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MIDWIFERY CARE MANAGEMENT AT BY. MRS. N WITH IKTERUS NEONATORUM IN TOBELO HOSPITAL

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ABSTRACT

Background : In developed countries like the United States there are around 60% of babies suffering from neonatal jaundice from birth, more than 50% of these babies experience hyperbilirubin. The incidence of neonatal jaundice in Indonesia is around 50% of term infants who experience changes in skin color, mucosa and eyes become yellowish (jaundice), and in infants with less months (premature) the incidence is more frequent, which is 75%.

Research methods : This type of research is a case study with a midwifery care background in newborns with neonatal jaundice. This case study uses descriptive methods. The taking of this case study was carried out in Tobelo Regional Hospital. The research subjects used were a baby with neonatal jaundice. The study was carried out for approximately 1 month. By using Varney's 7-step format and collecting data using primary data and secondary data.

Research result : MetMidwifery care was carried out for 3 days with results. In the case of the baby, Mrs. N with neonatal jaundice obtained results in good general baby condition, composmentis consciousness, good sucking and swallowing reflexes, the baby moves actively, does not look yellow on the skin, with lab results Bilirubin direct 0.40 mg%, indirect Bilirubin 2.51 mg%, Total bilirubin is 2.91 mg%, strong sucking, adequate nutritional needs, personal hygiene is maintained, the environment around the baby is clean, warm and

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bilirubin levels decrease. In the case of By. Mrs. With neonatal jaundice there is no gap between theory and practice.

INTRODUCTION

Jaundice is a clinical condition in infants characterized by staining *jaundice* (Yellow) on the skin and sclera due to the accumulation of excess unconjugated *bilirubin* . Clinical *jaundice* will begin to appear in newborns if blood bilirubin levels are 5-7 mg / dL. *Jaundice is* one of the most common conditions for newborns, 25% - 50% in term infants and 80% in low birth weight infants. [1]

According to a report from the world organization *World Healt Organization* (WHO) in 2006 the infant mortality rate was 49/1000 live births and in 2012 it was 35/1000 live births. In developed countries like the United States, of the 4 million neonates born each year, about 65% suffer from jaundice in the first week of life. [2]

In developed countries such as the United States there are about 60% of babies suffering from *jaundice* from birth, more than 50% of these babies experience *hyperbilirubin* , whereas in Indonesia in 2009 the proportion of *neonatal jaundice* in term infants is 32.1% and in infants less than 42.9 %. Jaundice means yellow symptoms due to the buildup of *bilirubin* in the bloodstream which causes yellow pigmentation in the blood plasma which causes discoloration of the tissue that gets a lot of blood flow. *Jaundice* can usually only be seen when serum *bilirubin* levels reach 2-3 mg / dl, while the normal serum *bilirubin* levels 0, 3 -1 mg / dl. [3]

The incidence of infant *jaundice* in Indonesia is around 50% of term infants who experience discoloration of the skin, mucosa and eyes become yellow *(jaundice),* and in less-term *infants (premature*) the incidence is more frequent, namely 75%. [4]

Based on data obtained from the North Halmahera Health Office in 2017 the number of babies born alive was 3,351 where there were AKB 49 infants experiencing asphyxia, 27 babies experiencing LBW, and 5 babies experiencing jaundice. [5]

Based on data taken from the medical record of RSUD Tobelo, it is known that the number of newborns for 1 year from August 2017-August 2018 is 4758 births, the number of normal born babies is 1533, asphyxia babies 345, low birth weight LBW as much as 159, and baby jaundice as many as 51. [6]

Although *jaundice* is common in newborns, it needs to be watched out because if it is left untreated and continues to level *bilirubin indirect* which is too high it can damage brain cells *(Kern Ikterus). Kern jaundice is* characterized by blood *bilirubin* levels (> 20 mg% in term infants or> 18 mg% in low birth weight infants) accompanied by symptoms, rotating eyes, latergi, convulsions, unwillingness to suck, increased muscle tone, stiff neck, *epistotonus and cyanosis,* and can also be followed by deafness, speech impairment and mental retardation in the future. [2]

METHODS

This type of report is a case study with a background in midwifery care for newborns with *neonatal jaundice* . This type of case uses a descriptive method, namely a study conducted to describe or describe a phenomenon that occurs. this case illustrates midwifery care for newborns with *jaundice.* Population is the total number consisting of objects or subjects that have certain characteristics or qualities set by researchers to be examined and then drawn in conclusions.

