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Midwives Care for Ny. B Babies with Low Birth Weight in The Pordomuan I Work Area, Teluk Pulai Village, Help the Puskesmas, Kualuh Leidong District

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ABSTRACT

Every Indonesian child has the right to receive health services as written in Law no. 36 of 2009 article 131 paragraph 1 Efforts for infant and child health must be aimed at preparing future generations who are healthy, intelligent and qualified and to reduce infant and child mortality rates. LBW babies are babies born with a body weight of less than 2500 grams regardless of gestational mass. The level of morbidity and mortality in neonates depends not only on body weight, but also on the level of malnutrition of the baby itself. The causes of LBW are generally multifactorial, the most common cause of LBW is premature birth. The younger the gestational age, the greater the short-term and long-term risks that can occur.

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1. INTRODUCTION

Every Indonesian child has the right to receive health services as stated in Law No. 36 of 2009, Article 131, paragraph 1. Health efforts for infants and children must be aimed at preparing a healthy, intelligent, and quality future generation and to reduce infant and child mortality rates. (Ministry of Health, 2009).

According to the 2017 SDKI survey, it was recorded that deathsneonatal mortality (AKN) of 15 per 1000 KH. Neonatal deaths in villages/sub-districts 0-1 per year are 83,447, in health centers neonatal deaths 7-8 per year are 9,825, and neonatal deaths in hospitals 18 per year are 2,868. The highest cause of neonatal death is due to complications of intrapulmonary events recorded at 283%, due to respiratory and cardiovascular disorders 21.3%, LBW and prematurity 19%, congenital births 14%, due to neonatal tetanus 1.2% infection 7.3%, and other causes 8.2%. (Directorate General of Public Health, 2019)

LBW babies are babies born weighing less than 2500 grams regardless of gestational age. The level of morbidity and mortality in neonates depends not only on body weight, but also on the level of malnutrition of the baby itself.The causes of LBW are generally multifactorial, the most common cause of LBW is premature birth. The younger the gestational age, the greater the short-term and long-term risks that can occur.(Proverawati, 2018)

LBW is one of the risk factors that contribute to infant mortality, especially during the perinatal period. Perinatal mortality in LBW infants is 8 times greater than normal infants. The

prognosis will be worse if the weight is lower, death is often caused by neonatal complications such as aphyxia, aspiration, pneumonia, intracranial hemorrhage, hypoglycemia. (Proverawati, 2018)

Based on a survey by the North Sumatra provincial health office in 2017, in North Sumatra itself there were 1250 babies born with low birth weight (LBW) around 0.43% of the total number of babies born 291,363 babies. In North Labuhan Batu there were 9 babies born with LBW from a total of 8212 babies born. (North Sumatra Provincial Health Office, 2018).

In Labura district (North Labuhan Batu) the neonatal mortality rate in 2017 was 22 children, in 2018 there were 8 children, while in 2019 until July there were 14 children. The direct causes of infant mortality are low birth weight (LBW) and lack of oxygen (asphyxia) and indirect causes of maternal and newborn mortality are due to community conditions (education, socio-economic, culture), geographical conditions and the state of service facilities that are less ready to exacerbate this problem. (Hariansyah, 2019)

Kualuh Leidong District is one of the districts in North Labuhan Batu Regency. In Teluk Pulai Village, in May, 6 newborn babies were born, 5 babies (84%) were born with normal weight and 1 baby (16%) had LBW. (Teluk Pulai Village Sub-Health Center, 2019).

Based on the background described above, the author is interested in taking this case as a case study, with the title "Midwifery Care for Mrs. B's Baby with Low Birth Weight (BBLR) in Pardomuan I Hamlet, Work Area of Teluk Pulai Dalam Village Assistant Health Center, Kualuh Leidong District in 2020".

2. RESEARCH METHOD

Documentation of midwifery care consists of 7 steps according to Helen Varney (2007). The 7 steps are as follows:

Step I: Collection of basic data

In this first step, all accurate and complete information is collected from everything related to the client's condition.

