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MIDWIFE CARE FOR NORMAL NEWBORN BABIES NY. N AT HJ. HENDRAYATNI CLINIC, PEMATANGSIANTAR CITY

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Abstract

Post episiotomy post pain rates vary due to incision and suturing at the time of episiotomy causing sharp pain with different levels This is due to the activation of peripheral nociceptors which is a special receptor conducting noxious stimulus. There are as many as 70.9% of mothers experiencing pain around the episiotomy sutures and there are as many as 73% post episiotomy pain is very disturbing maternal comfort resulting in difficulty during bowel movements, urination, and insomnia. Scientifie Writing is at implementing Nutrition Midwifery Management at Ny "S" with Episiotomy Injury at Universitas Efarina Pematngsiantar Year 2020 in accordance with 7 steps Varney and SOAP. The result of a case study that had been done on Ny "S" with episiotomy injury, no obstacles found during the care provided. The results of a case study that had been done on Mrs "S" with episiotomy injury, no obstacles found during the care provided. Monitoring is done 5 times for approximately 1 month. During the treatment and home visits, there was pain in the episiotomy wound since after the mother gave birth on June 02, July 2020 until the 4th day of the puerperium, 1 week postpartum Mrs "S" did not feel episiotomy wound pain, but 2 week back maternal period feel the pain in her genitals after doing coitus. After care and monitoring on Ny "S" the pain has stopped, and the episiotomy suture has dried and healed. The conclusion of the case study that is 7 steps Varney and SOAP used for the proces of problem solving obstetrics have been done assessment and data analysis on the case of Ny "S" with episiotomy injury in Klinik Mandiri Midwife M.

Keywords : ***Childbirth, Episiotomy, Episiotomy Pain, 7 Step Varney***

1. INTRODUCTION

A normal newborn (neonate) is a birth weight between 2500-4000 grams, full term, immediately born crying, and there are no severe congenital abnormalities (congenital defects) (Kukuh Raharjo, 2014). While care for normal babies is care given to the newborn during the first hour after birth, most newborns will show spontaneous breathing efforts with a little help, (Prawiroharjo, 2015) while the problem that occurs in newborns is asphyxia neonatorum, jaundice, umbilical cord bleeding, seizures, low birth weight, hypothermia, etc., (Muslihatun, 2015). The period immediately after the newborn is an unpleasant start for the baby. This is due to the very different environment of the previous life (intrauterine) with the current environment (extauterin),

Meanwhile, at the time of birth, every newborn will experience an adaptation or process of adjusting vital functions from life in the uterus to life outside the uterus. This physiological adaptation ability is also called homeostasis or the ability to maintain vital functions, is dynamic, influenced by the stage of intrauterine growth and development, adaptation immediately after birth includes adaptation of vital functions (circulation, respiration, central nervous system, digestion and metabolism).Therefore, newborns need close monitoring and care that can help them to make the transition successfully (Muslihatun 2016). In terms of infant growth and development, the neonatal period is the most critical period. Asphyxia prevention. Maintaining the baby's body temperature, especially in low birth babies. Cutting and caring for the umbilical cord, giving breast milk (ASI) in an effort to reduce mortality due to diarrhea.

Prevention of infection, monitoring of weight gain and psychological stimulation are the main tasks for the health of infants and children. Neonates in the first weeks are strongly influenced

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by the condition of the mother when pregnant women give birth. (Ministry of Health, 2016). According to the World Health Organization (WHO) in 2012 approximately 3% (3, 6 million) of the 120 million babies born with asphyxia, almost 1 million of these babies later died. In 2012 the number of newborn deaths (neonatal) in Indonesia reached 31 per 1000 live births. This issue needs serious attention. The causes of infant mortality include low birth weight babies, asphyxia, birth canal trauma, infections and others. Of the several factors that cause infant mortality, asphyxia is the second cause of death for newborns after low birth weight babies (WHO, 2012). Asphyxia, Birth Canal Trauma, Infection and others. Of the several factors that cause infant mortality, asphyxia is the second cause of death for newborns after low birth weight babies (WHO, 2012). Asphyxia, Birth Canal Trauma, Infection and others. Of the several factors that cause infant mortality, asphyxia is the second cause of death for newborns after low birth weight babies (WHO, 2012).

