

Care Neonatal Normal Primary Clinic Arrabih In Pekanbaru 2018

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Abstract- *Newborns, neonates Also called, are individuals who are growing and have recently undergone birth trauma and should be Able to Adjust Themselves from intrauterine life to extrauterine life (the Goddess, 2012) .Based on the Indonesian Demographic health Reached 32 per 1000 live births (MOH, 2012) .from the Data Obtained in Promkes & Kesga Field and Profile of DHO / Provenca of Riau Province in 2014, the live birth rate per month Reaches 10,000 births newborns should get more standardized examinations more Often, high infant, ortality is due to neonatal complications of hypothermia, asphyxia and infection. This case study report aims to provide complete and continuous nursing care of the normal newborn 0-48hours to maintain the airway and breathing support, maintain warmth and Prevent hypothermia, Prevent infection and identify actual or potential concerns that require attention, This case study was conducted at the Clinic Primary Al-Rabih. It is recommended that maintain and improve existing Midwives Midwifery care, especially normal newborn.In Midwifery care in order to avoid complications due to improper handling of newborns.So that willhelp the government program Neotanus reduce the death rate.*

Keyword: Normal newborn care, Midwifery care

1. Introduction

Normal newborns is between 2500-4000 grams birth weight, full-term, direct born crying, and no congenital anomalies (birth defects) are heavy. At the time of birth, a number of adaptations begin to occur in the newborn's body, because of this dramatic change, babies need close monitoring to determine how to make a good transition to life outside the uterus. Newborns also takes care that can enhance the opportunity to make the transition successfully. Adaptation neonatal (newborn) is a functional adjustment process neonates of life in utero to life outside the uterus (Rahardjo, 2015).

Based on research showing that 50% of infant deaths occur in the neonatal period in the first month of life is the lack of good management of healthy newborns will cause abnormalities resulting kelainan- lifelong disability or even death. Prevention is the best thing to do in the treatment of neonatal so neonate as an organism that must adjust from intrauterine to extrauterine life can survive well as the neonatal period is the most critical period in a phase of growth and development baby (Indrayani, 2013).

Infant Mortality Rate (IMR) in the world is still relatively high. Based on data from UNICEF, the infant mortality rate in the world still reach 10 million deaths. Of the 10 million infant deaths, nearly 90% of infant deaths occur in the developing Countries. Number of Infant Mortality Rate (IMR) in Indonesia based on data from Indonesian Demographic and Health Survey (IDHS) in 2002-2003 was 35 deaths per 1,000 live births, or about 175,000 infant deaths in Indonesia is still relatively high compared with other ASEAN Member States, namely 4.6 times higher than Malaysia, 1.3 times higher than the Philippines, and 1.8 times higher than Thailand (Ministry of Health, 2011).

Based on these data, MMR in Indonesia is still high compared to other ASEAN countries. According to data from the Indonesian Demographic Health Survey (IDHS) 2007, MMR in Indonesia decreased from 307 / 100,000 live births in 2002 to 228 / 100,000 live births in 2007. While the target expected by Melenium Development Goals (MDGs) by 2015, namely 102 /100.000 live births. This means that the maternal mortality rate in Indonesia is well above the target set by WHO or nearly two times larger than the WHO target (Ministry of Health, 2011).

World Health Organization (WHO) has recommended the care that retain heat in the care of

newborns, but hypothermia continued to be a condition that is common in neonatal, which is unknown, is not documented and less redress. The high prevalence of hypothermia has been widely reported even from tropical countries (Andalas Medical Journal, 2014).

Neonatal complications are neonatal diseases or disorders which can cause disability or death, such as asphyxia, icterus, hypothermia, tetanusneonatorum, infection / sepsis, birth trauma, low birth weight, syndrome of respiratory disorders, and congenital abnormalities as well as those classified as yellow and red on inspection with integrated management of young infants (MTBM). (MoH RI, 2016)

Though the infant and child mortality has occurred a significant decrease but the newborn mortality is still quite high. It is closely related with the lack of handling obstetric and poor health status of the mother.