The sample is part of the number of characteristics possessed by the population used for research. The sample used is a baby with neonatal jaundice. [14]

RESULT AND DISCUSSION

In this chapter the author will discuss midwifery care in Baby Ny. N with *neonatal jaundice* in Tobelo Hospital using Varney's midwifery care management which consists of seven steps, namely, assessment, interpretation of data, potential diagnosis, anticipation, action plan, implementation and evaluation. The management is as follows:

A. Assessment

Assessment of *neonatal jaundice was* carried out by anamnesia, namely subjective data collection, objective data and supporting data. The main complaint in newborns with *jaundice Neonatorum* is the baby's body looks yellow starting from the face up to the upper body.

Kremer's formula for the baby's body parts that appear yellow starts from the head, and the neck and body are upper and the *bilirubin* level is 5 mg / dl. Supporting data obtained from laboratory tests include: examination of Hb and blood type and levels of *bilirubin* in the blood.

At the stage of assessment of Subjective Data the mother says her baby is lazy to drink and on the face,

neck and upper body looks yellow. On the assessment of objective data on the case of the baby Ny . N signs of *jaundice were* found *Neonatorum* on the head, neck and upper body appears yellow and results total *bilirubin is* 7.66 mg%, *direct bilirubin is* 0.26 mg%, *indirect bilirubin* 7.4 mg%. So that at this stage there is no gap between theory and real cases in the field.

B. Data Interpretation

Midwifery diagnosis is a diagnosis that is enforced in midwifery practice and meets the midwifery diagnostic nomenclature set forth from the results of the assessment or accompanying the diagnosis. The obstetric diagnosis that is enforced is: Baby Ny. N 2 days with *Jaundice Neonatorum* . Problems that are often found in babies with jaundice are lack of fluids and weak sucking reflexes. The need that must be given to babies with jaundice is the provision of fluids / ASI sufficient.

In interpreting this data after obtaining data from the mother, a midwifery diagnosis of Baby Ny . N 2 days with *jaundice Neonatorum.* In this case, Baby Ny . N found the problem of weak suction reflexes so it is feared the baby can experience a lack of fluids and the need given is adequate nutrition. At this stage there is no gap between the theory and the case in the field.

C. Potential Diagnosis

At this step, the baby diagnoses potential *jaundice* in newborns with *jaundice* will appear when *bilirubin* levels increase and cause jaundice . However, a potential diagnosis is not the case for the proper handling and at the level examination results *bilirubin* is getting better. In this case a potential diagnosis does not appear because of proper treatment.

D. Anticipation

Anticipation is carried out, namely the treatment of *jaundice* so as not to cause subsequent degree of *jaundice* , namely adequate breastfeeding, drying the baby under the sun between 7 to 8 in the morning for 30 minutes, 15 minutes on the back and 15 minutes on his stomach, doing phototherapy.

Anticipation is a continuation of the midwifery management process. Identify needs that require immediate handling and collaborative action with other medical personnel to avoid emergencies, including: adequate breastfeeding, maintaining a baby's body temperature to keep warm, collaboration with a Pediatrician for giving: Photograph therapy with a radiation program for 2x24 hours the area covered is the eyes and genitals.

In anticipation steps, no gaps between theory and real cases were found in the field.

E. Planning

Planning for management in cases of *neonatal jaundice*, namely: Give enough milk , Place the baby close to the open window to get morning sun between 7-8 in the morning , Perform *phototherapy* , if standard light therapy does not help to reduce *bilirubin* levels the baby will be placed on a *fiber optic* blanket will do *double / triple light therapy* , if you fail with light therapy, an exchange transfusion is carried out , namely , replacing the baby's blood with donor blood.

