

**MIDWIFERY CARE FOR NEWBORN WITH A THREE MINUTE DELAY IN
CUTTING THE UMBILICAL CORD IN BPM FITRI, S.Tr.Keb,
BENGKULU CITY**

Dena Ayu Dhea¹ Diyah Tepi Rahmawati² Indra Iswari³

Dehasen University^{1,2,3}
Jl. Merapi Raya No 34 Sawah Lebar Bengkulu, Indonesia
Email: denaayudhea76@gmail.com

ABSTRACT

One of the causes of the highest mortality rate in infants is neonatorum asphyxia, which is a condition when a baby is born with a disruption in gas exchange and oxygen transport, resulting in lack of oxygen. According to (Sarwono, 2016) research on infants with delayed umbilical cord binding showed that these babies had 32% more blood volume compared to babies who cut their umbilical cord immediately, thus causing reasons for the authors to raise this issue in the case report. This case report aims to gain direct knowledge and understanding and be able to provide direct midwifery care to clients with a delay in cutting the umbilical cord to the fitness of newborns through a comprehensive midwifery care process approach. In preparing this case report using descriptive method, namely by disclosing facts according to the data obtained. From a study conducted midwifery care for newborns with a delay in cutting the umbilical cord to the fitness of the newborn for 3 minutes, it can improve the fitness of newborns measured by SPO2 saturation has increased compared to newborns with cutting the umbilical cord immediately. The delay in cutting the umbilical cord for three minutes is very beneficial for newborns by providing benefits such as increasing optimal oxygen supply and increasing blood transfer from the placenta by about 80-100 ml and it is hoped that this research can provide benefits to newborns.

Key words: Umbilical Cord

INTRODUCTION

According to the World Health Organization (WHO), the indicators of health services in a country are determined by the ratio of the high and low rates of maternal mortality and infant mortality. Globally, the number of neonatal deaths decreased from 5.0 million in 1990 to 2.5 million in 2018.

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Based on data from the Bengkulu Health Office Profile in 2018, there were babies aged 0-11 months from 36,292 babies, the number of live births was 35,131 babies. And the number of infant deaths as many as 249 people. The infant mortality rate per 1,000 KH in the last five years in Bengkulu Province has fluctuated, where in 2014 it was 11 per 1,000 KH

and in 2015 and 2016 it decreased to 10 per 1,000 KH, and in 2017 it fell again to 9 per 1,000 KH and in in 2018 it fell to 7 per 1,000 KH. (Bengkulu Provincial Health Office, 2018).

Data from the Bengkulu City Health Office showed that the highest coverage of health services for maternal births was in the Puskesmas Basuki Rahmad area with a total of 773 people, followed by the Jembatan Kecil area with 608 people and the lowest was in the Kuala Lempuing Puskesmas area with 102 people . (Bengkulu City Health Office, 2018).

According to data from the Basuki Rahmad Community Health Center, BPM data with the highest number of deliveries were obtained, namely BPM Fitri Andri Lestari, Amd.Keb, SKM, namely in January-December in 2018 with a total of 103 people and in January-December 2019 experienced an increase with a total of 123 people (Bengkulu City Health Office, 2018).

Newborns are babies born from 37 to 42 weeks of gestation with birth weight of 2500 grams to 4000 grams, crying spontaneously less than 30 seconds after birth with APGAR values between 7-10 (Armini, et al: 2017).

One of the causes of the highest mortality rate in infants is neonatorium asphyxia, which is a condition when babies are born experiencing disruption of gas exchange and oxygen transport, resulting in lack of oxygen and difficulty in removing carbon dioxide (Sondakh, 2013).

Research on infants with delayed binding of the umbilical cord until the umbilical cord pulsation stops, and is placed on the mother's stomach shows that the baby has 32% more blood volume than babies whose umbilical cord binding and cutting is immediate (Sarwono, Hal: 370,2016).

Based on the results of research (Munawaroh, et al: 2018) proves that if you delay the time of cutting the umbilical cord until the pulsation stops for 3 minutes, it provides benefits such as increasing oxygen supply more optimally, increasing levels of hematokrit and bilirubin and increasing blood transfer from the placenta around 80-100 ml.

