GENIUS MIDWIFERY JOURNAL
ISSN 2962-021X
PREFIX DOI: 10.56359/genmj
Vol 02. No. 01 PP 1-6 E-ISSN 2962-021X Prefix DOI: 10.56359/genmj

Case Study Of Pregnancy Midwife Care With Chronic Energy Deficiency (CED)

Ayu Endang Purwati[1], *Sri Utami Asmarani*[1], *Syamimi Zulfana*[2], *Amsana*[2], *Rosidah Solihah*[1]
[1]*Department of Midwifery, STIKes Muhammadiyah Ciamis, Ciamis, Indonesia*
[2]*Tempat Praktik Mandiri Bidan (TPMB) Amsana, Tasikmalaya*

Correspondence author: Ayu Endang Purwati
Email: ayuendang86@gmail.com DOI: *doi.org/10.56359/genmj.v2i1.175*
address : Jl. K.H Ahmad Dahlan No. 20, Ciamis, West Java, Indonesia 085864103070
Submitted: 13 January 2023 Revised: 23 January 2023 Published: 2 February 2023
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ABSTRACT

Introductions: Chronic Energy Deficiency (CED) is a condition where the mother suffers from a chronic shortage of food which results in health problems for the mother. CED can occur in women of childbearing age and in pregnant women. Someone is said to be at risk of CED if the Mid Upper Arm Circumference (MUAC) is < 23,5 cm. A state of prolonged energy deprivation in women of childbearing age and pregnant women is characterized by a MUAC of 23,5 cm.
Aims: The purpose of this case study is to carry out midwifery care for pregnant women with Chronic Energy Deficiency (CED) with a midwifery care management approach, starting with a basic data review, data interpretation, identification of diagnoses or potential problems, determine the need for immediate action, midwifery care planning, implementation of midwifery care as needed and evaluation.
Methods: The method used in this article is a descriptive method in the form of a case study with a midwifery approach. This case study uses a descriptive-analytical method,
Results: The midwifery care process lasts for 6 months, with intensive assessment and monitoring of the client's condition to get good results. The formation of an understanding of the dangers of CED in pregnancy has succeeded in making the client comply with the consumption of the given and balanced food intake as recommended.
Conclusions: The results of this care indicate that there is an increase in body weight and Mid Upper Arm Circumference (MUAC) in pregnant women with Chronic Energy Deficiency (CED) conditions influenced by proper midwifery care, especially in supplementary feeding and can be improved by providing correct and effective information according to client needs.

Kata Kunci: Midwifery Care, Chronic Energy Deficiency, Mid Upper Arm Circumference

Introduction

The Maternal Mortality Rate (MMR) is an indicator to see the success of maternal health efforts. MMR is the ratio of maternal deaths during pregnancy, childbirth and the puerperium caused by pregnancy, childbirth, and puerperium or its management but not due to other causes such as accidents or incidentals in every 100,000 live births (Kementerian Kesehatan RI, 2020). The five main causes of maternal death are bleeding, infection, eclampsia, prolonged labor and complications of abortion. While the indirect causes of maternal death include anemia, Protein Energy Deficiency (PED), and Chronic Energy Deficiency (CED) (Saifudin, 2019). In line with the results of the study which explained that bleeding, hypertension, infection, prolonged labor, and abortion abortion is the biggest cause of maternal death during 2010 to 2013. Bleeding in pregnant women is the biggest cause (30%) of the number of maternal deaths each year, and Chronic Energy Deficiency (CED), one of the causes of bleeding in pregnant women (Silawati & Nurpadilah, 2019).

Chronic Energy Deficiency (CED) is a condition in which the mother suffers from chronic food shortages that lasts for years resulting in health problems for the mother. CED can occur in Women of Reproductive Age and in pregnant women. Someone is said to be at risk of CED if the Mid Upper Arm Circumference (MUAC) < 23,5 cm (Supariasa et al., 2016).

Based on the 2018 data in Indonesia, the prevalence of pregnant women who experience CED about 17,3% (Kementerian Kesehatan RI, 2019). The government program at the Community Health Center tries to monitor the nutritional status of pregnant women with at least 4 antenatal visits during pregnancy, filling out the Towards Healthy Card for pregnant women. The government also provides supplementary feeding for pregnant women (Kementerian Kesehatan RI, 2018).

