

**DOI:**

10.22301/IJHMCR.2528-3189.563

Article can be accessed online on:  
<http://www.ijhmcr.com>

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**ORIGINAL ARTICLE**  
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**INTERNATIONAL JOURNAL  
OF HEALTH MEDICINE AND  
CURRENT RESEARCH**

**MANAGEMENT OF BY NY. S WITH JAUNDICE NEONATORUM  
IN THIBERIAS MATERNITY CLINIC  
TOBELO HALMAHERA**

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**ARTICLE INFO**

**Article History:**

Received 20th July, 2017

Received in revised form

07th Agustus, 2017

Accepted 22th Agustus, 2017

Published online 27th September,  
2017

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**Key words:**

Orphanage in infants With Jaundice  
Neonatorum.

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**ABSTRACT**

One of the causes of mortality in the newborn is bilirubin encephalopathy (better known as kernikterus). Bilirubin encephalopathy is a complication of jaundice neonatorum is most severe. Jaundice is a clinical description of the form of the yellow coloring of the skin and mucosa due to deposition of end product i.e. hem catabolism of bilirubin. Clinically, jaundice in neonates will look when the concentration of serum bilirubin more 5 mg/dL. Hiperbilirubinemia is the State of the levels of bilirubin in the blood > 13 mg/dl.

The purpose of this research is to carry out the care of gynecologist In Ny "W" with spotting in clinical sheltini.

This research type is descriptive by using case study of midwifery management consist of 7 step vareney that is. Identification of baseline data, identification of actual problem diagnoses, identification of potential problems, immediate action and collaboration, action plan implementation and evaluation. With results obtained from studies of the general good condition of the baby, weight gain, and not jaundice. Diharapakn Can provide services and appropriate and prompt handling on this case.

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**Citation: Nurbaya Kao<sup>1\*</sup>, Rasmin Hi. Abd Mutalib<sup>1</sup>, Frangki Mapanawang<sup>1,2</sup>, 2017**  
"Management Of By On. S With Jaundice Neonatorum In Thiberias Maternity Clinic  
Tobelo Halmahera", *International Journal of Health Medicine and Current Research*, 2, (03),  
563-567.

## INTRODUCTION

In United States of America, among 4 millions babies who were born every year, there are approximately 65% who suffer from ikterus. The census which is done by the government of Malaysia in 2015 found that around 75% new baby born suffer from ikterus on the first weeks. In 2015, the baby's death rate (Angka Kematian Bayi - AKB) in Indonesia were noted until 41,4 per 1000 live born. As an effort to reach "Indonesia Sehat 2020", therefore the measurement is the decreasing number of neonatus mortality and morbidity. The projection is that in 2025 the amount of AKB can be decreased at the level of 18 per 1000 live born.<sup>1</sup>

In Indonesia, the data of ikterus neonatorum are gotten from educational hospitals. A study of *cross-sectional* which is done in Rumah Sakit Umum Pusat Rujukan Nasional Cipto Mangunkusumo during 2012 found that pre-relevance of ikterus in new baby born is 58% of bilirubin amount above 5 mg/dL and 29,3% with bilirubin amount above 12 mg/dL on the first week of the new born baby's live.<sup>2</sup>

During 2016, there are 5 cases of ikterus on the new baby born who were looked after by Klinik Thiberias. All those cases of ikterus in Thiberias were taken care carefully and managed well. Unfortunately, there is 1 case that has to be taken to Rumah Sakit Umum Kabupaten Halmahera Utara.

This is the reason why the researcher took "*Asuhan Kebidanan Pada Bayi S Dengan Ikterus Neonatorum Klinik Bersalin Thiberias Tobelo Tahun 2017* " as the title for the requirement to take Final Exam Program in Akademi Kebidanan Makariwo Halmahera Utara year 2017.

### Theoretical Framework

#### Definition of Ikterus

- Ikterus Fisiologis Neonatorum is an ikterus which is happen on the second day and gone after 10 days or the second week of born.<sup>8</sup>
- Ikterus Fisiologis Neonatorum mengatur yaitu ikterus yang terjadi pada hari ketiga dan tidak mempunyai dasar patologis, <sup>12</sup>
- Ikterus Fisiologis Neonatorum is an ikterus which is occured in a baby in an enough month with the amount of bilirubin which increase slowly and reach the top point at 6-8 mg/dL. It existed at the third or fourth days, mostly at the fifth days at the reach of bilirubin until 12 mg/dL.<sup>11</sup>

#### 1. Etiology

Generally, the increasing of bilirubin amount happen to every new baby born. It happens because of the amount of blood cells are much and the age is short.<sup>15</sup>

#### 2. Metabolism Bilirubin

In a normal condition, bilirubin is cleaned very fast and efficient from the blood circulation by the heart. Bilirubin is not conjugated in stages to be difused to the heart cells (hepatosit). In hepatosit, bilirubin is not conjugated, it is conjugated with glukuronat acid with the help of enzym of UDP glukuronil transferase to create monoglukuronida which later on becoming diglukuronida (bilirubin terkonjugasi). The conjugation should be done so that bilirubin can be excreted through membrane kanalikular into bile.<sup>4,5</sup>

