



## Case Report

# THE MIDWIFERY CARE ON NEONATE IN GAMPONG BAYU, INGIN JAYA, THE DISTRICT OF ACEH BESAR

Afifa Rizkia Putri<sup>1</sup>, Yusnaini<sup>2\*</sup>, Oktalia Sabrida<sup>3</sup>

1,2,3: Department of Midwifery, Poltekkes Kemenkes Aceh, Aceh Besar, Indonesia

\*Corresponding author: [nainiqim@yahoo.co.id](mailto:nainiqim@yahoo.co.id)

### Abstract

According to the Aceh Health Profile 2020, the Infant Mortality Rate (IMR) refers to the number of infants who die during the period from birth until the infant has not yet reached the age of 1 year per 1,000 live births. The Infant Mortality Rate in Aceh by the end of 2020 reached 10/1000 live births. This occurred due to the insufficient maternal and child health services that meet the standards, the lack of capacity improvement for midwives in villages in managing newborns, and the lack of understanding among mothers in the early detection of fetal danger signs.

This case report aims to provide normal midwifery care for a neonate in Gampong Bayu, Ingin Jaya, The district of Aceh Besar, and document it in the midwifery care format (SOAP). The first care was conducted on May 13, 2022, after data collection showed that the mother reported her baby was the first child born 3 hours earlier at the midwifery clinic on May 13, 2022, at 17:20, with full-term gestational age and the baby in a healthy condition. Physical examination results were normal, and care was provided to the mother regarding the recommendations for Early Initiation of Breastfeeding (IMD) for the newborn, administration of Vitamin K injection, HBO injection after 1 hour of birth, explaining to the mother how to keep the baby warm, breastfeeding properly, umbilical cord care, and maintaining cleanliness.

**Keywords:** Midwifery care, neonate, Ingin Jaya, The District of Aceh Besar

### Introduction

The Neonatal Mortality Rate (NMR) worldwide has decreased in recent years. In 2017, the Infant Mortality Rate was 24 per 1000 live births. This number decreased compared to the Indonesia Health Demographic Survey (SDKI) in 2012, which was 32 per 1000 live births. In 2019, the neonatal mortality rate in Indonesia recorded only 611 deaths or 2.02 per 1,000 live births. This figure is a decrease compared to the neonatal deaths in 2018, which numbered 722 or 2.35 per 1,000 live births.

According to the Aceh health profile in 2020, IMR pertains to the total number of infants who die between birth and the age of 1 year per 1,000 live births. The IMR in Aceh up to the end of 2020 reached 10/1000 live births, representing a significant issue compared to the previous year. This situation persists due to

inadequate maternal and child health services consistent with the standards, stemming from the lack of improved capacity for midwives in village neonatal care and a shortage of maternal understanding in early detection of fetal danger signs.

Specifically, the government has launched the Jampersal program since 2012 to reduce maternal and newborn mortality. This program continues in the era of the National Health Insurance (JKN) program, with the primary goal of improving access to services for all pregnant women, those giving birth, postpartum women, and newborns in facilities. It is hoped that this initiative will mitigate maternal and newborn mortality rates, which continue to be a significant issue in Indonesia.

Other efforts by the government to reduce the IMR include improving neonatal health services by mandating that every newborn receive a minimum of three neonatal visits under standards. The government also manages neonates with complications or emergencies per the standards, using the integrated management of young infants (MTBM), management of neonatal asphyxia, and management of low birth weight infants.

The purpose of neonatal visits is to conduct follow-up examinations on newborns, provide health education, identify symptoms of diseases, and support parents. These visits aim to enhance infants' access to basic health services and allow for early detection of abnormalities or issues with the baby.

Several factors contributing to the increase in IMR include the distribution of health services and facilities. This is evident from the less-than-optimal newborn (neonate) services and the family's unawareness of danger signs in infants. Unequal distribution of health workers in remote villages is another issue. Additionally, improving economic conditions, reflected in increased community income, can contribute to enhanced nutrition and immunity against infections, positively impacting child health and ultimately enhancing the health status of the Acehnese community.

The program supporting the reduction of neonatal mortality rates (NMR) aims to improve healthcare services for infants through activities such as health education for infants, training, and childcare education. To address these challenges in 2021, the Aceh government undertook several measures, including 1) enhancing the services and professionalism of healthcare personnel, 2) providing health facilities and resources at healthcare service units in the region, 3) conducting mapping for evaluation to ensure equitable distribution of healthcare workers, and 4) increasing neonatal visits with three times: KN1 (6-48 hours), KN2 (3-7 days), and KN3 (8-28 days). (6)

In 2019, Indonesia's KN1 achievement was 94.9%, lower than the 2018 figure of 97.4%. However, this achievement met the 2019 Indonesia strategic plan (Renstra) target of 90%. Sixteen provinces (47.1%) fulfilled this target. In Aceh province, the coverage for first neonatal visits (KN-1) in 2019 was 99%, exceeding the Renstra target of 90%. The overall coverage for complete KN1-KN3 was 95%. In Aceh Besar, the KN-1 coverage was 100%, while KN2 and KN3 coverage was 96%.

If there are still neonates who do not receive complete KN1-3 visits, it could lead to unaddressed health issues for those infants (7).