This plan is arranged based on diagnoses, problems and needs. Care plan for baby Ny . N with *Jaundice Neonatorum,* among others: Give information to the mother and family , Observation of jaundice , Collaboration with doctors Sp. A , Give adequate milk , Keep the environment around the baby clean and warm , Change clothes that are wet or dirty , Observe BAK and BAB , Check the *bilirubin* level . , In the planning step there were no gaps between theory and real cases in the field.

F. Implementation / Implementation

The implementation is in accordance with the plan. In the case of babies with *Jaundice Neonatorum* , namely: Providing information to mothers and families, Observing *jaundice* , Collaborate with doctor Sp.A for providing therapy , Meeting fluid / nutritional needs, Keeping the environment around the baby clean and warm , Replacing wet or dirty clothes , Observing BAK and BAB , Checking bilirubin levels.

In the implementation part of this action there is no gap between theory and case.

G. Evaluation

Evaluation is the effectiveness of care that has been given including fulfillment fulfilled, levels *bilirubin* or the degree of *jaundice* decreases, the baby has no difficulty in breastfeeding. After being given midwifery care the expected results are good and general conditions awareness of *composmentis* , fluid is met, *bilirubin* drops and weight increases.

In the case of baby Ny . N with *neonatal jaundice* results in a good general condition of the baby, awareness of *composmentis* , sucking and swallowing reflexes are good, the baby is moving actively, the yellow color on the head, neck and upper body is not visible, strong sucking, adequate nutritional needs, personal hygiene is maintained, the environment around the baby is clean, warm and the *bilirubin* level decreases.

CONCLUSION

Based on what the author has gotten in a case study and discussion on midwifery care a new baby is born to a baby ny. N with *Jaundice Neonatorum* in Tobelo Hospital, the authors can conclude:

The author is able to provide midwifery care services for babies in Ny . N with *Ikterus Neonatorum* by applying the 7 steps of Varney midwifery management which include:

1. Assessment of jaundice babies was carried out by collecting subjective data obtained from interviews where mothers said their babies were yellow on the second day of birth, objective data were obtained from physical examinations such as yellow and head and neck data obtained from laboratory results namely *bilirubin* total: 0.26 mg / dl, *direct bilirubin* : 0.26 mg / dl, *indirect bilirubin* : 7.4 mg / dl.
2. Based on the data collected, the writer can interpret the data to become a midwifery diagnosis, namely Baby Ny . N 2 days with *Jaundice Neonatorum* . Problems found in the case of the baby Ny . N with *Jaundice Neonatorum* is a weak suction reflex problem. Needs that must be given to the case of the baby Ny . N with *jaundice Neonatorum* is the fulfillment of adekut's nutrition.
3. A potential diagnosis in this case does not arise due to fast and precise handling.
4. Anticipation in newborns with *jaundice* is to collaborate with doctors Sp. A and fulfillment fluid by means of adequate breastfeeding every two hours.
5. Action plan for the case of baby Ny . N includes observation of general and *vital signs of the* baby, observing the condition of the baby's jaundice and baby sucking reflexes, collaboration with the doctor. Sp.A for giving therapy namely photo therapy, giving adequate breastfeeding, maintaining cleanliness of the environment around the baby, observing BAB and BAK and level laboratory tests *bilirubin* .
6. Implementation for baby Ny . N with neonatal *jaundice* is observing the general and *vital* state of the baby's *sign* , observing the state of jaundice and sucking reflexes, collaboration with Dr. Sp.A for giving therapy, namely photo therapy, fulfilling nutritional needs, maintaining a clean environment around the baby, observing BAB and BAK and carrying out laboratory tests for *bilirubin* levels.
7. Evaluation is that after midwifery care for 3 days with yellow results on the head, skin and upper body is no longer visible and the needs of breast milk are fulfilled marked the baby can drink well and laboratory results of total *bilirubin* levels of 2.91 mg%, total *indirect bilirubin* 2.51 mg%, *direct bilirubin* total 0.40 mg%. In discussing the theory and practice that the author did for babies with *jaundice* there was no gap between the theory and implementation of care. [15]

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