Data was obtained by (Naomy, 2020):

a) Anamnesis
- Biodata
- Menstrual history
- Health history
- Pregnancy history.
- Bipsychospiritual labor and postpartum
- Client knowledge.

b) Physical examination as needed and examination of vital signs (TTV).

c) Special examination.
- Inspection
- Palpation
- Auscultation
- Percussion

d) Laboratory support examinations, latest and previous records.

Step 2: Interpreting the Basic Data

In this step, identification of diagnosis or problem is done based on interpretation of collected data. The standard nomenclature of obstetric diagnosis is as follows:

a) Recognized and approved by the profession
b) Directly related to midwifery practice.
c) Has the characteristics of midwifery.
d) Supported by Clinical judgment in midwifery practice.
e) Can be solved with a management approach to LBW midwifery care

Step 3: Identify Potential Diagnoses or Problems and Anticipate Treatment.

In this step, the midwife identifies potential problems or potential diagnoses based on the series of problems and diagnoses identified.

Step 4: Determine the Need for Immediate Action to Consult and Collaborate with Other Health Care Professionals Based on the Client's Condition.

In this step, the midwife identifies the need for immediate action by the midwife or doctor to consult or address the problem with other members of the health team according to the client's condition.

Step 5: Develop a comprehensive Midwifery Care Plan.

In this step, comprehensive midwifery care is planned as determined by the previous step.

Step 6: Carrying out Midwifery Care Efficiently and Safely.

In this step, the comprehensive midwifery care plan outlined in step 5 is implemented efficiently and safely.

Step 7: Evaluating the Effectiveness of Midwifery Care.

In this step, an evaluation of the effectiveness of midwifery care that has been provided is carried out. The evaluation includes whether the need for assistance is truly met, whether the assistance is in accordance with the needs as identified in the diagnosis and problems.

3. RESULTS AND DISCUSSIONS

Midwifery Care of Ny Babies. B With Heavy Low Birth Body (Bblr) In Pardomuan Village I Rural Assistant Puskesmas Work Area Island Bay in The District Kualuh Leidong Year 2020

Study

Date of Study : May 27, 2020
Study Hours : 10.15WIB

Biodata

Name	:Baby Mrs. B	
Gender	: male	
Born on time	: 07.15 WIB	
th child	: 5	
Gestation Time	: 33 weeks	
Mother:		Father:
Name	: Mrs. B	: Mr. M
Age	: 38 Years	: 43 Years
Tribe/nation	: Batak/WNI	: Batak/WNI
Religion	: Catholic	: Catholic
Education	: High school	: High school
Jobs : IRT		: Entrepreneur

Address: Hamlet Pardomuan I, Teluk Pulai Dalam Village District. Kualuh Leidong

SUBJECTIVE DATA

1. Antenatal history

G ..5..P..4..A..0..AH..4	: Gestational age 33 weeks
History of the ANC	: Irregular, ..3 times, at the health center by Midwife
TT immunization	:Not given
BB increase	: 6Kg
Complaints during pregnancy	: Dizziness often vomiting
Diseases during pregnancy	:There is none
Eating habits	: 3 x a day consisting of white rice, water, and side dishes.
Medicines/Herbs	:There is none
Smoking	:There is none

Maternal Complications :There is none
Eclampsia :There is none
Fetus : Fewer months of gestation 33 weeks

2. Intranatal history

Date / Time of delivery : May 27, 2020 Hours:07:15 Wed
Type of dressing : Normal
Helper : Village midwife
Length of delivery :
Time I : 5.5 hours
Time II: 30 minutes
Amniotic fluid color : Clear
Childbirth trauma : None