According to Supariasa et al., (2016), clinical signs of CED include body weight <40 kg or looking thin and MUAC less than 23.5 cm, height <145 cm, mother suffers from anemia with Hb <11 gr%, tired, weary, lethargic, weak, limp, lips look pale, shortness of breath, increased heart rate, difficulty defecating, decreased appetite, sometimes dizzy, easily drowsy.

The impact of CED on pregnant women experiencing death during childbirth, postpartum hemorrhage, prone to health problems and have a greater risk of giving birth to babies with Low Birth Weight (LBW). Babies with LBW will generally experience impaired growth and development because of the inability to reduce the pressure in the new environment so that it will have an impact on their survival (Fathonah, 2016; Fauzi, 2020). CED can cause bleeding in pregnant women during pregnancy and childbirth, while the highest cause of maternal death is still caused by bleeding, namely 30% of the number of maternal deaths each year (Silawati & Nurpadilah, 2019).

The government's program to deal with CED pregnant women is by providing recovery supplementary feeding, intended as a supplement, not as a daily meal replacement. Supplementary feeding can be in the form of local or manufactured food and nutrient-dense drinks (Kementerian Kesehatan RI, 2015).

One of the efforts to overcome the problem of CED in pregnant women is the existence of a government program with supplementary feeding, in the form of layer biscuits with a special formulation and fortified with vitamins and minerals which are given to pregnant women under the CED category to meet their nutritional needs. According to (Kemenkes RI, 2018)

supplementary feeding is one of the supplementation strategies in overcoming nutritional problems, especially for vulnerable groups. Supplementary feeding is adjusted to Regulation of the Minister of Health Number 51 of 2016 concerning Standards for Nutritional Supplementation Products, namely biscuits containing protein, linoleic acid, carbohydrates, and enriched with 11 vitamins and 7 minerals (Kementerian Kesehatan RI, 2018).

This case study of midwifery care for pregnant women with CED was carried out with the aim of improving the nutrition of pregnant women so that mothers do not experience CED and can go through pregnancy and childbirth safely.

Aim

The purpose of this study is to carry out midwifery care for pregnant women with Chronic Energy Deficiency (CED) with a midwifery care management approach, starting with a basic data review, data interpretation, identification of diagnoses or potential problems, determine the need for immediate action, midwifery care planning, implementation of midwifery care as needed and evaluation.

Method

The method used in this article is a descriptive method in the form of a case study with a midwifery approach. This case study uses a descriptive analytical method, with the main objective of exploring the problem, provide an overview of cases and analyze midwifery care in more depth according to client needs. The location for this research was carried out at the TPMB in Tasikmalaya Regency.

The subjects in this study were pregnant women with CED who were willing to be the subject of a comprehensive care assessment. Exclusion criteria in this case study were subjects who suddenly withdrew as respondents, as well as other conditions that make it impossible to be a respondent. The time used by the author is seven months (August 2020 – February 2021) from preparation to writing the results of the case study. Data collection includes interviews, observations, physical examinations and documentation while still using ethics in research (informed consent, anonymity, confidentiality, generosity, voluntary, autonomy, fairness). The tool used in this case study is a set of pregnancy assessment tools, pregnancy test equipment set.

Result and Discussion

Basic Data Assesment

Table 1. First Visit Data Analysis

Visiting Time	Data Analysis	
	Subjective Data	**Objective Data**
Client A **12-08-2020**	**Anamnesis Results:** Client Mrs. A, 22 years old, said she had taken a pregnancy test on 10-08-2020 with a positive result. Mother said this was her first pregnancy. Mother said that she had her last menstruation on 13-07-2020. T2 immunization status. Mother complains of lack of appetite.	**Physical Examination Results:** 1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 42 kg, Height: 154 cm, Mid Upper Arm Circumference (MUAC): 23 cm, 4. Vital Sign: Blood Pressure (BP): 90/60 mmHg, Heart Rate (HR):

