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MIDWIFERY CARE MANAGEMENT IN MRS. “J” WITH DIFFICULT BREASTFEEDING MOTHERS IN TOLONUO VILLAGE

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ABSTRACT

Breastfeeding is defined by the World Health Organization (WHO) as a breastfeeding practice only ASI (including stating ASI) and allows the baby to receive vitamins, minerals, or drugs. Water, breast milk substitutes, other liquids and solid foods are excluded.

Research Methods: The research methods used is discrete with a case study approach, that is, reviewing and analyzing the theory, about the management of varney's 7-sstep midwifery care, and the method of documenting and understanding the cause, and management in Tolonuo Village. **Research objective:** Knowing real knowledge in implementing Midwifery Care in Mrs. “J” with breastfeeding mothers found it difficult to approach through the Midwifery Management process according to Varney.

Research Results: in this case Mrs.”J” with breastfeeding mothers found it difficult to understand according to Ms.”J” study, the problem of breastfeeding mothers is difficult to overcome and the mothers is healthy without complications and it is hoped that the mother will continue to breastfeed, do good and correct breastfeeding techniques

Conclusion: the case of breastfeeding mothers is difficult to get after the data is collected and then interpreted so that a diagnosis and actual problems can be obtained in the client Mrs. “J” 18 years of age, nursing mother is difficult to

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detect. Suggestions Every midwife is able to implement optimal midwifery care so that she can see problems clearly and precisely in handling patients with breastfeeding, it is difficult to detect to avoid dangerous complications.

INTRODUCTION

The *puerperium* period begins 2 hours after the birth of the placenta up to 6 weeks (42 days) after that. *Puerperium* is from the word *puer* which means baby and *parous* give birth. So, *puerperium* means the period after giving birth to a baby is the period of recovery, starting from the delivery is complete until the uterine utensils return to the same as the prenatal. A total of 50% of maternal deaths occur within the first 24 hours of post partum so that quality post-natal care must be carried out during that period to meet the needs of mothers and infants. ⁽¹⁾

Menyusui defined by the *World Health Organization (WHO)* as a practice breastfeeding only (including express breast milk) and allow the baby to receive vitamins, minerals, or drugs. Water, substitute for breast milk, other fluids and solid food excluded. Indonesia's demographic health survey (IDHS) reported AKI in 2012 from 359 / 100,000 live births, but this figure is still far above the AKI target for *MDGs* set by *WHO* from 102 / 100,000 live births. ⁽²⁾

According to Eka Agustia (2013), from the results of research on 35 people obtained factors that influence exclusive breastfeeding, namely the factor of the promotion of formula milk 25 respondents (71.42%), the role factor of health workers 19 respondents (54.29%), physical factors mothers 18 respondents (51.43%), maternal psychological factors 17 respondents (48.58%) and socio-cultural change factors 16 respondents (45.71%). ⁽³⁾

Data from basic health research in 2013 Health services for postpartum period range from 6 hours to 42 days after delivery. There were 81.9 percent of women who received the first childbirth service in the 6 hour period to 3 days after giving birth (KF1), a period of 7 to 28 days after delivery (KF2) of 51.8 percent and a period of 29 to 42 days after delivery (KF3) of 43.4 percent. However, the national average for new KF achieved complete by 32, 1 percent. Mothers who receive postpartum family planning services reach 59, 6 percent. The percentage of breastfeeding in the last 24 hours and without a history of prelacteal food at 6 months of age was 30.2 percent. Early initiation of breastfeeding for less than one hour after birth is 34, 5 percent, the highest in West Nusa Tenggara, which amounted to 52.9 percent and the lowest in West Papua (21.7%). ⁽⁴⁾

Data from the North Maluku Provincial Health Office. There were 60% of women who received the first childbirth service in a period of 6 hours to 3 days after delivery (KF1). with breastfeeding in the last 24 hours. ⁽⁵⁾

Data from the North Halmahera District Health Office There are 70% of first-time delivery mothers who receive postpartum care for a period of 6 hours to 3 days after delivery (KF1) with breastfeeding in the last 24 hours. Infants who received exclusive breastfeeding were 942 boys with a percentage of 55.67% and 895 infants with a percentage of 62.81%. Babies Who Get Exclusive Asi For North Tobelo District 43.6%. ⁽⁶⁾

According to Bayu Kurniawan (2013) a strong determinant factor that inhibits the success of exclusive breastfeeding, namely *psychological factors* (mother's confidence and self-confidence), maternal factors are disrupted giving exclusive breastfeeding 28.0% and those who do not give exclusive breastfeeding 32.0%. ⁽⁷⁾