3. Newborn condition

BB/PB born : 2300 grams/44 cm
APGAR score :6/7/8

Time	Sign	0	1	2	Total
1st minute	Heart rate Breathing effort Muscle tone Reflex Color	( ) None ( ) None ( ) paralyzed ( ) Not reacting ( ) blue/ pale	(√)< 100 (√) slow and irregular (√)Evt. A little flexi ( ) little movement (√) redness on hands and feet	( ) > 100 ( ) cried loudly ( ) active movement (√) cry ( ) redness	6
5th minute	Heart rate Breathing effort Muscle tone Reflex Color	( ) None ( ) None ( ) paralyzed ( ) Not reacting ( ) blue/ pale	( )< 100 (√) slow and irregular (√)Evt. A little flexi ( ) little movement (√) redness on hands and feet	(√) > 100 ( ) cried loudly ( ) active movement (√) cry ( ) redness	7
10th minute	Heart rate Breathing effort Muscle tone Reflex Color	( ) None ( ) None ( ) paralyzed ( ) Not reacting ( ) blue/ pale	( )< 100 (√) slow and irregular (√)Evt. A little flexi ( ) little movement ( )redness on hands and feet	(√) > 100 ( ) cried loudly ( ) active movement (√) cry (√) redness	8

Objective Data

1) General inspection

a. Breathing :60x/minute
b. Skin Color : Skin colorpale, thin, full of lanugo
c. Heart Rate : 145x/minute
d. Axillary temperature : 35,7°C
e. Posture and movement : Passive baby movement (less active)
f. Umbilical cord : Bluish white not found umbilical cord bleeding.

Physical Examination

- head

Form : ☑ symmetrical ☐ Asymmetric

- The crown of the head

Act : ☑ stand out ☐ Not prominent

UUB : [√] stand out [ ] Not prominent

- face
  - Form : [√] symmetrical [ ] Asymmetric
  - Edema : [ ] There is [√] There is none
- Eyes
  - Form : [√] symmetrical [ ] Asymmetric
  - Conjunctiva : [√] Red [ ] Pale
  - Sclera : [ ] Jaundice [√] No jaundice
- Eyelids
  - Edema : [ ] There is [√] There is none
  - Pus production : [ ] There is [√] There is none
- Ears
  - Form : [√] symmetrical [ ] Asymmetric
  - Ear hole : [√] There is [ ] There is none
- Nose
  - Form : [√] symmetrical [ ] Asymmetric
  - Nostrils : [√] There is [ ] There is none
- Mouth
  - Lip shape : [√] symmetrical [ ] Asymmetric
  - Palahim : [√] There is [ ] There is none
  - Tonsil enlargement : [ ] There is [√] There is none
- Neck
  - Swelling of the thyroid gland: [ ] There is [√] There is none
- Axilla
  - Swollen lymph nodes : [ ] There is [√] There is none
- Chest
  - Form : [√] symmetrical [ ] Asymmetric
  - Nipples : [√] Complete [ ] Incomplete
  - The sound of breathing : [√] Normal [ ] Not Normal
  - Heart sounds : [√] Normal [ ] Not Normal
- Abdomen
  - Form : [√] symmetrical [ ] Asymmetric
- Umbilicus
  - Bleeding : [ ] There is [√] There is none
  - Protrusion of the umbilical cord when crying: [ ] There is [√] There is none
  - The situation : [√] Good [ ] Not Good

  The umbilical cord is wrapped in sterile dry gauze and there is no bleeding
- Back
  - Lump : [ ] There is [√] There is none
  - Basin : [ ] There is [√] There is none
- Upper and lower extremities
  - Form : [√] symmetrical [ ] Asymmetric
  - Number of fingers : [√] Complete [ ] Incomplete
  - Number of toes : [√] Complete [ ] Incomplete
  - Hand flexion : [√] There is [ ] There is none

Leg flexion : [√] There is [ ] There is none

- Genetalia tools
  - Men

Testes in the scrotum : [ ] yes [√] Nope
Penile hole : [√] There is [ ] There is none
Number of testicles : [√] Complete [ ] Incomplete

  - Female

Vaginal hole : [ ] There is [ ] There is none
Urethral opening : [ ] There is [ ] There is none
Labia majora : [ ] There is [ ] There is none
Labia minora : [ ] There is [ ] There is none
The clitoris : [ ] There is [ ] There is none

- Anus

Anus : [√] There is [ ] There is none

- Leather

Varnish : [√] There is [ ] There is none
Lanugo : [√] There is [ ] There is none
Color : [ ] Red [√] Pale
Birthmark : [ ] There is [√] There is none

If any, explain:

- Wound

Reflex

- Morrow : [ ] There is [√] There is none
- Rooting : [ ] There is [√] There is none
- Grasp/plantar : [ ] There is [√] There is none
- Suckling : [√] There is [ ] There is none
- Neck tonic : [ ] There is [√] There is none
- Swallowing : [ ] There is [√] There is none

Description :Reflexes and movements on neurological tests appear to be non-resistant, reflex movements are only partially developed, swallowing, sucking, and coughing are very weak or ineffective.