		80x/m, Respiratory Rate (RR): 21x/m 5. Abdomen: No surgical scars, Uterine Fundal Height (UFH): not yet palpable
Client B **29-08-2020**	**Anamnesis Results:** Client Mrs. I, 20 years old, said he had taken a pregnancy test on 20-08-2020 with a positive result. Mother said this was her first pregnancy. Mother said that she had her last menstruation on 11-06-2020. T2 mmunization status. Mother complained of weakness.	**Physical Examination Results:** 1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 40 kg, Height: 148 cm, MUAC: 20 cm, 4. Vital Sign: BP: 100/60 mmHg, HR: 79x/m, RR: 22x/m 5. Abdomen: No surgical scars, UFH: 2 fingers above the symphysis, Ballottement (+)
Client C **13-11-2020**	**Anamnesis Results:** Client Mrs. N said that he had taken a pregnancy test on 29-09-2020 with a positive result. Mother said this was her second pregnancy. History of first child aged 2.5 years, female, normal birth assisted by paraji, Weight at birth 3000 gram and height at birth 48 cm. Mother said that she had her last menstruation on 25-09-2020. Mother complains of dizziness and nausea.	**Physical Examination Results:** 1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 45 kg, Height: 156 cm, MUAC: 22 cm 4. Vital Sign: BP 100/60 mmHg, HR: 81x/m, RR: 21x/m 5. Abdomen: No surgical scars, UFH: not yet palpable

Table 2. First Return Visit Data Analysis

Visiting Time	Data Analysis	
	Subjective Data	**Objective Data**
Client A **09-10-2020**	**Anamnesis Results:** The client said there were boils on his genitals. The client said there were boils on his genitals. Mother has done an ultrasound at dr. Farrah ladyana, Sp.OG., M.M.Kes on 11-09-2020 with G1 results 8 weeks pregnant. Intra-uterine fetus, TP: 21-04-2021	**Physical Examination Results:** 1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 43 kg, Height: 154 cm, MUAC: 23 cm 4. Vital Sign: BP: 120/80 mmHg, HR :78x/m, RR: 21x/m 5. Abdomen: No surgical scars, UFH: 2 fingers above the symphysis, Ballottement (+), FHR (+) 136x/m 6. Supporting Data : HIV, HBsAg, and non-reactive syphilis, Hb: 13,5 g/dL.
Client B **01-10-2020**	**Anamnesis Results:**	**Physical Examination Results:** 1. General Condition: Good 2. Consciousness: Composmentis

	The client said she wanted to have her pregnancy checked and there were no complaints.	3. Anthropometry: Weight: 42 kg, Height: 148 cm, MUAC: 21 cm 4. Vital Sign: BP: 120/80 mmHg, HR 80x/m, RR 22x/m. 5. Abdomen : No surgical scars, UFH: 2 fingers above the symphysis, between the symphysis-centre, Ballottement (+), Fetal Heart Rate (FHR) (+) 136x/m
Client C	**Anamnesis Results:**	**Physical Examination Results:**
18-12-2020	The client says nausea and vomiting have decreased.	1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 46 kg, Height: 156 cm MUAC: 22 cm 4. Vital Sign: BP: 110/70 mmHg, HR: 80x/m, RR: 21x/m 5. Abdomen: No surgical scars, UFH: 2 fingers above the symphysis, between the symphysis-centre, Ballottement (+), FHR (+) 134x/m

Table 3. Second Return Visit Data Analysis

Visiting time	Data Analysis	
	Subjective Data	**Objective Data**
Client A	**Anamnesis Results:**	**Physical Examination Results:**
10-11-2020	The client said she wanted to have her pregnancy checked and there were no complaints.	1. General Condition : good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 42 kg, Height: 148 cm, MUAC: 21 cm 4. Vital Sign: BP: 100/70 mmHg, HR: 80x/m, RR 22x/m 5. Abdomen: No surgical scars, UFH: mid-symphysis-centre, Ballottement (+), FHR (+) 140x/m
Client B	**Anamnesis Results:**	**Physical Examination Results:**
02-11-2020	The client said she wanted to have her pregnancy checked and there were no complaints.	1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 42 kg, Height: 148 cm, MUAC: 21 cm 4. Vital Sign: BP: 120/70 mmHg, HR: 80x/m, RR: 22x/m 5. Abdomen: No surgical scars, UFH: 3 fingers below center, Ballottement (+), FHR (+) 136x/m
Client C	**Anamnesis Results:**	**Physical Examination Results:**
15-01-2021	The client said she wanted to have her pregnancy checked and there were no complaints.	1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 47 kg, Height: 156 cm, MUAC: 23 cm

		4. Vital Sign: BP: 110/70 mmHg, HR: 80x/m, RR: 22x/m 5. Abdomen: No surgical scars, UFH: mid-symphysis-centre, Ballottement (+), FHR (+) 139x/m

