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## MIDWIFERY CARE MANAGEMENT IN LOW BIRTH WEIGHT INFANTS WITH KANGAROO IN POLINDES WARI

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### ABSTRACT

**Background:** Infants with low birth weight is a risk factor that has contributed to infant mortality, especially in the perinatal period. Babies with low birth weight is still a problem throughout the world because of causes of death in the newborn period. The prevalence of LBW estimated 15% of all births in the world with limits from 3.3 to 38%.

**Research purposes :** Obtain an overview of the implementation of midwifery care Midwifery On Low Birth Weight Infants With Kangaroo in Polindes Wari.

**Types of research :** The research is a case study. Locations in making this case was done in polindes Wari Tobelo July-August 2018, while the sample in this study is the first baby with low birth weight

**The results of the case study :** After care for 6 days found general condition good, active movement, pulse 120 x / min, respiration 40 x / minute, temperature 36.6°C, weight 2200gr, umbilical cord clean and dry, baby suction strong reflexes.

**Conclusion :** After care for 6 days showed the assessment and interpretation of the data, the anticipation there is a gap, but it does not make gravity in this care.

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## INTRODUCTION

Low Birth Weight (LBW) is still a problem in the health sector, especially perinatal health. LBW consists of LBW less months and LBW enough months / more months. Preterm low birth weight / prematurity, usually experiencing complications, and require adequate care, LBW enough / more in general, the organs are already mature so it is not too problematic in treatment<sup>1</sup>.

LBW is a baby with a birth weight of less than 2500 grams, birth weight is a good predictor of infant growth and survival. A month-old baby is generally born with a body weight of 2500 granules or more, LBW is one of the risk factors that contributes to infant mortality, especially in the perinatal period, LBW incidence and death due to complications such as asphyxia, infection, hypothermia, high hyperbilirubinemia<sup>1</sup>.

According to Dancis *et al*. out of 100 babies born with birth weight ranging from 1,000-2,500. for babies weighing 750g at birth only a few survivors<sup>2</sup>.

The Infant Mortality Rate (IMR) in Indonesia amounts to 35 per 1000 live births (IDHS 2015) still above countries such as Malaysia (10), Thailand (20), Vietnam (18), Brunei (8) and Singapore (3). However, the IMR has fallen by 41% over the past 15 years, from 59 per 1000 live births in year<sup>3</sup>.

Babies with LBW are one of the risk factors that contribute to infant mortality especially in the perinatal period. Babies with LBW are still a problem worldwide because of the causes of death in newborns. The prevalence of LBW is estimated at 15% of all births in the world with a limit of 3, 3 - 38%.

The prevalence of low birth weight (LBW) is estimated at 15% of all births in the world with a limit of 3.3% -38% and is more common in developing or low socio-economic countries<sup>4</sup>.

Statistics show that 90% of LBW events are found in developing countries and the mortality rate is 35 times higher than babies with birth weight more than 2500 grams. In Indonesia alone 29% of infant deaths are directly due to LBW (Proverawati & Ismawati, 2010) The Kuala Lumpur study shows 20% of preterm births for women whose hemoglobin levels are below 6.5gr / dl<sup>5</sup>.

Based on the data obtained at the Polindes Wari the number of babies born with LBW January - December 2017 as many as 40 babies, and the number of infants with LBW January - March 2018 as many as 10 babies.

## METHODS

This research method uses descriptive methods, namely a method that is carried out with the main objective that describes or makes an overview of the study of the situation objectively. The population in this study were all infants in the Wari Tobelo Polindes. The sample in this study was 1 baby who experienced LBW.

## RESULT AND DISCUSSION

In this chapter the author will discuss midwifery care for newborn babies in Ny. S with low birth weight at Polindes Wari uses Varney's midwifery care management, which consists of seven steps, namely assessment, data interpretation, potential diagnosis, action plan, and evaluation. The sequence is as follows:

### 1. Assessment

In the case of LBW the baby's movements are weak. body temperature ranges from 34 ° C - 37 ° C. In infants with LBW respiratory frequency on the first day 40-50 x / minute while the following days 35-45 x / minute).

In the case of subjective data the mother said she had given birth to her first child on August 7, 2018, at 2:00 p.m. with a weight of 1800 grams and a body length of 42 cm.

Objective data, namely general examination found good general condition, strong crying, weak motion, red skin, good skin turgor, temperature 36.4 ° C, breathing 52 x / minute, pulse 144 x / minute. Anthropometric examination found a 28 cm head circumference, Chest circumference 28 cm, 42 cm body length, 1800 gram body weight and 10 cm upper arm circumference, *apgar score* 5, 7, 9, general good condition, strong crying, weak motion turgor thin skin, *moro reflex* : strong, *rooting reflex* : weak, weak *sucking reflex*, strong *grasping reflex*, reflex *tonick* strong *neck*, strong *walking reflex*. Pink, ear wrinkled skin symmetrical between left and right, cartilage not yet fully formed, lanugo hair a lot, extremity attached infusion D10% + D¼ NF 15 tpm.

In this step the author did not find any gaps between theory and practice.

### 2. Data Interpretation

Obstetrics Diagnosis Diagnosis is enforced by midwives within the scope of midwifery practice. Midwifery diagnosis in this case, namely: Newborn baby

Ny . S age with Low Birth Weight. According to Arief (2009), the problem that commonly occurs in newborns with Low Birth Weight is the lack of movement and weakness, frequent *apnea* attacks , weak suction reflexes. The need given to babies with LBW is by maintaining a comfortable and warm environment and fulfilling nutrition.