## Case Report

This case report was prepared on Friday, May 13, 2022, at 20:00 WIB (Western Indonesia Time), located at the midwifery clinic of Mariana (PMB Mariana), Gampong Bayu, Ingin Jaya, the district of Aceh Besar. The subject of this report is Mrs. M, who gave birth three hours before this midwifery care for her neonate. The neonate born at the clinic on May 13, 2022, at 17:20 WIB. The baby was a girl. According to the mother's report, this is her first child, with a term pregnancy, and the baby is in good health.

The objective data obtained by the researcher from the neonatal examination showed that the general condition was good, and consciousness was alert. Anthropometric measurements of the neonate: length: 49 cm, weight: 2900 grams, head circumference: 30 cm, chest circumference: 31 cm. The vital sign measurements: pulse: 145 beats/minute, respiration: 45 breaths/minute, temperature: 36.8 °C. Physical examination results: head: no caput succedaneum or cephalhematoma; eyes: symmetrical, no bleeding or discharge, sclera white, conjunctiva pink; ears: symmetrical, well-shaped, no discharge; nose: no abnormalities; mouth: clean with rooting reflex; tongue: no leukoplakia; neck: normal; chest: symmetrical; abdomen: normal, no hepatomegaly; skin: pink with good turgor; back: no spina bifida; hands: complete fingers; genitalia: clean with no vaginal abnormalities; anus: patent with bowel movement; legs: complete toes with active movement; nails: pink; reflexes: active. Based on the subjective and objective data assessment, the neonate is a term baby, 3 hours old, and the mother and infant's conditions are good.

The planning and management of this case include:

- 1) explaining to the mother about keeping the baby warm and comfortable
- 2) Informing the mother of the examination results showing the baby is healthy and active, weighing 2900 grams and measuring 49 cm
- 3) Administering Vitamin K injection intramuscularly in the left thigh of the baby
- 4) Administering Hepatitis B vaccine after 1 hour of birth

- 5) Educating the mother on proper breastfeeding
- 6) Advising the mother on umbilical cord care
- 7) Discussing hygiene practices with the mother
- 8) Asking the mother if she understood the information provided or if she had questions
- 9) Confirming that the mother understood the explanations given. After providing education, the researcher evaluated the mother's understanding of the information shared.

The evaluation results indicated that the mother could repeat what was explained and understood the information. An evaluation of the midwifery care provided was conducted on Saturday, May 14, 2022, at 08:00 WIB during a home visit to Mrs. M. She reported that the baby was active, not fussy, and had started breastfeeding. However, her milk supply was still low. During this visit, the researcher reassured the mother that this is normal and advised her to provide exclusive breastfeeding for 0-6 months without additional drinks or complementary foods. The mother was encouraged to breastfeed as often as possible while being reminded to maintain the baby's warmth and hygiene and informed about umbilical cord care and signs of infection, such as foul-smelling discharge, pus, or redness. The mother understood the information conveyed by the research team.

### Discussion

The first care was provided three hours after the baby was born on May 13, 2022. The assessment results indicated that Mrs. M's baby was born normally and cried immediately at the midwifery clinic (PMB Mariana). The examination showed the baby was in good condition, with a pulse of 140 beats per minute, respiration at 45 breaths per minute, temperature at 36.8°C, weight at 2900 grams, and height at 49 cm.

The care for the newborn includes keeping the baby warm, early breastfeeding initiation, cutting the umbilical cord, caring for the umbilical cord, administering a vitamin K1 injection, giving eye ointment and antibiotics, administering the Hepatitis BO immunization one hour after birth, conducting a physical examination of the newborn, monitoring for danger signs, handling asphyxia in newborns, and providing an identification mark. It can be concluded that there is a normal neonatal analysis for the 3-hour-old baby, and the baby

is in good condition. The treatment given is according to the needs of a 3-hour-old baby, including conducting physical examinations, teaching proper breastfeeding techniques, and explaining about exclusive breastfeeding.

The examination showed no abnormalities or congenital defects, and the baby was normal. According to the great dictionary of the Indonesian language (KBBI), the meaning of 'care' is the process, way, or action of taking care. Umbilical cord care is a procedure to keep the newborn's umbilical cord dry and prevent infection. Based on the discussion above, it is concluded that umbilical cord care is a method to keep the umbilical cord of newborns dry, prevent disease, and ensure it falls off quickly. Meanwhile, exclusive breastfeeding means not providing the baby with any other food or drink, including plain water, except for medications, vitamins, or mineral drops from birth until the baby is 6 months old. Infants are only breastfed with breast milk for at least six months.

In essential care, a physical examination has been conducted, and counseling has been provided on keeping the baby warm, consuming foods that promote milk production, and explaining the importance of exclusive breastfeeding. It can be concluded that the 6-hour-old neonate is in good condition without any complications or difficulties.

### Conclusion

Midwifery care for the neonate was conducted on May 13, 2022, at the midwife clinic (PMB Mariana) for Mrs. M's baby, a 3-hour-old female weighing 2900 grams. Based on the physical examination findings, the baby is healthy and normal. Counseling was provided to the mother regarding daily baby care, including maintaining warmth for the baby, umbilical cord care, exclusive breastfeeding, and mandatory immunizations. According to the researcher's guidance, the mother understands and promises to care for the baby.

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