Table 4. Third Return Visit Data Analysis

Visiting time	Data Analysis	
	Subjective Data	**Objective Data**
Client A 07-12-2020	**Anamnesis Results:** The client wants to check her pregnancy and says she has not been immunized.	**Physical Examination Results:** 1. General Condition: good 2. Consciousness: composmentis 3. Anthropometry : Weight: 47 kg, Height: 154 cmmuac: 24 cm 4. Vital Sign: BP:120/80 mmHg, HR: 80x/m, Respiration 22x/m 5. Abdomen : No surgical scars, Uterine fundal height: 3 fingers below center, ballottement (+), fetal heart rate (+) 140x/m
Client B **02-12-2020**	**Anamnesis Results:** Mother said there were no complaints. Based on the results of laboratory tests at the Pancatengah Health Center that HIV: non-reactive, HBsAg: non-reactive, and Syphilis non-reactive, Hb: 12 g/dL. Blood type: A.	**Physical Examination Results:** 1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 45 kg, Height: 148 cm, MUAC: 21,5 cm 4. Vital Sign: BP: 100/70 mmHg, HR: 78x/m, RR: 22x/m 5. Abdomen: No surgical scars, UFH: concentric, Right dorsal, Cephalic presentation, FHR (+) 140x/m
Client C **19-02-2021**	**Anamnesis Results:** The client said she wanted to have her pregnancy checked and there were no complaints.	**Physical Examination Results:** 1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 48 kg, Height: 156 cm, MUAC: 23 cm 4. Vital Sign: BP 100/70 mmHg, HR 82x/m, RR: 22x/m 5. Abdomen: No surgical scars, UFH: 3 fingers below center, Right dorsal, Cephalic presentation, FHR (+) 140x/m

Table 5. Fourth Return Visit Data Analysis

Visiting time	Data Analysis	
	Subjective Data	**Objective Data**
Client A **07-02-2021**	**Anamnesis Results:**	**Physical Examination Results:** 1. General Condition: Good

	The client said there were no complaints and had done an ultrasound at dr. Farrah ladyana, Sp.OG., MM.Kes on 11-09-2020 with G1 results 25 weeks pregnant, JK: Female, FHR 149 dpm	2. Consciousness: Composmentis 3. Anthropometry: Weight: 49 kg, Height: 154 cm, MUAC: 25 cm 4. Vital Sign: BP: 120/80 mmHg, HR: 80x/m, RR: 22x/m 5. Abdomen: No surgical scars, UFH: 3 fingers above center (MC Donald: 25 cm), Right dorsal, Cephalic presentation, FHR(+) 138x/m
Client B **02-12-2020**	**Anamnesis Results:** The client says there are no complaints. Based on the results of laboratory tests at the Pancatengah Health Center that HIV: non-reactive, HBsAg: non-reactive, and Syphilis non-reactive, Hb: 12 g/dL. Blood type: A.	**Physical Examination Results:** 1. General Condition: Good 2. Consciousness : composmentis 3. Anthropometry: Weight: 45 kg, Height: 148 cm, MUAC: 21,5 cm 4. Vital Sign: BP: 100/70 mmHg, HR: 78x/m, RR: 22x/m 5. Abdomen: No surgical scars, UFH: concentric, Right dorsal, Cephalic presentation, FHR (+) 140x/m

Table 6. Fifth Return Visit Data Analysis

Visiting Time	Data Analysis	
	Subjective Data	**Objective Data**
Client B **01-01-2021**	**Anamnesis Results:** The client wants to check her pregnancy and there are no complaints.	**Physical Examination Results:** 1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 46 kg, Height : 148 cm, MUAC: 23 cm 4. Vital Sign: BP: 100/70 mmHg, HR 78x/m, RR 22x/m 6. Abdomen: No surgical scars, UFH: 3 fingers above center (MC Donald: 25 cm), Right dorsal, Cephalic presentation, FHR (+) 140x/m

Table 7. Sixth Return Visit Data Analysis

Visiting Time	Data Analysis	
	Subjective Data	**Objective Data**
Client B **15-01-2021**	**Anamnesis Results:** The client wants to check her pregnancy and there are no complaints.	**Physical Examination Results:** 1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 48 kg, Height: 148 cm, MUAC: 23 cm 4. Vital Sign: BP 100/70 mmHg, HR: 77x/m, RR: 21x/m