The results of a preliminary survey which recorded the last 3 months is the month of March to May in the Primary Clinic Al-Rabih 2019 Pekanbaru City there are a total of 12 normal newborns. Thus the authors interested in taking the case of final report. Based on the above background and see how important it Neonatal Care Clinic Primary Normal Arrabih Pekanbaru.

The aim of midwifery care in normal newborns 0-48 hours a comprehensive and sustainable for warmth and prevent hypothermia, prevent infection and to identify issues that require actual or potential perhatianperawatan in normal newborns

2. Method

The method used is a case study with reference to midwifery care in normal newborns.

3. Result

Kunjungan Ny first baby. R performed on Saturday dated June 29, 2019 At 06.00 wib. Pada collecting objective data obtained 2700 g birth weight, body length 48 cm, breathing 44 x / m, 36.5 oc temperature, pulse rate 136 x / m.

Care provided in normal newborns is to give pendidikan to the mother about danger signs in neonates include: the baby to breastfeed, convulsions drowsy or unconscious, frekuensi breath <20 beats / min or breathing stops for > 15 seconds respiratory rate > 60 times / minute, the baby whimpering. Then keep the newborn warm by means of: attaching skin of the mother with the baby's skin is very good to keep warm the baby, try to always put babies all subjects who did not use the air conditioner or air conditioner in order to warmth awake always, to perform maintenance on the baby wears how kangaroos, giving breastfed babies also can help the baby to feel warmer. Then sound an injectable Vit K, 1 mg, done the way IM (Intramuscular) dipaha left, giving injections HBO, 0.5 ml,

4. Discussion

According to (Trirestuti & Puspitasari, 2018) subjective data documenting the results illustrate the data collecting clients through history. In the implementation of midwifery care is, subjective data found in this study were found in accordance with the theory. On the first day of the visit the birth, the mother said she felt happy first baby was born with a gestational age at term and normal birth. Mom said no complaints, and very strong when feeding the baby to suck. On both visits, day 7 birth mother said umbilical cord already crowbar current day 6, the data is not much different from the theory that the baby's umbilical cord will be whistle within 5-7 days (Risa Pitriani, Ika Putri Damayanti, 2017)

Objective data documenting the results illustrate the client's physical examination, laboratory results and other diagnostic tests as defined in the data focus on supporting care (Mufdillah, Asri Hidayat, 2012). Objective data recovered from the first visit until the second visit that the general state of the baby good, vital signs within normal limits, and no complaints in infants.

Case assessment is consistent with the theory according to (Trirestuti & Puspitasari, 2018) Documentation included assessment documentation that describes the analysis and interpretation of the results of subjective and objective in a identitas, either the diagnosis or problem, anticipation

diagnosis or potential problems. Besides the identification of the need for immediate action by the midwife or doctor. Diagnosis can be established in midwifery care is the term neonate. Documentation including documentation describes the planning of actions 1 and evaluation planning.

5. Conclusion

Midwifery care in normal newborns home Ny. R implemented approach to documenting SOAP (Subject, Object, Assasment, and planning). After collecting the data as a whole can be concluded that:

After the authors obtain patient consent that checks will be performed, the author can be subjective and objective data show. When collecting data the authors do not suffer from a patient is willing to cooperate. The author did not find gaps in the data results of subjective and objective data. After all the data is collected authors to conclude the analysis in accordance with the data that has been collected. Mom tells understand about newborn care, namely umbilical cord care, keeping the warmth on the baby, giving breastfed babies, and bathing the baby, and the author advocated the return to the mother keep doing treatment in infants.

In this case execute system actions have been granted in accordance with the state of the patient and the patient has received and understood and to understand and implement the advice that has been given. In the examination of the author authors found no problems in patients based on patient assessment or needs (Trirestuti & Puspitasari, 2018).

Planning in this case provides health education about normal newborns, so to provide newborn care author explains to the parents or family of the baby.

6. Reference

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