Preliminary data obtained from Tolonuo Village, North Tobelo Subdistrict, Breastfeeding Mothers were difficult to find who received exclusive breastfeeding as many as 12 babies while formula milk was 1 baby

METHODS

The research method used was discrete with a case study approach, namely, reviewing and analyzing the theory, about the management of varney 7 step midwifery care, and the method of documenting and understanding the causes, and management in Tolonuo Village. ⁽⁸⁾ The research subjects were willing people as respondents to take cases. In the preparation of this case study the author took the subject of a breastfeeding mother's research difficult menete. ⁽¹⁸⁾

RESULT AND DISCUSSION

In this section, we will discuss the gap between the theory and the results of case studies on Mrs. "J" with breastfeeding difficult to menete in tolonuo Village, North Halmahera Regency, two days starting from August 14, 2018 to August 15 2018.

To simplify this discussion, the authors will discuss based on the midwifery management approach with the steps of collecting data, identifying and analyzing data to determine actual and potential diagnoses / problems, immediate action and collaboration, action plans, implementation and evaluation of midwifery care.

A. Assessment

At the assessment stage, the author did not encounter obstacles because at the time of data collection both the client and family were open to provide information or data related to the client, thus facilitating the author in collecting data on the client Ny. "J" with nursing mothers is difficult to menete in the tolonuo village of North Halmahera Regency. The author obtains data based on theoretical review and case data , then actual and potential diagnoses / problems can be formulated.

B. Identify Actual Diagnosis / Problems

The actual diagnosis / problem that can be obtained from the client Ny . "J" with nursing mothers is difficult to menete:

- P1 A0 with nursing mothers is difficult to reduce
- Flat milk nipples

C. Identify Diagnosis / Potential Problems

Based on diagnostic identification, a potential diagnosis / problem is obtained from the ASI dam

D. Immediate Action and Collaboration

In the case of Mrs. "J" with nursing mothers it is difficult to identify the authors taking immediate action, namely teaching good and correct breastfeeding techniques, breast care and discussions with midwives to collaborate.

E. Action plan

Planning is the process of preparing a plan of action to identify diagnoses or actual problems and problems of other problems that may occur, but first formulated objectives to be achieved success criteria that have been agreed with the client or family. In accordance with the diagnosis or actual and potential problems a midwifery care plan can be prepared as follows:

1. Diagnosis - Breastfeeding Mothers Are Difficult Menete
 - a. Breast Care
 - b. Good and correct breastfeeding techniques
2. Actual Problems - Flat milk nipples
3. Potential Problems - ASI Dam

F. Implementation of Midwifery Care

At this stage of implementation of midwifery care the author carried out midwifery management in the case of breastfeeding mothers who were difficult to menete, all planned actions were carried out.

G. Midwifery Care Evaluation

Evaluation is the final act of midwifery management, at this stage the author evaluates the final results of midwifery care done to the client Ny . "J" is as follows:

- Mother already knows her condition
- Mother already understands breast care
- Mother already understands good breastfeeding techniques and is right

CONCLUSION

From the results of the implementation of midwifery management in breastfeeding mothers, it is difficult to identify in the village of Tolonuo, North Halmahera Regency, the authors draw the following conclusions:

Step I. Data Collection and Analysis

Having carried out the assessment is collecting data from various sources to evaluate and identify the client's health unit Ny. " J" aged 18 years breastfeeding mothers difficult to menete.

Step II. Data Interpretation

After the data is collected then an interpretation is made so that a diagnosis is found and the actual problems that can be obtained by the client Mrs. "J" age 18 years nursing mothers difficult to menete

Step III. Identify Diagnosis of Potential Problems

In the case of a potential diagnosis of ASI dam can occur

Step IV. Immediate Actions for Midwifery Care

Emergency actions and collaborations carried out on Mrs. " J" with nursing mothers It is difficult to determine which teaches the correct breastfeeding technique

Step V. Midwifery Care Action Plan

The plan of action taken here is in accordance with the theory in Ny . A with breastfeeding is difficult Menete is evaluating vital signs and general condition of the mother , good and correct breastfeeding techniques , and breast care.

Step VI. Implementation of Midwifery Care

Actions taken in Ny. A is evaluating vital signs and the general state of the mother, doing good and correct breastfeeding techniques, doing breast care

Step VII. Evaluation

The evaluation that the author did on August 15, 2018 with the results of examination of breastfeeding mothers difficult to detect the second day running normally with the general condition of the mother and vital signs within normal limits, the baby has been well tapped, the mother's breasts look not swollen and the mother can apply good breastfeeding techniques as taught

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