The Sustainable Development Goals (SDGs) target infant and under-five mortality to a maximum of 12 and 25 per 1,000 live births in 2030, respectively. However, based on the 2012 IDHS data, the infant and under-five mortality rate is 32 and 40 per 1,000 live births (SHRS and Agenda 2030, 2015). Neonatal complications that are the most common cause of death are asphyxia, low birth weight babies and infections. These complications can actually be prevented and treated immediately, but are constrained by access to health services, the ability of health workers, economic conditions, a referral system that has not been running well, delays in early detection, and awareness of parents to seek help (Kemenkes RI, 2015). Neonatal care with complications in Indonesia has decreased from 59.68% in 2014 to 51.37% in 2015. In addition to declining achievements, there are still quite large disparities between provinces. In 2015 the highest achievement was obtained by the Province of the Bangka Belitung Islands with a figure of 90.01%, followed by Central Java at 89.23% and East Java at 82.91%. The three provinces with the lowest achievement were South Sulawesi (2.63%), Papua (5.19%), and Maluku (8.86%) (Ministry of Health RI, 2015).

Based on the activities of health service facilities in 2016, the number of infant deaths that occurred in North Sumatra was 201 out of 26,337 live births, so that the infant mortality rate was 7.63 per 1,000 KH. Based on these achievements, there is a decrease from the previous year. The number of infant deaths in North Sumatra decreased from 2012 to 2016, namely 293 infant deaths in 2012, 251 infant deaths in 2013, 253 infant deaths in 2014, 299 infant deaths in 2015 and 201 infant deaths in 2016. in 2016 (North Sumatra Provincial Health Office, 2016). From data on newborn patient visits from January to September 2020 at the Hj.Hendrayatni Midwife Clinic, there were around 360 newborns.

2. IMPLEMENTATION METHOD

2.1 Understanding Midwifery Care for Newborns

Newborn care is to keep the baby warm, clean the respiratory tract, dry the baby's body (except the palms), monitor danger signs, cut and tie the umbilical cord, do IMD, give vitamin K1 injections, give antibiotic eye ointment in both eyes, give Hepatitis B immunization, as well as perform a physical examination (Syaputra Lyndon, 2014)

2.2 Newborn Baby Care

1. Keep baby warm. The first step in keeping the baby warm is to cover the baby as soon as possible after birth, delay bathing the baby for 6 hours or until the baby is stable to prevent hypothermia.
2. Clear the airways by sucking the mucus in the mouth and nose (if needed). This action is also carried out simultaneously with the APGAR assessment of the first minute score. Normal babies will cry spontaneously soon after birth. If the baby does not cry immediately, the airway should be cleared immediately.
3. Dry the baby's body from the amniotic fluid by using a dry, clean and soft cloth or towel. Dry

from the face, head and other body parts gently without removing the vernix. Verniks will help comfort and warm the baby. After drying, cover the baby with a dry cloth to wait 2 minutes before the umbilical cord is clamped, Avoid drying the back of the baby's hand. The smell of amniotic fluid on the baby's hands helps the baby find its mother's nipple that smells the same.

