

MANAGEMENT OF MIDWIFERY CARE IN BABIES D WITH LOW BIRTH WEIGHT (BBLR) IN A'ATHIRA TOBELO MATERNITY HOME NORTH HALMAHERA

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ARTICLE INFO

Article History:

Received 24th Dec, 2018
Received in revised form
22th Jan, 2019
Accepted 25th Feb, 2019
Published online 31st Mar, 2019

Key words:

Midwifery Care, Newborn Babies, BBLR.

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ABSTRACT

Background : The high degree of health in a country can be found by some indicators, one of which is the high to the low infant mortality (AKB). AKB may be used as a reference to the success rate of health services. Newborn mortality (Neonatal) in Indonesia is still quite high in the range 32/1000 live birth rate while the target of the MDGS (Millennium Development Gols). Babies of low birth weight (BBLR) is a newborn baby's birth weight at birth of less than 2,500 grams.

Based on data obtained from the North Halmahera District Health Office (2017) the number of babies born alive was 3,351 where there were AKB 49 babies in which 10 babies had asphyxia, 27 babies had LBW, 1 baby had congenital defects. Based on survey data from the maternity house A'athira in the year 2017, there are two babies pospose with LOW BIRTH WEIGHT of 52 maternity mother. **Purpose :** The purpose of this research is to implement midwifery care in infants with low birth weight (BBLR) in accordance with the midwifery management 7 steps varney. **Methodology :** This scientific paper using a descriptive method. The maternity Home in A'athira location of Tobelo North Halmahera Regency, the subject of this research is the baby Ny. D age of 2 days with low birth weight. The case study was conducted on 20 July to 5 August 2018 using the format's

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Citation: Sarah G. Mapanawang^{1,2*}, Putri Angga Nafihani¹, Maria Rantung¹, 2019
"Management of Midwifery Care in Babies D with Low Birth Weight (BBLR) in A'athira Tobelo Maternity Home North Halmahera", *International Journal of Health Medicine and Current Research*, 4, (01), 1170-1174.

gynecologist in newborn babies with low birth weight using 7 steps varney and data development using document of SOAP. Midwifery care carried out on the baby Mrs. D for 8 days of weight in the baby Mrs. D experienced an increase in body weight of 260 grams. From the baby's case, Mrs. D there is a gap between theory and practice land that is low birth weight babies (BBLR) only enough to be dissected and put a hat on the baby's head while on the theory that must use the kangaroo method.

INTRODUCTION

According to the WHO (*World Health Organization*) in 2010, the prevalence of LBW (Low Birth Weight Babies) was 15% of births in the world and often occurs in countries with low economies. Statistically the incidence of low birth weight babies (LBW) in developing countries by 90% LBW has a higher risk of death that is 35 times that of babies with normal birth weight.¹

The high level of health in a country can be found by several indicators, one of which is the high and low infant mortality rate (IMR). AKB can be used as a reference for the success rate of health services. The mortality rate of newborns (*neonatal*) in Indonesia is still quite high in the range of 32/1000 live birth rate while the target of MDG (*Millennium Development Goals*). It is expected that 2015 will be 23/1000 live births. The cause of infant mortality in Indonesia as in other countries is 40-60% neonatorum asphyxia, 24-34% infection, *premature* / low birth weight (LBW).¹

In 2015 the mortality rate of IMR (Infant Mortality) in Indonesia was recorded to be 41.4 per 1000 live births. In an effort to achieve "Healthy Indonesia 2020" measurement is therefore the number of decreases in neonatal mortality and morbidity. Projections for 2025 the number of IMRs can decrease at the rate of 18 per 1000 live births.²

Low birth weight babies (LBW) are defined as babies born with a body weight of less than 2,500 grams. LBW is the highest predictor of infant mortality, especially in the first month of life. Based on epidemiological studies, LBW babies have a 20-fold greater risk of death in bandinkan with babies born with normal weight.³

More than 20 million babies worldwide are born with LBW and 95.6% of LBW babies are born in developing countries, for example Indonesia. LBW is caused by a short gestational age (*Prematurity*), IUGR (*Intra Uterine Growth Restriction*) which in Indonesian is called obstructed fetal growth.³

According to the Indonesian Ministry of Health in 2014 that as many as 78.5% of neonatal deaths occur at ages 0-6 days, most of which are caused by respiratory problems (35%), ifeksi / sepsis

(12%), *prematurity* including LBW (32%). In addition, LBW is susceptible to hypothermia and infection which is a direct cause of death in neonates.⁴

Based on data obtained from the North Halmahera District Health Office (2017) the number of babies born alive was 3,351 where there were AKB 49 babies in which 10 babies had asphyxia, 27 babies had LBW, 1 baby had congenital defects.⁵

Based on survey data from Athira Clinic in 2017 there were 2 babies born with LBW from 52 mothers giving birth.⁶

