# NUTRITIONAL CARE FOR PREGNANT WOMEN PATIENTS G3P2A0 WITH GESTATIONAL DIABETES MELLITUS AND BRONCHOPNEUMONIA AT PKU MUHAMMADIYAH GAMPING HOSPITAL

Dhia Nuraini[1], Isti Suryani[2], Idi Setiyobroto[3]
[(1,2,3)] Department of Nutrition, Poltekkes Kemenkes Yogyakarta,
Jl. Tatabumi No. 3, Banyuraden, Gamping, Sleman
Email : dhianuraini23@gmail.com

## ABSTRACT

**Background:** Pregnant women are very susceptible to various nutritional problems. One of them is at risk of experiencing gestational diabetes mellitus (GDM). Risk factors for GDM include being overweight (BMI > 30 kg/m2), age > 35 years, previous GDM, and hormonal changes during pregnancy. The impact of pregnant women with GDM is that the baby is at higher risk of being born prematurely and reducing the body's immune system during pregnancy. Controlling blood sugar levels during pregnancy can be done by adjusting diet patterns and routinely monitoring blood sugar levels.
**Objective:** To determine the standardized nutritional care process for G3P2A0 pregnant women with gestational diabetes mellitus and bronchopneumonia at PKU Muhammadiyah Gamping Hospital.
**Method:** Descriptive qualitative research design with a case study design. This study uses primary and secondary data. Data presentation in the form of narratives, tables and graphs.
**Result:** The results of nutritional screening of patients at risk of malnutrition. The patient's nutritional status according to BMI before pregnancy is included in the mild overweight category. The intervention given is the provision of a DM 1900 TP diet orally. Biochemical data related to nutrition showed that GDS levels were still not within the normal range but were closer to normal than before the intervention. Physical examination data showed a decrease in complaints of shortness of breath and vital signs within the normal range. Energy, protein, fat, and carbohydrate intake began to increase on the third day of intervention and had reached the target intake.
**Conclusion:** There was an improvement in the patient's condition, including physical signs, reduced complaints, and an increase in the patient's appetite during the three days of monitoring, as well as increased motivation for patient dietary compliance while in the hospital.

**Keywords:** Diabetes mellitus gestasional, bronchopneumonia, nutritional care

# ASUHAN GIZI PASIEN IBU HAMIL G3P2A0 DENGAN DIABETES MELITUS GESTASIONAL DAN BRONKOPNEUMONIA DI RS PKU MUHAMMADIYAH GAMPING

Dhia Nuraini[1], Isti Suryani[2], Idi Setiyobroto[3]
[(1,2,3)] Jurusan Gizi, Poltekkes Kemenkes Yogyakarta,
Jl. Tatabumi No. 3, Banyuraden, Gamping, Sleman
Email : dhianuraini23@gmail.com

## ABSTRAK

**Latar Belakang:** Ibu hamil sangat rentan mengalami berbagai masalah gizi. Salah satunya beresiko mengalami diabetes melitus gastasional (DMG). Faktor resiko DMG antara lain kelebihan berat badan (BMI >30 kg/m$^2$), usia >35 tahun dan DMG sebelumnya serta adanya perubahan hormon selama kehamilan. Dampak ibu hamil dengan DMG yaitu bayi resiko lebih tinggi lahir prematur dan menurunkan sistem imun tubuh selama kehamilan. Pengendalian kadar gula darah selama kehamilan dapat dilakukan dengan cara melakukan pengaturan pola diet dan rutin memonitor kadar gula darah.
**Tujuan:** Mengetahui proses asuhan gizi terstandar pada pasien ibu hamil G3P2A0 dengan diabetes melitus gestasional dan bronkopneumonia di RS PKU Muhammadiyah Gamping
**Metode:** Rancangan penelitian kualitatif deskriptif dengan desain studi kasus. Penelitian ini menggunakan data primer dan sekunder. Penyajian data dalam bentuk narasi, tabel dan grafik.
**Hasil:** Hasil skrining gizi pasien beresiko malnutrisi. Status gizi pasien menurut IMT sebelum kehamilan termasuk kategori kelebihan berat badan tingkat ringan. Intervensi yang diberikan yaitu pemberian diet DM 1900 TP melalui oral. Data biokimia terkait gizi menunjukkan kadar GDS masih tidak dalam rentang normal namun sudah lebih mendekati normal dibanding sebelum intervensi. Data pemeriksaan fisik menunjukkan berkurangnya keluhan sesak dan *vital sign* dalam batas rentang normal. Asupan energi, protein, lemak dan karbohidrat mulai meningkat pada intervensi hari ketiga dan sudah mencapai target asupan.
**Kesimpulan:** Adanya perbaikan kondisi pasien meliputi tanda-tanda fisik, berkurangnya keluhan dan adanya peningkatan nafsu makan pasien selama tiga hari monitoring serta meningkatnya motivasi kepatuhan diet pasien selama di rumah sakit.

**Kata Kunci:** Diabetes melitus gestasional, bronkopneumonia, asuhan gizi