Anthropometry

- Head circumference :31 cm
- Chest circumference :29 cm
- Upper arm circumference : 9 cm

Elimination

- why : [ ] There is [√] There is none

Meconium [ ]

No	Day/ Date	Data	Diagnosis/ Problem	Diagnosis/ Potential Problems	Urgent Needs/ Collaboration	Planning	Execution	Evaluation
1	Wed, 27-05-2020 Time: 10.15	**DS:** Mrs. B said that on May 27, 2020, at 07:00 Wib, she gave birth to a	Baby Mrs. B age 2 hours with BBLR Problem:	Hypothermia	Keeping the baby warm	a. Maintains body temperature	a. Warm up by: 1. wrap the baby in a warm cloth.	Time: 12.00 WIB a. The baby's body temperature is

		baby boy with a body condition that looks small, his skin looks thin and has a lot of hair. **DO:** • The baby's body felt cold • Anthropometry Weight: 2300 grams L. head: 31 cm PB: 44 cm Upper arm: 9 cm • Vital Sign Temperature: 35.6 oC N = 145x/minute RR=60/minute	The baby experiences a loss of body temperature due to the adaptation of the temperature inside the womb to the temperature outside the womb.				2. Kangaroo method • Babies are put in the kangaroo position, using hats, diapers, and socks • The mother wears an oversized shirt, and the baby is placed between the mother's breasts • the shirt is tucked in, then the mother uses a scarf wrapped around the mother's stomach so that the baby does not fall.	maintained, the baby's body temperature is warm treated in a warm environment. .
						b. Give eye drops and inject vitamin k. c. Monitor vital signs	3. Carry out baby care in a warm room by: • Adding lights in the baby's room. • Placing hot water bottles around the baby's bed • Avoiding the baby from cold things • Change the diaper every time it gets wet b. Give 0.5% erythromycin eye drops as a preventative for eye diseases. A total of 2 drops. And vitamin vit injection. K. 1 mg IM in the left thigh. c. Monitor vital signs • Temperature: 36 oC • Pulse: 100x/minute	b. Erythromycin eye drops and Vitamin K injection have been administered. c. Vital monitoring sign has been done with the normal results of the baby's

							• RR: 50x/minute	skin feeling warm.
2	Wednesday, 27-05-2020 At 11.00 WIB	**DS**: The mother says her baby has not been able to breastfeed properly, the baby's sucking reflex looks weak. **DO:** ➢ Vital signs M = 145x/minute R = 60x/minute S = 35,7 o C ➢ Anthropometry BB = 2300 grams Length = 31 cm LD 29 cm PB = 44cm L. upper arm = 9 cm Gender = male	Baby Mrs. B age 3 hours with low birth weight Problem: Weak sucking reflex	Hypoglycemia	Full of baby nutrition	a. Monitor the baby's sucking reflex. b. Giving nutrition to babies. c. Monitoring via sign d. Monitor the baby's weight gain	a. Monitoring the baby's sucking reflex. It was found that the sucking reflex was weak and nutrition was done by expressed breast milk. b. Give expressed breast milk using a spoon. Breastfeeding starts with 3-5 ml every three hours (when needed) c. monitor vital signs: Temperature: 36 oC Pulse: 140 times/minute RR: 50 times/minute d. Conduct monitoring BB increase every day by weighing the baby's weight every day at the same hour.	At 13.00 WIB a. Suction reflex monitoring has been done, the suction reflex monitoring results are still weak. b. The provision of nutrition is done by giving expressed breast milk using a spoon. c. Vital sign monitoring has been done, body temperature is normal d. Monitoring the increase in BB periodically has been done in accordance with the recommendations.