#### 3. Lab Check

Hiperbilirubinemia with the scale of normal aminotransferase and fosfatase alkali shows the possibility the process of hemolytic or Gilbert Syndrome. This can be check by the fractional bilirubin. The weight of iketerus and fractional bilirubin can't help to differentiate ikterus hepatoselular from ikterus kolestatik. The icreasing of the amount of aminotransferase > 500 U tend to hepatitis or hipoksia acute. The increasing of fosfatase alkali which is not proportional tend to kolestasis or kelainan infiltrat. Generally, bilirubin is normal or only a little. Bilirubin above 25 until 30 mg/dl is caused by hemolisis or kidney disfunction which is happen to hepatobilier disease. Inversi ratio albumin concentration and globulin shows the existence of chronic disease. The increasing time of protrombin after giving vitamin K (5-10 mg IM for 2-3 days) tend to kolestasis that hepatoselular process.<sup>7,8</sup>

#### 4. The Documentation of Midwifery Results

SOAP is the record which is simple, clear, logic and written. 4 steps method which is called as SOAP is gotten from the process of midwifery management. SOAP method is used to document patient management in medical record. It records the progress information systematically. It organize findings and conclusion becoming one plan of management (asuhan):

- Subjektif (S):*

Is the summary of the step I in the process 'manajemen asuhan kebidanan' (midwifery management). It is taken from what is said, tell and complaint by the client through anamnese with the client and the family.

b) *Objektif (O):*

Is the summary of the step I in the process 'manajemen asuhan kebidanan' (midwifery management). It is taken through inspection, palpation, percition, auskultasi and the result of lab check and USG.

c) *Assessment (A):*

Is the summary of step II, III and IV in the process of 'manajemen asuhan kebidanan' (midwifery management), where a conclusion is made based on subjective and objective data. It is used as 'decision taking' (pengambilan keputusan) on the client.

d) *Planning (P):*

Is the summary of step V, VI and VII in the process of 'manajemen asuhan kebidanan' (midwifery management). Planning is done based on the result of conclusion and evaluation on the client. It is taken to solve the client's problem.

## METHODS

### Types of Research

The type of this research is descriptive method. The approach of the research is 'asuhan kebidanan' (midwifery management). It concludes the examining, analysing, diagnose, potential diagnose, exact action, planning, action planning, run down and evaluation.<sup>28</sup>

### Research Location and Time

Location and time of the research are the place and time length which is needed by the researcher to find the case.

a) Location

The location of the research is done in Klinik Bersalin Thiberias Tobelo Kabupaten Halmahera Utara year 2017.

b) Time

The time of the research is done on July 2017.

### Case Subject

The subjects of the study are the people who later on become the patient. The case study will be done to those patient.<sup>28</sup> The subject which is taken is the iketerus neonaterum.

## CONCLUSION

After the researcher did midwifery management (asuhan kebidanan) on S baby with Iketerus Neonatorum in Klinik Bersalin Thiberias Tobelo for 3 days (started on 25 of July until 27 July 2017), here the researcher draws clonclusion and suggestion:

- a) Iketerus neonatorum case is one of the cause of death on neonatorum, but the death can be handled if the client is already equiped with the knowledge at ANC. It is a counceling on nutrient, breast treatment, Efforts early breastfeeding newborn, and need to be assisted by the midwife at KN-I so that the growth and the development of the baby can be monitored.
- b) Based on the observation data, the researcher found that baby born not enough months gestation period 35 weeks with ikterus neonatorum degree I.
- c) The Author did not find a potential problem happens to the By. S in maternity Clinic Tiberias Tobelo North Halmahera is ikterus neonatorum degree II.
- d) The researcher can take the exact action, colaboration and rujukan to S baby with ikterik neonaterum degree I in Klinik Tiberias Tobelo Halmahera Utara year 2017.
- e) The intervention which is done is hint on the theory about (management) ikterus neonatorum, that is TTV observation, giving ASI as often as possible, increasing the production of ASI so that the baby will get enough ASI. It can fasten the process of healing and ray therpy as instructed by the doctor.
- f) Implementation which is done to S baby is observing the baby's vital signs, telling the mother to breast-feed the baby as often as possible and giving the sunlight therapy around 07.00 am until 07.15 as instructed by the doctor.
- g) Evaluation is the last step of asuhan kebidanan. The evaluation which is done on 27 Juli 2017 shows that all the problem on the client can be handled well. The condition of the mother and the baby is also good.

### Suggestion

Based on conclusion, here the researcher draws some suggestion:

- a) The need to increase the mother's knowledge on ANC counseling, such as nutrient on 'ibu nifas', breast treatment, the effort to breastfeed early on the new baby born, and the need of the midwife assistance at KN-I so that the growth and the development of the baby can be monitored.
- b) To serve the baby comprehensively and quality is an important effort which has to be done to prevent complication happen to a new baby born.
- c) Midwifery management is the exact method in handling the cases of neonatal, especially ikterus neonatorum so that the intervention and implementation which is done hint on the theory about ikterus neonatorum management. It is in the form of TTV observation, giving ASI as often as possible, increasing the production of ASI so that the baby can get enough ASI. It can fasten the process of healing from ikterus and also the ray therapy. It should be done every morning based on the doctor instruction.
- d) Evaluation is needed to be done. Not only on the result evaluation but also the evaluation of the process which is done by the midwife (Bidan). The midwives are hoped to document the results of asuhan kebidanan as the standard.

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