Diagnosis in cases of Newborns Ny. S age 1 day with low birth weight. Problems that generally arise in newborns with low birth weight are less and weaker movements, often experiencing *apnea* attacks , weak suction reflexes. In the case of needs, that is adequate fulfillment of nutrition and maintaining the warmth of the baby.

In this step the author did not find a gap between the theory and the case on the practice land

### 3. Potential Diagnosis

Cases of LBW babies, the possibility that can occur is asphyxia, respiratory problems, hypothermia, hypoglycemia and problems with ASI ° .

In the case of baby Ny . S potential diagnosis does not occur asphyxia, respiratory problems, hypothermia, hypoglycemia and problems with breastfeeding. In this step there is no gap between theory and practice.

### 4. Anticipation / Immediate Action

In this step if there is an emergency, the midwife must act immediately and determine the form of collaboration with Dr. Sp. A most appropriate for patient safety. Anticipation is to avoid losing heat with the Kangaroo method,

In this case anticipation is given, namely collaboration with a pediatrician for therapy. In this step the author found a gap between the theory and cases that existed on the practice land, namely in the theory given kangaroo method care.

### 5. Planning

An appropriate action to overcome the problem or function to guide the care given to the patient so that the goal is achieved and the results are optimal or expected <sup>18</sup>. Plans for care for infants with LBW are as follows:

Management therapy for babies with low birth weight, after birth, that is cleaning the airway, seeking first breath and so on, umbilical cord care and eye care, body temperature is maintained at axillary temperature 36.5-37.5 ° C, give O<sub>2</sub> accordingly with respiratory problems, monitor with oximetry. Circulation is closely monitored, Monitor fluid balance, Monitor fluid balance,

Provide fluids and nutrients, Prevent infection, Prevent bleeding: Vitamin K mg / administration, Prevention of infection Infection means the entry of germs or germs to in the body especially microbes. LBW babies get infections very easily.

In the case of planning carried out on August 7, 2018, at 2:00 p.m., that is, do the kangaroo method, prevent infection, observe general and vital signs, observe weight gain, observe defecation and bladder every 2 hours, keep baby warm, fulfill nutritional needs PASI as much as 15-20 cc, Check the reflexes in the baby, Collaboration with the doctor in giving therapy namely 2x100 mg logafox injection, injection of Neo K 0.5 g / cc through the infusion hose. So in this step the author did not find any gap between theory and case which is in practice land.

### 6. Implementation

The implementation of care for LBW babies is adjusted to the action plan that has been made, namely on August 7, 2018, as follows prevents infection by washing hands before and after holding the baby, keeping the baby warm by replacing wet clothes with clean and dry clothes baby and keep inserting in an incubator at a temperature of 34 ° C, observing bowel and bladder every 2 hours, ie nutritional needs PASI 15-20 cc by using a pacifier.

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

### 7. Evaluation

After taking care of the results, the results of the general and vital sign are normal, the baby's weight increases, there is no infection.

In the case after the Kangaroo Method was carried out for 6 days By . Ny. S after the results are obtained, the general condition is good, active movement, vital sign: pulse 120 x / minute, respiration 40 x / minute, temperature 36.6 ° c, body weight 2000 grams, cord clean and dry, baby suction reflexes strong.

## CONCLUSION

In this chapter the author will draw conclusions on newborn midwifery care for the baby Ny. S with low birth weight at Polindes Wari uses Varney's midwifery care management, which consists of seven steps, namely:

1. Study of getting a baby. Ny. S, age 1 Day, Date of birth August 7, 2018 and time of birth 16.00

WIT, Male gender, body weight 1800 grams and body length 42 cm. Anthropometric examination found a 28 cm head circumference, 28 cm chest circumference, 49 cm body length, 2200 grams body weight and 10 cm upper arm circumference general good condition, strong crying, weak motion turgor thin skin, strong *moro* reflex, weak *rooting* reflex, reflex weak *sucking*., strong *grasping* reflex, reflex *tonick neck y*: strong, powerful *walking* reflex.

2. Interpretation of data obtained midwifery diagnosis Newborn baby Ny . S 1 day with a low birth weight. The problem with this case was that Mother said the baby's movements were weak and weighed 1800 grams. The need for cases given to infants with LBW fulfillment of nutrition is adequate PASI.
3. Potential diagnosis in the case of baby Ny . S potential diagnosis of no asphyxia, respiratory problems, hypothermia, hypoglycemia and problems with breastfeeding.
4. Anticipation / Action Immediately in this case anticipation is given, namely collaboration with a pediatrician for therapy.
5. Planning for cases is preventing infection, observing general and vital sign conditions, observing weight gain, observing bowel movements and BAK every 2 hours, keeping the baby warm with kangaroo method treatment, meeting PASI nutrition needs as much as 15-20 cc, checking reflexes in infants, Collaboration with doctors in giving therapy.
6. The implementation of care for LBW babies is adjusted to the plan of action that has been made.
7. Evaluation after care for 6 days showed good general condition, active movement, vital signs: pulse 120 x / min, respiration 40 x / minute, temperature 36.6 ° C, weight 2000 grams, nutrition PASI 30-40 cc, the cord is clean and dry, the baby's suction reflex is strong.
8. The results of upbringing for 6 days obtained at the assessment step there were no gaps, interpretation of data there were no gaps, a potential diagnosis of no gaps, anticipation of gaps namely in the theory given care of kangaroos and in cases not given kangaroo methods but incubator care, planning no gaps implementation has no gaps and evaluation has no gaps, namely in the theory of weight gain.

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