	5. Abdomen: No surgical scars, UFH: mid-center-px (proc. xyphoideus) (MC Donald: 26 cm), Right dorsal, Cephalic presentation, FHR (+) 140x/m

Table 8. Seventh Return Visit Data Analysis

Visiting Time	Data Analysis	
	Subjective Data	**Objective Data**
Client B **08-02-2021**	**Anamnesis Results:** The client wants to check her pregnancy and there are no complaints.	**Physical Examination Results:** 1. General Condition: Good 2. Consciousness: Composmentis 3. Anthropometry: Weight: 48 kg, Height: 148 cm, MUAC: 23,5 cm 4. Vital Sign: BP: 120/80 mmHg, HR: 79x/m, RR 21x/m 5. Abdomen: No surgical scars, UFH: mid-center-px (proc. xyphoideus) (MC Donald: 26 cm), Right dorsal, Cephalic presentation, FHR (+) 140x/m

Data Interpretation

Table 9. Data Analysis

Data Analysis	Problem
Client A SD: No appetite OD: Physical examination results weight: 42 kg, MUAC: 23 cm	Chronic Energy Deficiency (CED)
Client B SD: Limp OD: Physical examination results weight: 40 kg, MUAC: 20 cm	Chronic Energy Deficiency (CED)
Client C SD: Dizziness and nausea OD: Physical examination results weight: 42 kg, MUAC: 23 cm	Chronic Energy Deficiency (CED)

Based on the assessment of subjective and objective data, it was found:
Client A : $G_1P_0A_0$ Hamil 4-5 Weeks Pregnant with Chronic Energy Deficiency.
Client B : $G_1P_0A_0$ Hamil 11-12 Weeks Pregnant with Chronic Energy Deficiency.
Client C : $G_1P_0A_0$ Hamil 7 Weeks Pregnant with Chronic Energy Deficiency.

Potensial Diagnosis

Potential problems in cases of CED in the mother's declining physical condition which causes bleeding, anemia, abortion and infection. In IUFD, LBW babies, born with birth defects, anemia in infants and neonatal death, the results of the study showed that there was a relationship between CED in pregnant women and the incidence of LBW (Sri Utami Asmarani, 2020).

Immediate Action

Collaboration with health center nutrition program holders to provide supplementary feeding for pregnant women with chronic energy deficiency.

Care Plan

Planning for midwifery care needed: communication of educational information about nutrition in first trimester pregnant women, Mothers who have been given nutrition awareness counseling and have routine antenatal checks can improve their nutritional status (Prawita et al., 2017). Advise the mother to reduce strenuous physical activity, Advise Mother to do laboratory checks about HIV disease, HBsAg, Sifilis and check hemoglobin levels at the Health Center, advise the mother to do an USG, facilitating fondazen XX (1x1) and novacal X (2x1), communication of educational information danger signs in first trimester pregnant women, collaboration with health center nutrition program holders to provide supplementary feeding for pregnant women with chronic energy deficiency. Agree on a repeat visit at a predetermined time or if you experience complaints.

Care Given

The focus of this care is to comprehensively improve the condition of CED in pregnancy by increasing nutritional intake along with supplementary feeding. The care provided includes informing the client's condition during the assessment/examination process as an effort to build information and awareness that the client's condition is not within normal limits. Provision of counseling, information, and education related to danger signs and discomfort of third trimester pregnancy, fulfillment of balanced nutritional needs, and adequate rest patterns.

Communication of educational information KIE regarding nutrition in the first trimester of pregnancy, mothers who have been given nutrition awareness counseling and have routine antenatal checks can improve their nutritional status (Prawita et al., 2017).

The care provided was in the form of supplementary feeding in the form of biscuits as much as 1 box/4 boxes/28 packs. Consumed per day 1 pack or 2-3 pieces, and spent within 1 month. In accordance with government recommendations in the first trimester of pregnancy given 2 chips per day until pregnant women are no longer in the Chronic Energy Deficiency (CED) category according to the Mid Upper Arm Circumference (MUAC) examination and in the second and third trimesters of pregnancy are given 3 chips per day until the pregnant woman is no longer in the Chronic Energy Deficiency (CED) category according to the Mid Upper Arm Circumference (MUAC)examination (Kemenkes RI, 2017).