DEVELOPMENT DATA

No	Day/ Date	Data	Diagnosis/ Problem	Diagnosis/ Potential Problems	Urgent Needs/ Collaboration	Planning	Execution	Evaluation
1	Monday 01-06-2020 At 11.00	**DS:** • The mother said she was worried about	Baby Mrs. B is 5 days old with LBW. Problem:	Infection	Health education on how to care for	Provide health education on how to	Provide health education on how to care for	• The provision of health education has been

		the daily care of her baby who suffered from LBW. • The mother said she was worried about her baby's development and growth. **DO:** Baby looks good active movement, skin looks fit. Vital signs N = 140 times/minute Temperature = 36,3 o C Rr = 40x/minute BB = 2400 grams LK = 31 cm LD = 29 cm PB = 45 cm	Mother feels anxious about baby care Newborn baby with low birth weight.		LBW babies	care for LBW babies	LBW babies to mothers: • So that mothers always pay attention to the cleanliness of the environment and themselves, namely by washing their hands before and after holding the baby so that the baby is protected from infection • Give breast milk as often as possible to the baby • Teaching mothers how to care for the umbilical cord by covering the umbilical cord with sterile gauze. If the umbilical cord gets dirty, wash it with soap and clean water then dry it and cover it again with sterile gauze • Teaching how to bathe a baby. - before showering, prepare toiletries near the bathtub. - keep the room temperature neither too cold nor too warm - prepare warm water - monitor the baby's movements - Place the baby slowly in the bathtub. - Open and lift the blanket or baby swaddle out	given to mothers who already understand how to care for LBW babies and are ready to take care of babies well at home independentl y

							of the water.	
2	Tuesday June 16, 2020 At 10.30	**DS:** - The mother says her baby is actively moving - The mother said the baby is fine, the skin looks healthy and cries loudly - The mother says her baby wants to breastfeed with a strong sucking reflex. **DO:** -. The baby looks fit and active. - The umbilical cord is dry and odorless. - The suction reflex looks strong. N = 140x/minute Temperature = 36,6 oC Rr = 40x/minute BB = 2500 grams	A 20-day-old baby with LBW			a. Tell the mother the results of her baby's physical examination b. Provide health education to mothers about danger signs in LBW babies	a. Informing the mother of the results of her baby's examination that the baby's condition has improved, active movement, sucking reflex is normal b. Provide counseling for danger signs in BBL babies. Mother's motivation to immediately seek medical help when signs of an emergency are found, namely: • Difficulty breathing or more than 60x/minute • The temperature is too hot > 38 oC or too cold < 36 oC • Abnormal skin colour, blue (cyanosis) or pale skin/lips, bruising or very yellow • Breastfeeding is difficult, suction is weak and always sleepy • The umbilical cord is red, swollen, oozing fluid and foul-smelling. • Infection, increased temperature/redness, swelling, discharge of pus and smell. • Indigestion, no bowel movements for 3 days • No urination for 24 hours	a. The mother has understood her baby's condition and is happy with the baby's current condition, namely: b. BBL danger signs counseling has been given. Mothers and families understand and understand the signs of danger in LBW babies

						c. Advise the mother to always monitor the growth and development of the baby every month at the puskesmas or posyandu available in the village.	• Trembling or unusual crying, fainting, sleepiness, lethargy, convulsions. Can't calm down and cry continuously • The eye is swollen and discharges fluid • Encourage the mother to quickly seek medical help when the above danger signs are found c. Encouraging mothers to always monitor their baby's progress every month at the puskesma or posyandu	c. Recommendations to monitor the baby's development have been made. The mother is willing to do it and will take the baby to the health center or posyandu every month

In this chapter, the author will discuss Midwifery Care for Newborns for Mrs. B.'s Baby with Low Birth Weight in Pardomuan I Hamlet, Teluk Pulai Dalam Sub-Health Center Work Area, Kualuh Leidong District in 2020.