According to the 2016 WHO, normal values of oxygen saturation levels range from 95% to 100% and newborns above 88% are considered normal (WHO, 2016)

RESEARCH DESIGN AND METHODOLOGY

The type of study used is descriptive observational method with a case study approach. using a qualitative research approach with a research strategy with the main objective of making an objective description or description of a situation and focusing on

certain objects. an overview of the study state objectively. A case study is a study conducted by examining a problem through a process consisting of a single unit (Kresno & Martha, 2016).

The case study used by the author in making this case study is to use midwifery care according to Varney's seven steps from assessment to evaluation and development data using Varney.

FINDINGS AND DISCUSSION

Day / date of study: Friday, 17 July 2020

Time of study: 14.30 WIB

Place of study: BPM Fitri, Bengkulu City

Assessment

1. Subjective

Name: By. "B"

Date of Birth: July 17, 2020

Female gender

Baby Age: 1 hour

2. Objective

General condition: Newborns born at 14.30 WIB Spontaneous Born with Head Presentation, JK: female, BW: 2.900 gr, PB: 49 cm, LK: 30 cm, LD: 30 cm, strong crying, reddish skin color, active movement and condition General Good

Vital sign

Heart rate: 135 x / m

Respiration: 44 x / m

Temperature: 36.6 °C

3.. Physical examination

1. Head: Normal shape, no succedenum head, cepal hematoma, no abnormal lump Face: Not pale, symmetrical shape
2. Eyes: Conjunctiva: not Pale, Sclera: not yellow
3. Nose Shape: symmetrical
4. Ear: hole: present, Shape: symmetrical, Lanugo: none Abnormalities: none
5. Mouth: Lip mucosa: moist, Labioskizis: absent, Palatoskizis: absent
6. Neck: No swelling of the lymph, thyroid gland and jugular veins.

7. Chest Chest movement: symmetrical
8. Underarm: Swollen lymph nodes: absent
9. Abdomen: Symmetrical shape, absent abnormalities, Bowel sounds present
10. Genitalia and anus: Vagina: labia majora has covered the labia minora, urethral opening (+), anal opening (-)
11. Extremities: Reddish skin tone, Odema no Movement (+)

I. Data Interpretation

The newborn Mrs. "B" age 1 hour spontaneously, full term, according to gestation period, with JK: female, normal birth weight 2,900 grams, PB: 49 cm, LK: 30 cm, LD: 30 cm, strong crying, reddish skin color, active movement and APGAR SCORE: 10 with a delay in cutting the umbilical cord for 3 minutes and the baby's general condition is good

II. Potential Diagnose

There is no

III. Needs and immediate handling

There is no

IV. Plan

1. Perform 3 initial assessments of the newborn's condition, namely crying spontaneously, redness of skin color and active movements
2. Assess the development of the baby's condition through the SPO2 saturation device by clamping the device between the baby's fingers or toes
3. delay cutting the umbilical cord for 3 minutes

After 3 minutes, cut the umbilical cord using sterile scissors

V. Action

1. Conduct 3 initial assessments of the newborn's condition, namely spontaneous crying, reddish skin color and active movements
2. Assess the development of the baby's condition through the SPO2 saturation device by clamping the device between the baby's fingers or toes
3. delay cutting the umbilical cord for 3 minutes

After 3 minutes, cut the umbilical cord using sterile scissors at 14:33 WIB

VI. Evaluation

1. Babies are born crying strong, reddish skin color and active movements

2. The SPO2 of infants was measured after delaying cutting the umbilical cord for 3 minutes, the result: 99%, (SPO2 of normal newborns is 88-95% if the umbilical cord is cut immediately)
3. The baby's umbilical cord was delayed for 3 minutes and the umbilical cord was cut at 14:33 WIB

CONCLUSION

Researchers draw one conclusion and case studies that have been carried out, namely: the increase in oxygen in newborns is more optimal, after measuring the results to be 99% after delaying cutting the umbilical cord for 3 minutes. Measurement of SpO2 in newborns using Pulse Oxymetry (PO). Normal values of oxygen saturation levels range from 95% to 100% and in newborns above 88% are considered normal (WHO, 2016)

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