4. Cut and tie the umbilical cord with aseptic and antiseptic techniques. This measure is performed to assess the fifth minute APGAR score. How to do IMD, starting as early as possible, exclusively for 6 months, continued for up to 2 years with complementary foods from breast milk from the age of 6 months. Breastfeeding for the first time can be done after tying the umbilical cord. The IMD step in newborns is to make skin-to-skin contact with the baby's skin for at least an hour and let the baby find and find the nipple and start breastfeeding.
5. Provide identification immediately after the IMD, in the form of an identification bracelet containing the identity of the mother's and father's names, date, time of birth, and gender.
6. Give injections of Vitamin K1. Because the blood clotting system in newborns is not perfect, all newborns are at risk for bleeding. To prevent bleeding, all newborns, especially LBW babies, were given an injection of vitamin K1 (phytomenadione) as much as 1 mg in a single dose, intramuscularly in the anterolateral left thigh. Vitamin K1 injections were carried out after the IMD process and before the administration of Hepatitis B immunization.
7. Give injections of Vitamin K1. Because the blood clotting system in newborns is not perfect, all newborns are at risk for bleeding. To prevent bleeding, all newborns, especially LBW babies, were given an injection of vitamin K1 (phytomenadione) as much as 1 mg in a single dose, intramuscularly in the anterolateral left thigh. Vitamin K1 injections are carried out after the IMD process and before giving Hepatitis B immunization
8. Give antibiotic eye ointment in both eyes to prevent infection in the eye. This ointment should be given 1 hour after birth.
9. The first Hepatitis B immunization (HB-O) is given 1-2 hours after intramuscular administration of vitamin K1. Hepatitis B immunization is useful for preventing Hepatitis B infection to infants, especially the mother-infant transmission route. Hepatitis B immunization should be given to infants aged 0-7 days.
10. Perform a physical examination of the newborn to find out if there are abnormalities that need immediate action as well as abnormalities related to pregnancy, childbirth and birth. Check systematically head to toe (from head to toes).

2.3 Newborn Baby Care

Neonatal health services according to the Indonesian Ministry of Health (2015) are health services according to standards provided by health workers to neonates at least 3 times, during the period 0 to 28 days after birth.

1. The 1st neonatal visit (KN I) was carried out 6-48 hours after birth, respiratory examination was carried out, skin color was active or not, weighed, measured body length, arm circumference, chest circumference, administered eye ointment, vitamin K1, Hepatitis B, umbilical cord care and prevention of infant heat loss.
2. The 2nd neonatal visit (KN 2) was carried out on the 3rd to 7th day after birth, physical examination, performing umbilical cord care, exclusive breastfeeding, personal hygiene, rest patterns, safety and danger signs.
3. The 3rd neonatal visit (KN 3) was carried out on the 8th day to the 28th day after birth, the growth was checked with weight, height and nutrition.

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3. RESULTS AND DISCUSSION

3.1 RESULTS

3.1.1 Types of Case Studies

Explaining the type of case study used is midwifery care carried out at the location where midwifery care is provided. This case study was conducted on newborns at the Hj.Hendrayatni Midwife Clinic, Pematangsiantar City in 2020. Using data collection methods.

3.1.2 Place and Time of Case Study

The case study was conducted at the Hj.Hendrayatni Midwife Clinic

3.1.3 Data Collection Method

1. Method

The method used for midwifery care in this case study is the format of midwifery care for pregnant women with Varney's 7-step management.

2. Data Type

The author of midwifery care according to a case study of midwifery care for newborns at the Hj.Hendrayatni Midwife Clinic, Pematangsiantar City in 2020.

1) Primary data
   a. Physical examination
   b. Interview
   c. Observation
2) Secondary Data
   a. Documentation Study
   b. Literature Study

3.2.1 DISCUSSION

1. Case Overview

Date of entry	:	14-09-2020
Assessment Date	:	14-09-2020
Entry Hours	:	07.25 WIB Study hours: 14.00 WIB
The place	:	Clinic Hj. Hendrayatni Reviewer

Step I: Identification of Base Data

1) Identification of Baby and Parents

a. Baby Identity

Name	:	By Mrs. N
Age	:	0 days
Date of birth	:	September 14, 2020,
Time07.25Child	:	First

b. Parent's Identity

Mother			Father	
Name	:	Mrs. "N"	Name	: Mr. "P"
Age	:	28 years	Age	: 33 years old
Ethnic group	:	Java	Ethnic group	: Java
Religion	:	Islam	Religion	: Islam
Education	:	senior High School	Education	: s e n i o r H i g h S c h o o l
Profession	:	IRT	Profession	: entrepreneur
Address	:	Jl. Tongkol	Address	: Jl. Tongkol

2) History

1. History of pregnancy and childbirth
   a) Prenatal
      1. Mom said HPHT: 07-12-2019 with HTP: 14-09-2020

2. Mother gave birth on September 14, 2020, at 07.25
3. Mother's gestational age at term with gestational age: 38 weeks
4. Mother said she was pregnant with her first child
5. Mother has never been immunized against TT
6. Mother has no history of heart disease, asthma, DM, and sexually transmitted diseases
7. Mother has a history of hypertension during pregnancy
8. During pregnancy, the mother has never felt severe abdominal pain

b) Christmas

1. baby weight : 4000gram
2. body length : 50 cm
3. The general condition of the baby is good, the baby was born on September 14, 2020, at 07.25
4. BabySpontaneous birth, normal, strong crying immediately, normal active body movements

Step II: Interpretation Data

Diagnosis: Midwifery care for a normal newborn Mrs. N at the Hj.Hendrayatni Midwife Clinic in Pematangsiantar City in 2020.