In providing newborn care to Mrs. B.'s baby with low birth weight, the author uses midwifery management as put forward by Varney which consists of 7 steps, namely assessment, data interpretation, diagnosis, immediate action, action plan, implementation, evaluation, the sequence is as follows.

To obtain data, the author conducted an assessment. The assessment process carried out on baby NY. B. with low birth weight was anamnesis, subjective data, objective data, main complaints from the baby's mother and family patient.

In Mrs. B's BabyWith Low Birth Weight, subjective data is obtained in the form of complaints, the mother's complaints are that her baby is small and has thin skin with lots of lanugo (fine hair), the baby's body feels cold, the sucking reflex is weak and she feels anxious about her baby's growth and development.

This is in line with the theory put forward by Properawati (2018) that the characteristics of LBW babies look small compared to normal birth weight babies, have thin skin and lots of lanugo hair, LBW babies quickly lose their body temperature because the temperature regulation of newborn babies is not yet mature, and the baby's reflexes are still weak. From the findings above, the author assumes that there is no gap between the theoryaai with the existing reality.

From the case of Mrs. B.'s baby, data was obtained that the mother was 38 years old. According to the theory put forward by Proverawati (2018), this age is at high risk of experiencing LBW babies. From the findings above, the author assumes that there is no gap between the theory and the existing cases.

From the data obtained by the author, Mrs. B.'s baby was born with a gestational age of 33 weeks (preterm). According to the theory put forward by Proverawati (2018), a gestational age of less than 37 weeks is supporting data to establish a diagnosis. From the findings above, the author assumes that there is no difference between the theory and the existing case.

From the data obtained by the author in the case of Mrs. B.'s baby, breathing = 60 x/minute, temperature = 35.6 0C, pulse = 145 x/minute. According to the theory put forward by Prowawati (2018). Vital signs in newborns are: Breathing 45 x/minute, temperature 35 0C, Pulse = 145x minute. From the findings above, the author assumes that there is no gap between the theory and the existing case. The pulse of Mrs. B.'s baby increased due to hypothermia.

From the case of Mrs. B.'s baby with LBW, data was obtained on the baby's head circumference measuring 31 cm, chest circumference = 29 cm, thin skin with vernix caseosa and lots of lanugo hair, the baby she gave birth to was male, the testicles were not yet in the scrotum, and the number of testicles was complete.

According to the theory put forward by Pantiawati (2018). That the head circumference of LBW is less than 31 cm and the chest circumference is around less than 30 cm, the characteristics of the skin in LBW babies are thin skin and lots of lanugo hair, while in the genitalia in male babies the testicles have not descended into the scrotum and the labia majora have not covered the labia minora in female babies. From the findings above, the author assumes that there is no gap between the theory and the existing cases.

In the case of Mrs. B's baby, the author conducted anthropometric measurements. From the anthropometric measurements, the following data was obtained. BB: 2300 grams, Body length: 44cm, head circumference 31 cm, chest circumference 29 cm, upper arm circumference 9 cm. Characteristics of LBW babies according to Proverawati 2018 are BB: Less than 2500 grams, body length less than 46, head circumference equal to or less than 33 cm, chest circumference equal to or less than 33 cm. upper arm circumference equal to or less than 9 cm. From the findings above, the author assumes that there is no gap between the theory and the existing cases.

Identification of obstetric diagnoses/problems

From the assessment process that has been carried out above, the author interprets the data to find a diagnosis of the problem and potential obstetric problems that occurred in Mrs. B's baby, namely: The diagnosis of obstetric problems in Mrs. B's baby was 2 hours old with low birth weight.

Problems that often arise due to low birth weight are that the baby quickly loses body temperature, has a weak sucking reflex, and nutritional disorders that can result in hypoglycemia. According to the theory put forward by Properawati (2018), problems that often occur in LBW are hypothermia, hypoglycemia, hyperglycemia, and problems with breastfeeding.From the findings above, the author assumes that there is no gap between the theory and the existing cases.