METHODS

This type of report is a case study report with a case study method that is research to give a detailed description of the background, characteristics that are typical of the case, which are then made into a general nature. The case study is a study done by reviewing an issue through a process that consists of a single unit.¹⁶

The whole number consists of objects or subjects that have certain characteristics and qualities that are determined by researchers to be examined and conclusions drawn. The characteristics possessed will be used for research. The subject of the study was the person who was used as the respondent to take the case in the preparation of this case study. The author took the research subject of Ny.D Babies with low birth weight babies.¹⁶

RESULT AND DISCUSSION

In this chapter the author will discuss midwifery midwifery care for babies with low birth weight at Athira Maternity Hospital using Varney's midwifery care management, which consists of seven steps, namely assessment, interpretation of data, potential diagnoses, immediate action, plan of action, implementation and evaluation. The sequence is as follows:

1. Assessment

Assessment is the initial stage used in applying midwifery care to patients (Varney 2012). Subjective data is data obtained from patients regarding their concerns and complaints recorded as direct quotations or summaries that will be directly related to diagnosis. The main complaints in this case are The mother said the baby was born with a body weight of less than 2,500 grams. Objective data is data that can be observed and measured, during a physical examination. On a general examination of the movements of the active baby,

body temperature 36.5 °C, breathing on the first day 40-50 x / m, heart rate ranges from 100-140 x / m, in the case of LBW skin wrinkles, lanugo much, less or thin skin fat, moro reflex baby's hand can hold weak, reflex rotting no response, weak sucking reflex on LBW, vomiting, cough due to premature, less grasping reflexes in premature infants because there are neurological disorders in the brain. At anthropometric examination head circumference is less than 30 cm, circumference the baby's chest is less than 33 cm, the body length is less than 47 cm, the baby's body weight is less than 2,500 grams. In the case of LBW a laboratory examination includes routine examination of Hb, blood type and blood.

In the case of a newborn baby in a baby, the mother's main complaint is that the mother gave birth to her second child on July 29, 2018, at 09:09 WIT with a body weight of 2,000 grams and a body length of 45 cm, apgar score 7,8,9, good general condition, strong crying, active motion, temperature 36.5 °C, breathing 52 x / m, pulse 144 x / m, warnah pink and thin skin turgor, good rotting reflexes, good moro, linkar head 33 cm, circumference chest 30 cm, body length 46 cm, body weight 2,000 grams, upper arm circumference 10 cm.

2. Data Interpretation

At the step of interpreting this data, the correct identification of the problem or diagnosis is done with the client's needs. Diagnosis that is upheld by midwives within the scope of midwifery practice. Diagnosis in this case is: Newborn Infant D of 1 day with Low Birth Weight. matters relating to the experience of the client that are found from the results of the study or accompanying diagnosis. Problems that generally occur in smelly babies born with Low Birth Weight are less and weak movements. Needs are things needed by patients and have not been identified in diagnoses and problems obtained by analyzing the data. Needs given to infants with LBW is to maintain a comfortable and warm environment and fulfillment of nutrition.

In the case of a newborn baby with a low birth weight, a midwifery diagnosis of a newborn baby is found at the age of 1 day with a low birth weight. Problems arising from weak movements and body weight are still the same as 2,000 grams. Needs given are nutrition fulfillment. adequate and maintaining the warmth of the baby. In this lag the author found a gap between the theory and cases that exist in the practice land, namely in the case of problems that appear weak

movements and body weight is still the same as 2,000 grams. While the theory of the problem that generally occurs in newborns with low birth weight is movement less and weaker, often experiencing apnea attacks, weak suction reflexes.

3. Potential Diagnosis

Potential diagnosis is to carefully and critically identify patterns or groups of signs and symptoms that require midwifery action to help patients overcome or prevent specific problems. In the case of LBW babies, the possibilities that can occur are asphyxia, respiratory problems, hypothermia, hypoglycemia and problems with breastfeeding.

In the case of Ny.D, a potential diagnosis of asphyxia, respiratory distress, hypothermia, hypoglycemia and problems with breastfeeding. In this step the authors did not find any gaps between the theory and the case on the practice land.

4. Anticipation / Immediate Action

This step if there is an emergency, the midwife must act immediately and determine the form of collaboration with Dr. SP.A which is most appropriate for patient safety. The anticipation is to avoid heat loss using the kangaroo method, check the baby and count the breath in a minute, measure the axilla temperature. encourage the mother to start breastfeeding her baby. Babies weighing less than 2,000 grams are included in an incubator with a temperature of 35 °C and for a body weight of 2,000-2,500 grams with a temperature of 34 °C can be reduced by 1 °C per week.

In this case the anticipation given is collaboration with a pediatrician for the provision of therapy. In this step the author did not find any gaps between the theory and the case on the practice land.

