hb Ibu Hamil	ABSTRACT Background. Anemia is a condition when the blood haemoglobin at under the normal level. Pregnant women are categorized as anemia if the blood haemoglobin less than 11 gram percent (World Health Organization, 2002) In

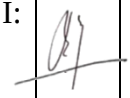
	di Puskesmas Purwoyoso Semarang	majors anemia in pregnant women due by lack intake of iron (fe), so it's called the Iron Nutrition Anemia. The Data in Purwoyoso Public Health Center, Semarang, depicted that during last 4 years prevalence anemia in the region that district is still high, which is 45% (2010), 41% (2011), 52% (2012) and 49% (2013). To cope the anemia of pregnant women, Purwoyoso Public Health Center has been implementing the program of distribution iron tablet to all pregnant women, 90 tablets during pregnancy. The general aim of this study is to analysis the relationship of the compliance level of drinking iron tablet with the increasing of pregnant woment's blood haemoglobin level The data of the complients level of drinking iron tablet was collected by interviews methode and the increasing of blood haemoglobin level was collected Shahli method. Univariat Analysis were done by using frequency distribution table. The relations analysis between the compliance level of drinking iron tablet and the increasing of pregnant women's blood haemoglobin level were done by the Rank-Sperman test. The results. Total of the pregnant women were got the number of iron tablet 90. Some of them (85.7%) acknowledging drink iron tablets. The lowest compliance level is 81% and the highest is 100 %. The average of pregnant women's blood haemoglobin level before drinking iron tablets is 10.9 gram percent, with standard deviation 1.0486 gram percent. After dringking the iron tablets, the average of pregnant woment's blood haemoglobin level is 11.6 percent, with standard deviation 0.35857 gram percent. There are an increasing of the level blood haemogloben, 0,7 gram percent the average. The Rank-Spearman Test expose that there was a relationship between the compliance level of drinking iron tablet and the increasing of pregnant woment's blood haemoglobin level ((p value = 0,002
14	Kepatuhan Minum Tablet Besi Pada Ibu Hamil Di Wilayah Kerja Puskesmas Mengwi I Kabupaten Badung	Anemia pada kehamilan memberikan dampak bagi ibu dan janin. Ibu hamil dengan anemia meningkatkan resiko terjadinya abortus, persalinan prematur dan perdarahan postpartum. Sedangkan bagi janin dapat menyebabkan gangguan pertumbuhan pada anak di awal masa pertumbuhan dan berat badan lahir rendah. Pemberian tablet besi (90 tablet) selama kehamilan merupakan salah satu upaya untuk

		mencegah anemia selama kehamilan. Pencapaian suplementasi tersebut pada ibu hamil tahun 2013 di Puskesmas Mengwi I sebesar 73,01%, masih dibawah target pemerintah tahun 2010 yaitu sebesar 90%. Penelitian ini ditujukan untuk mengetahui kepatuhan ibu hamil dalam mengkonsumsi tablet besi. Penelitian deskriptif cross sectional dilakukan pada 30 ibu hamil yang dipilih dengan metode convenience secara purposive sehubungan dengan angka kejadian BBLR di Desa Gulingan dan Kekeran. Data dikumpulkan melalui wawancara. Kepatuhan ibu hamil dalam mengkonsumsi tabet besi didapatkan sebesar 30%. Alasan ketidakpatuhan ibu antara lain faktor lupa (71%), mengalami efek samping (19%) dan tidak kontrol kembali sehingga obat yang dikonsumsi habis (diskontinuitas) (10%). Kepatuhan ibu pada penelitian ini sangat rendah. Hal tersebut dilatarbelakangi faktor lupa, adanya efek samping dan tidak kontrol kembali.

Lampiran 5

Lembar Konsultasi

Pembimbing Utama				**Pembimbing Pendamping**			
Bimbingan ke	**Tgl**	**Saran**	**TTD**	**Bimbingan ke**	**Tgl**	**Saran**	**TTD**
1	20/08/2019	ACC judul "Gambaran perubahan kadar hemoglobin ibu hamil trimester I dan trimester III" Lanjut BAB I-BAB IV		1	1/08/2019	Perhatikan minggu kehamilan untuk melihat hemodelusi ACC judul "Gambaran perubahan kadar hemoglobin ibu hamil trimester I dan trimester III" Lanjut BAB I	
2.	2/09/2019	Jangan mengutip di setiap paragraf BAB I : kalimat sesuaikan dengan S_P_O BAB II: perbaiki		2	22/08/2019	Perbaiki penulisan paragraf Perbaiki penulisan sesuaikan dengan EYD Cari lokasi studi pendahuluan	

		kriteria inklusi dan eksklusi Lanjut studi pendahuluan					
3.	28/10/ 2019	BAB I: perbaiki penulisan paragraf Fokus pada gambaran dan resiko BAB II: Perbanyak materi tentang Hb Masukan gambar molekul Hb BAB III: populasi ambil 2 periode Tidak perlu nterpretasi data		3	11/09/ 2019	ACC lokasi studi pendahuluan di puskesmas Pandanwangi Segera tentukan populasi	
4.	30/10/ 2019	BAB II: Gambar		4.	14/10/ 2019	BAB I: jangan terlalu banyak	

