



CASE REPORT ON BY S WITH LOW NEW BORN WEIGHT AT MIDWIFE INDEPENDENT PRACTICE (PMB) OKTA FITRIANA SEMARANG

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ABSTRACT

The World Health Organization (WHO) reports that in 2019 deaths occurring in children aged under 1 month still reached 2.5 million, which means that one child dies at every 55 births. In Indonesia, as many as 6.2% were born with BBLR conditions. In 2020, the incidence rate in central Java was 24,796 babies (4.6%) had BBLR. The prevalence of infant mortality in 2020 in Semarang City was 145 out of 23,825 live births. Able to carry out obstetric care for newborns with BBLR using 7 steps varney. Writing method used with the author, by collecting data by interview, physical examination, observation, literature study, and documentation. In the application of up bringing , the care provided is in accordance with that given to patients,so there is no gap between theory and practice in the land

Keywords: *obstetric care of newborns, low birth weight*

1. PRELIMINARY

The World Health Organization (WHO) reported that in 2019 deaths in children aged under 1 month still reached 2.5 million, which means that one child dies at every 55 births. In Indonesia, as many as 6.2% were born with BBLR conditions. In 2020, the incidence rate in central Java was 24,796 babies (4.6%) had low birth weight (BBLR). The prevalence of infant mortality in 2020 in Semarang City was 145 out of 23,825 live births. In 2020, 1 case of BBLR from 59 births was found in PMB Okta Fitriana and in 2021, there was 1 case of BBLR newborn from 67 birth rates. Infants born with low birth weight (BBLR) are one of the risk factors that contribute to infant mortality and are one of the neonatal emergencies that must be addressed immediately because it will cause other problems such as respiratory disorders and developmental disorders, the long-term impact of babies can be experienced.

1.1. Objectives

Writing method with literature, and collecting data by interview, physical examination, observation, literature study, and documentation.

1.2. Benefits

Able to carry out obstetric care for newborns with BBLR using 7 steps varney

2. PATIENT INFORMATION

Based on the results of a midwifery care case conducted at the age of 2 hours with BBLR at PMB Okta Fitriana Semarang, the main problem was that babies born with a low body weight or less than 2500 grams. Based on subjective data obtained from the mother of baby namely S, suffering from a mild anaemic disease with Hb level of 10.8 gr%dl, she deliver the baby with a gestational age of 40 weeks.

3. CLINICAL FINDING (DATA FOKUS)

In the results of physical examination, it was found that the general condition: good, awareness: Composmentis, N 125 x/min, RR 45 x/min, S 370 C, BB 2300 grams, PB 47 cm, Head circumference 29 cm, Chest circumference 30 cm with a history of complications during childbirth of mothers suffering from mild anemia with Hb level: 10.8 gr%dl

4. TIMELINE

The baby patient was born at 09.00 WIB at PMB Okta Fitriana with a birth weight of 2300 grams by being given an application to inform the mother to maintain the warmth of the baby by demonstrating the kangaroo method. The method has been studied can be a substitute for an incubator for newborns with low body weight and



pay attention to baby reactions such as breathing, skin color and baby crying.

5. DIAGNOSTIC CHECK

This step was conducted for newborns at the age of 2 hours during the sleep period with low new born weight.

6. THERAPEUTIC INTERVENTION

The management given were informed choice and consent, as well as informing the results that the baby is in good health but needs special care due to the low birth weight of the, Giving Vit K injections to prevent brain bleeding in babies and erlamycetin chloramphenicol eye prophylaxis to avoid infection of the eyes, Notifying mothers to keep the baby warm by demonstrating the kangaroo method, which has been studied, can be a substitute for an incubator for newborns with low weight and paying attention to the baby's reactions such as breathing, skin color and baby crying, notifying mothers to provide breast milk on demand, which is every 2 hours to maintain the baby's nutritional intake, Monitoring the danger signs of infants with BBLR to collaborate and refer them if there are indications, conducting documentation of care that has been done and observation of further exclusion.

7. FOLLOW UP DAN OUTCOME

On 29 07 2022, a visit baby called as S was given as an upbringing to encourage mothers to do central line treatment without opening the apapun on the taliu center, maintaining the baby's oxygenation, not bathing the baby by not soaking the baby, just wipe it with warm washcloth.

On 30 07 2022, a visit was made to return and baby called as S is in good health and may rest at home, tell the mother to fulfill her nutrition and not abstain from anything to help the baby's growth such as increasing protein, iron, and vitamins and other minerals in foods such as eggs, sea fish, oranges or others, spinach vegetables, soup or others so that the supply of breast milk is fulfilled and the mother is willing.

8. DISCUSSIONS

From the studies that have been carried out on baby called as S age 2 hours male, obtained from subjective data, namely this is the first child, UK 40 weeks During pregnancy the mother has never consumed alcohol or smoked. However, at the

time of delivery the mother will experience anemia yaki Hb: 10.8 gr%/dl. This factor causes BBLR in her baby. This factor causes BBLR in babies. Anemia in pregnancy can have adverse effects on both the mother and the fetus, which will cause interruption of oxygenation and nutrient supply from the mother to the fetus. As a result, the fetus will experience weight gain disorders resulting in BBLR.

According to Manuaba (2012), mild anemia will result in premature birth and BBLR, while severe anemia during pregnancy will increase the risk of mortality and morbidity both in the mother and in the fetus. This is also in accordance with the theory of Proverawati and Atikah (2010) which states that mothers who experience pregnancy complications, such as anemia, antepartum bleeding, severe preeclampsia, eclampsia, bladder infections are the cause of infants with low birth weight. Objective data obtained spontaneous newborns weighing 2300 grams, body length 47 cm, LK 30 cm, LD 29 cm, at birth the baby cries loudly, the skin is reddish, active movement, there are no congenital abnormalities in the baby.

Analysis baby called as S. at the age of 2 hours men with BBLR. The management given is to tell the results to the mother that the baby's condition, maintain the baby's warmth. Providing eye ointment for the prevention of infections in the baby's eyes and vit K injections and recommended breastfeeding every 2 hours. This is in accordance with the Indonesian Health Department (2009) stewardship of infants with BBLR, which is to clean the mucus adequately or if necessary, dry it with a dry and warm cloth, immediately give it to the mother for skin contact with the mother, immediately give breast milk early by caressing, prophylaxis with a single dose of vitamin K injection 1 mg, im on the anterolateral left thigh, antibiotic eye ointment and umbilical cord treatment: dry, clean, not covered by anything and open.

9. PATIENT PERSPECTIVE

In this case baby called as S mother. S did not share any experience as this was her first childbirth.



10. INFORMED CONCENT

In this case baby called as S mother. S did not share any experience as this was her first childbirth

11. AUTHORS' CONTRIBUTIONS

Study conception and desain : Okta Fitriana, data collection : Okta Fitriana, analysis and interpretation of result :Siti Nurjanah, Siti Istiana, Lia Mulyanti, manuscript preparation : Okta Fitriana

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