1. Subjective

1) Mother says the baby is crying loudly.
2) Mom says baby's suction power is strong.

2. Objective

1) General Inspection

a. General Condition: Good
b. Muscle tone: Good
c. Skin color: Red
d. TTV : Temperature : 36.80C, Breathing : 45 x/i Pulse : 135 x/i
Body Length: 50 cm
Weight: 4000 gr
Head Circumference: 35 cm
Chest size : 33 cm Upper Arm Circumference : 10.5cm

Step III: Identify Troubleshooting

There is not any

Step IV: Immediate Action / Collaboration

There is not any

Step V: Parenting Plan

1. Tell the mother about the condition of the baby, the baby is born safe and healthy, then explain JK, BB, PB.
2. Teach mothers about exclusive breastfeeding for 6 months.
3. Encourage the mother to breastfeed on demand.
4. Teaching mother about umbilical cord care
5. Immunizing babies
6. Encourage the mother to keep the baby warm.
7. Encourage mothers to maintain their baby's personal hygiene.
8. Encourage the mother to keep the baby warm.
9. Encourage mothers to maintain their baby's personal hygiene.

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Step VI: Implementation

1. Informing the mother that the baby was born healthy and safe, with JK Female, with a weight of 4000 grams, PB 50 cm.
2. Explain to the mother to give exclusive breastfeeding to her baby from 0-6 months, without providing additional food.
3. Explain to the mother so that the baby gets breast milk as an important nutrient for breastfeeding her baby every 2 hours
4. Explain the mother caring for the baby's umbilical cord, with dry and sterile gauze.
5. Giving HB0 immunization IM in the baby's right thigh as much as 0.5 cc
6. Explain to the mother to keep the baby warm, maintain the baby's body temperature by IMD.
7. Explain to mothers to maintain personal hygiene for their babies, such as changing diapers when they are urinating and defecating.

4. CONCLUSION

After carrying out midwifery care in newborns from assessment to evaluation, thus the authors conclude that.

1. An assessment of postpartum maternal data has been carried out in Newborns at the Hj.Hendrayatni Clinic, Pematangsiantar City in 2020. The results of the data assessment were obtained for Normal Newborns, 0 days old, on stairs 14-09-2020.
2. Have interpreted the data for Normal Newborns at the Hj.Hendrayatni Clinic, Pematangsiantar City in 2020. The results of data interpretation so that Normal Newborns aged 0 days did not experience problems.
3. The diagnosis of problems in normal newborns has been formulated at the Hj.Hendrayatni Clinic, Pematangsiantar City in 2020. The results of the diagnosis and interpretation of data for normal newborns did not experience a problem diagnosis.
4. Has identified immediate action and anticipation of problems in Normal Newborns at the Hj.Hendrayatni Clinic, Pematangsiantar City in 2020. with the result that no action was taken.
5. Has established an action plan for midwifery care for Normal Newborns at the Hj.Hendrayatni Clinic, Pematangsiantar City in 2020 with the results of planning such as personal hygiene care.
6. Has carried out midwifery care for Normal Newborns at the Hj.Hendrayatni Clinic, Pematangsiantar City in 2020 which has been compiled with the results that all care has been given and there is nothing that deviates from the evaluation of the theoretical review.
7. Have evaluated the results of the action on Normal Newborns at the Hj.Hendrayatni Clinic, Pematangsiantar City in 2020 which has been carried out with the result that all care has been given and there are no things that deviate from the evaluation of the theoretical review.
8. Documentation of all friends and actions that have been carried out on Normal Newborns in the form of SOAP have been carried out.

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