		dmulai dari struktur molekul BAB III: Perbaiki kalimat agar lebih efektif Konsul P2 tentang BAB III (perubahan metode)				berbicara kehamilan Perbaiki penulisan sesuai EYD BAB II: perbanyak teori kardiovaskuler Perbaiki kerangka konsep BAB III: Waktu penelitian sesaikan dengan kalender akademik Perbaiki kriteria inklusi dan eksklusi Cukup 1 variabel yaitu variabel penelitian Perbaiki tahapan persiapan dan pelaksanaan	
5.	5/11/2019	Konsuldesai penelitian pada P2 untuk BAB III		5.	29/10/2019	BAB I Perbaiki before after space Tambah teori dan hasil penelitian BAB II: Perbaiki kerangka konsep BAB III	

						Jelaskan penelitian deskriptif itu apa Gunakan total sampling Lengkapi lampiran Tidak perlu kriteria inklusi dan eksklusi	
6.	13/12/2019	Perbaiki hipotesis ACC perubahan judul "Perbedaan adar hemoglobin pada ibu hamil trimester I dan trimester III" Pendekatan retrospektif		6.	4/12/2019	BAB I Perbaiki penulisan paragraf Manfaat untuk puskesmas bukan untuk PMB BAB III Analisis data dengan analisis deskriptif mean,median,modus	
7.	5/12/2019	BAB I 1,5 halaman saja kehamilan		7.	5/12/2019	ACC judul "perbedaan kadar hemoglobin ibu hamil trimester I dan trimester III"	

		, hemodelusi , alasan mengambi judul Konsl P2 BAB II dan BAB III sudah cukup				Ganti rumusan masalah Pendekatan crosssectional Devinisi operasional di bedakan pada trimester I dan trimester III	
8.	6/12/2020	ACC ujian proposal		8.	4/12/2019	Perbaiki penulisan daftar isi,daftar tabel,daftar gambar Konsul P1	
9.	14/12/2020	BAB I Gunakan kalimat yang lugas Pertajam masalah Manfaat penelitian cukup 1 saja BAB II Kerangka konsep tambahkan TM I dan TM II		9.	6/12/2019	ACC ujian proposal	

10.	28/01/ 2020	ACC penelitian		10	13/01/ 2020	Rapikan daftar tabel,daftar gambar Daftar isi spasi cukup 1,15 Nama dosen gunakan under line saja Kadar Hb pakai dar jurnal terbaru	
11.	21/06/ 2020	ACC perubahan desain penelitian menjadi studi literatur Perbaiki devinisi operasional Jurnal auan yang digunakan sudah bagus Pertajam pembahasa n Masih banyak pembahasa		11.	30/01/ 2020	Perbaiki kesalahan penulisan Konsul P1 dan penguji Acuan kadar HB kutip dari jurnal ACC penelitian	

		n yang tidak sambung					
12	22/07/ 2020	1. Perbaiki abstrak karena masih terlalu panjang 2. Abstrak jadikan 1 paragraf ACC ujian hasil		12	21/06/ 2020	11/07/2020 1. Perbaiki kesalahan penulisan kata 2. Perjelas keranga operasional 3. Lengkapi halaman judul sampai dengan lampiran terkait judul topik tidak harus sama melainkan ada kemiripan 4. Untuk dummy tabel sesuaikan dengan buku pedoman	
13	20/07/ 2020	Kerangka operasional tidak perlu menjelaskan terlalu tentang kriteria eksklusi Masih		13	20/07/ 2020	1. Hapus halaman kosong 2. Spasi sesuaikan dengan pedoman 3. Abstrak jadikan 1 paragraf	

		banyak pembahasan yang tidak sambung Perbaiki penlisan kriteria inklusi dan eksklusi Hati hati dalam mengungkapkan tentang teori Perbaiki penulisan sesuai EYD				4. Pada pernyataan keaslian tulisan tambahkan materai bertandatangan 5. Perbaiki beberapa penulisan yang masih typo 6. ACC Seminar hasil	

Jenis jurnal

Penggunaan bahasa	penelitian	arikel			desertasi
		review	Sistematis review	metaanalisis	
Indonesia	10	-	-	-	-
inggris	5	-	-	1	-
Total	**15**	**0**	**0**	**1**	**Total= 16**

Karakterisrik umum penyeleksian studi

Kategori				
Tahun publikasi	**Indonesia**	**Inggris**	**Indonesia**	**Inggris**
2015	-	-	-	-
2016	3	-	18,75%	-
2017	3	1	18,75%	6,25%
2018	1	3	6,25%	18,75%
2019	-	3	-	18,75%
2020	-	-	-	-
total	**7**	**7**	**62,5%**	**37,5%**
Total	**14**		**100%**	
Desain penelitian				
crossectional	5	3	31,25%	-
cohord	-	1	-	6,25%
deskriptif	5	1	31,25%	6,25%

Quasi eksperimen	-	-		-
meaanalisis	-		-	-
total	**10**	**4**	**81,25%**	**18,75%**
Total	**14**		**100%**	