5. Planning

An appropriate action to overcome the problem or function to guide the care given to the patient so that the goals and results are optimal or expected.

The plan for care for LBW babies is as follows:

- General and vital sign observations
- Observation of weight gain
- Take care of the baby in the incubator at 34 °C
- Give warmth to the baby by direct skin contact (kangaroo method)

- e. Meeting the nutritional needs of ASI as much as 50-60 cc / kg body weight / day continues to be increased to around 200 cc / kg body weight / day
- f. Check *mor* reflexes , *rotting*, *sucking*, and *grasping*
- g. Prevent infection by washing hands before and after holding the baby, separating the affected baby from those who are not infected, cleaning the room
- h. BAK observation and defecation every 1 hour
- i. Collaboration with pediatricians for therapy

In the case of Ny.D babies the planning made includes

- a. Prevent infection
- b. General and vital sign observations
- c. Observation of weight gain
- d. Observe BAB and BAK every 2 hours
- e. Keep the baby warm
- f. Meeting the nutritional needs of ASI as much as 50-60 cc / kg body weight / day continues to be increased to around 200 cc / kg body weight / day
- g. Check the reflexes in the baby
- h. Collaboration with doctors
- i. Give therapy

In this step the author found a gap between the theory and the case on the practice land, namely the theory of the kangaroo method, whereas in the case only the hat was placed on the baby's head.

6. Implementation

This step is the implementation of the overall care plan from the planning. Management of care for this care can be done by clients or other health workers. Implementation of care for LBW babies adjusted to the planned actions that have been made. In this step the author found a gap between theory and cases that there is on the practice land, that is, in the theory, the kangaroo method is applied, whereas in the case it is only dibedong and wearing a head cap on the baby's head.

7. Evaluation

It is the last step to assess the activeness of the care plan that has been provided which includes fulfilling the need for help, whether it is truly fulfilled according to the needs of the problem and diagnosis. After care is taken, the results are normal

and vital sign normal, baby's weight increases and does not occur infection.

In Ny.D babies, the evaluation obtained after six days of care was obtained from the results of good general and vital sign, weight gain 260 grams, mother willing to breastfeed her baby and willing to immunize her baby in the nearest health service according to the immunization schedule.

In this step the author did not find any gaps between the theory and cases that existed on the practice land.

CONCLUSION

1. Assessment of newborns in infants. The main complaint that mothers received said that they had given birth to their second child on July 29, 2018, at 09:09 WIT with a body weight of 2,000 grams, body length 46 cm, apgar score 7.8, 9, general good condition, strong crying, active motion, temperature 36.5 ° C, breathing 52 x / m, pulse 140 x / m, pink color and thin skin turgor, good rotting reflex, good moro, strong sucking, circumference 33 cm head, 46 cm body length, 2,000 grams body weight, 10 cm upper arm.
2. Interpretation of data on the case of a newborn baby with low birth weight found a midwifery diagnosis of a newborn baby aged 1 hour with a low birth weight. Problems that arise are still the same weight of 2,000 grams. Needs given are fulfillment of nutrition adequate and maintaining the warmth of the baby.
3. A potential diagnosis of a case of a baby D.D. infection does not occur after rapid and appropriate action is taken from health personnel.
4. Anticipation is given, namely collaboration with pediatricians for tertiary administration.
5. In the case of D.D, the planning includes prevention of infection, observation of general and vital sign conditions, observation of increasing body weight, observation of BAK and BAB every 2 hours, keeping the baby warm, fulfilling the nutritional needs of breast milk as much as 50-60 cc / kg / day continue to be increased to 200 cc / kg BB / day, check reflexes in infants, collaboration with doctors and give therapy.
6. The implementation of care for newborns with low birth weight (LBW) is adjusted to the plan of action that has been made.
7. In the case of Ny.D evaluation obtained after 6 days of upbringing was obtained as a result of a good general and vital sign, weight gain 260 grams, mother willing to breastfeed her baby and willing to immunize her baby in the nearest health service according to the immunization schedule.

8. The author found a gap between theory and case in practice land, namely in the study of cases of pernapasan 52 x / m while in theory 40-50 x / m, pulse 140x / m, good rotting reflex examination, moro is good, the baby can grasp. the problem arises that the body weight is still the same as 2,000 grams, so in theory the most common problem that occurs in newborns with low birth weight (LBW) is less and weak movement, often experiencing apno attacks, weak suction reflexes, planning on the theory carried out methods kangaroos while in the case only dibedong and wearing a hat on the baby's head, and the implementation, there is no incubator, whereas in the theory for babies with bodies of 2,000 - 2,500 grams using a temperature of 34 ° C.
9. Alternative solutions to problems are supposed to be in the maternity home with an incubator so that the baby can handle more precisely and advise the mother to give exclusive breastfeeding on demand. Not all cases in the land are in accordance with the theory, so health workers must be more careful.
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