Evaluation

This midwifery care process lasts for 6 (six) months, with intensive assessment and monitoring of the client's condition until good results are obtained. The formation of an

understanding of the dangers of CED in pregnancy has succeeded in making clients comply with the consumption of supplementary feeding and balanced food intake as recommended. Therefore, the client's condition was successfully improved with results:

Table 10. Weight Gain

Target	Data Analysis		Weight Gain	Period of time
	Weight Initial Visit with Reviewers	Weight Last Return visit with Reviewers		
Client A	Weight: 42 Kg	Weight: 49 Kg	7 Kg	6 Months
Client B	Weight: 40 Kg	Weight: 48 Kg	8 Kg	6 Months
Client C	Weight: 45 Kg	Weight: 48 Kg	3 Kg	3 Months

Table 11. Increase Mid Upper Arm Circumference (MUAC)

Target	Data Analysis		Mid Upper Arm Circumference Size Increase	Period of time
	Mid Upper Arm Circumference Initial Visit with Reviewers	Mid Upper Arm Circumference Last Return visit with Reviewers		
Client A	MUAC: 23 cm	MUAC: 25 cm	2 cm	6 Months
Client B	MUAC: 20 cm	MUAC: 23,5 cm	3,5 cm	6 Months
Client C	MUAC: 22 cm	MUAC: 23,5 cm	1,5 cm	3 Months

Weight gain during pregnancy is around 10-12 kg, where in the first trimester the gain is less than 1 kg, the second trimester is around 3 kg, the third trimester is around 6 kg. This weight gain is also to monitor the growth of the fetus. Determination of the nutritional status of pregnant women to detect CED can be done by measuring the Mid Upper Arm Circumference (MUAC) and Body Mass Index (BMI) (Paramita, 2019). The next process is that the client still has to make a repeat visit to monitor the health of the mother and fetus. From the evaluation it can be decided whether the program needs to be continued or stopped, repeated, or the program can be implemented with modifications (Hardinsyah & Supariasa, 2017).

From the evaluation it can be decided whether the program needs to be continued or stopped, repeated, or the program can be implemented with modifications, can result in insufficient energy needs during pregnancy, this can result in the nutritional status of pregnant women being unfavorable or decreasing. Nutritional status is an important health indicator because the nutrition of pregnant women is related to the nutrition of their babies. The 1000 days of life program begins when a pregnant woman or child is still in the womb. Pregnant women are vulnerable to nutritional health, one of which is Chronic Energy Deficiency (CED). One of the efforts to improve the nutritional status of pregnant women at TPMB in collaboration with the Puskesmas is by holding supplementary feeding for pregnant women.

Supplementary eeding can be classified into two types, namely counseling supplementary feeding and recovery supplementary feeding. Counseling supplementary feeding is additional food given to targets to maintain normal nutritional status with a maximum administration time of 1 month. Recovery supplementary feeding is additional food given to improve the nutritional status of the target (Kementerian Kesehatan RI, 2018).

The distribution of supplementary feeding is expected to improve the nutritional status of pregnant women which is marked by an increase in body weight and an increase in the size

of the mother's MUAC, in line with the results of the study which stated that there was an effect of supplementary feeding on weight gain (Andriani et al., 2018). The results showed that there was a significant difference in the size of MUAC before supplementary feeding and after supplementary feeding in CED pregnant women (Rohmah, 2020).

Complaints that are felt vary, such as complaining of a lack of appetite on client A, complained of weakness on client B and complained of dizziness and nausea on client C, this is appropriate (Supariasa et al., 2016) who explained that the signs and symptoms that appear in CED conditions are body weight <40 kg or looking thin dan MUAC less than 23,5 cm, height <145 cm, mother suffers from anemia Hb <11 gr%, tired, lethargic, weak, limp, lips look pale, shortness of breath, increased heart rate, difficulty defecating, decreased appetite, sometimes dizzy and easily drowsy.

Conclusion

Supplementary feeding is the standard of care in midwifery practice in pregnancies with CED. The results of this care indicate that the increase in weight and MUAC in pregnant women with CED conditions is influenced by proper midwifery care, especially in supplementary feeding and can be improved by providing correct and effective information according to client needs, monitoring of balanced nutritional intake and continuous monitoring until the delivery process arrives. In line with the strategy carried out by the government to deal with nutritional problems in CED pregnant women by providing recovery supplementary feeding and counseling for pregnant women (Kementerian Kesehatan RI, 2017). If the body weight is in accordance with the standard for weight gain, then eat a balanced nutritional family food (Kementerian Kesehatan RI, 2018).

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