In the case of Mrs. B., a newborn with Low Birth Weight, the diagnosis of potential problems was obtained as hypothermia in connection with the baby experiencing a loss of body temperature due to the adaptation of the temperature in the womb to outside the womb, the baby experienced hypoglycemia due to the baby's weak sucking reflex so that the fulfillment of nutrition was disrupted, the mother's infection was anxious and worried about providing care to her baby so that she was afraid to care for her baby, such as being afraid to bathe, this could cause infection. According to the theory put forward by Pantiawati (2018), potential problems that often occur in Low Birth Weight are Hypothermia, intracranial bleeding, asphyxia, Infection. From the findings above, the author assumes that there is no gap between the theory and the existing cases.

In the case of Mrs. B. with LBW, identification of immediate needs is to keep the baby's body warm, provide injections for the newborn and eye drops, ensure the baby's nutrition is met, and provide health education on caring for newborns with LBW. According to the theory put forward by Pantiawati 2018, the immediate needs of LBW are maintaining body temperature, regulating and monitoring nutritional intake, preventing infection, weighing, administering oxygen, and monitoring the airway. From the findings above, the author assumes that there is no gap between the theory and the existing cases.

Implementation of midwifery care.

The implementation carried out on Mrs. B. with LBW was in accordance with what had been arranged in the Planning process. At this stage the warming process was carried out with skin contact and heat transmitters.

According to Proverawati, to maintain the baby's temperature, babies must be cared for in an incubator. If you don't have an incubator, premature babies can be wrapped in cloth and placed next to them with a bottle filled with hot water or using the kangaroo method.

From the findings above, the author assumes that there is no gap between the theory and the existing cases.

Evaluation

At the evaluation stage, the author made a comparison whether the care provided was in accordance with the baby's needs. From the data obtained, the results of Mrs. B's baby were obtained. The general condition was good, vital signs 140x/minute, temperature: 36.6 oC, the baby was warm, nutrition was met, the umbilical cord was dry, defecated 3x a day, consistently soft yellow, and urinated 5x a day, clear urine, BB reached 2500 grams on the 20th day. From the findings above, the author compared the results obtained from the midwifery care of Mrs. B using the management proposed by Varney (2007) which was effective.

In line with the theory put forward by Wafi (2020) which states that the implementation of the care plan is considered effective if it shows better growth and development. From the findings above, the author assumes that there is no gap between the theory and the existing case.

4. ONCLUSION

From the assessment, the data obtained showed that the mother was worried about the condition of her baby who looked small with low birth weight (LBW), obtained gestational age 33 weeks, birth weight 2300 grams, body length 44 cm, head circumference 31 cm, chest circumference 29 cm, weak sucking reflex. Sigh pulse: 145x / minute, respiration 60x / minute, temperature 35.6 oC, poor skin turgor, lots of lanugo hair. The diagnosis of this case is Mrs. B's baby is 2 hours old with low birth weight (LBW), the problems experienced by the baby are loss of body temperature, weak sucking reflex, maternal anxiety in providing care for LBW babies. In the potential diagnosis step, the baby experiences hypothermia, hypoglycemia, infection. In the immediate action steps in this case, namely: maintaining the baby's temperature so that it remains stable by warming the baby with the kangaroo method, caring for the baby in a warm room. Overcoming malnutrition in babies is done by giving expressed breast milk using a spoon. Overcoming infection with good baby care. Planning in this case, namely: maintaining the baby's body temperature by warming the baby with the kangaroo method, observing vital sigh, fulfilling nutrition by giving expressed breast milk using a spoon, giving vitamin K injection, providing eye care to prevent infection, and providing health education on caring for newborns with LBW. The implementation is carried out in accordance with midwifery management using 7 steps. The implementation of midwifery care for Mrs. B's baby with low birth weight (LBW) is in accordance with what has been prepared in the Planning and is running very effectively. Evaluation is carried out for 20 days to determine the development of the baby. The results are good general condition, active movement, strong sucking reflex, good skin, no irritation, vital signs: pulse 140x / minute, weight has increased from 2300 grams to 2500 grams.

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