

MIDWIFERY CARE FOR INFANT “T” AGED 6 MONTHS WITH SEVERE MALNUTRITION AT MAWASANGKA COMMUNITY HEALTH CENTER

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A B S T R A C T

Background: Malnutrition in infants is a health problem that can impair growth and development and increase the risk of infection. At the age of 6 months, infants' energy and nutrient requirements begin to increase; therefore, breastfeeding should be accompanied by appropriate complementary feeding (CF) that is suitable for the infant's age, nutritious, safe, and easily accepted.

Objective: To provide comprehensive midwifery care to a 6-month-old infant “T” with severe malnutrition through breastfeeding, complementary feeding consisting of carrot and egg porridge, and maternal education.

Methods: This study used a descriptive observational method with a case study approach conducted at Mawasangka Community Health Center, Central Buton Regency, from January 5 to 11, 2026. Data were collected through interviews, physical examinations, observations, anthropometric measurements, and documentation. Midwifery care was provided based on the seven steps of Varney's midwifery management and documented using the SOAP format.

Results: The assessment showed that the infant had severe malnutrition of the marasmus type, with a body weight of 3,000 grams, body length of 57 cm, and mid-upper arm circumference (MUAC) of 10 cm. Following the provision of care consisting of breastfeeding, complementary feeding with carrot and egg porridge, condition monitoring, and maternal education, the infant's body weight increased to 3,550 grams. The infant appeared more active, was able to accept complementary feeding well, experienced no vomiting, and vital signs remained within normal limits.

Conclusion: Midwifery care through nutritional fulfillment and maternal education demonstrated improvements in the infant's clinical condition and body weight. Continuous monitoring of growth and nutritional status is necessary.

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INTRODUCTION

Infancy is an important period of growth and development, as rapid physical changes, organ development, and maturation of the immune system occur during this stage. During this period, adequate nutritional intake is essential to support optimal growth, development, and overall health. Inadequate nutrient intake may lead to impaired growth, decreased immunity, and an increased risk of infections and other health complications (Alfi and Putri 2025).

Severe malnutrition is a condition characterized by severe nutrient deficiency resulting from an imbalance between the body's nutritional requirements and nutrient intake. This condition may be characterized by very low body weight, severe wasting, reduced muscle mass and adipose tissue, dry and wrinkled skin, and an aged facial appearance. One of the forms of severe malnutrition commonly found is marasmus, which is a condition of prolonged energy and protein deficiency. Infants with marasmus are at a higher risk of impaired growth, developmental delays, hypothermia, infections, and impaired organ function (Nabila et al. 2026).

The age of six months is an important transitional period because infants' energy and nutrient requirements begin to increase. At this age, breast milk remains an important source of nutrition but needs to be complemented with complementary foods (complementary feeding). Complementary foods should be provided appropriately in terms of quantity, frequency, texture, variety, hygiene, and nutritional content. Inappropriate complementary feeding may result in insufficient nutrient intake and may worsen the infant's nutritional status (Nurhastuti and Purwiyanti 2023).

One approach to meeting the nutritional needs of infants with severe malnutrition is to provide foods containing adequate energy, protein, vitamins, and minerals. Carrot and egg porridge can be used as one alternative complementary food. Eggs are a source of animal protein that plays an important role in tissue formation and repair, while carrots contain beta-carotene, which can be converted into vitamin

A in the body. The combination of these two ingredients is expected to contribute to meeting the infant's nutritional needs when provided with an appropriate texture, quantity, and frequency (Izah and Desi 2023).

Severe malnutrition remains an important concern in maternal and child health services. Based on data presented in the Final Assignment Report, the number of severe malnutrition cases in the working area of Mawasangka Community Health Center increased from 4 cases in 2022 to 14 cases in 2023. This condition highlights the importance of early detection, growth monitoring, appropriate care, and parental involvement in meeting infants' nutritional needs (Fitriani 2024)

Midwifery care for infants with severe malnutrition should be provided comprehensively through assessment of the infant's condition, physical examination, anthropometric measurements, identification of actual and potential problems, intervention planning, implementation of care, and evaluation. In addition to nutritional management, care includes monitoring vital signs, preventing hypothermia, maintaining hygiene, monitoring the infant's response to food, and providing education to the mother.

METHODOLOGY

This study employed a descriptive observational method using a case study approach involving a 6 month old infant, referred to as "T," who experienced severe malnutrition at Mawasangka Community Health Center, Central Buton Regency, from January 5 to 11, 2026. The midwifery care focused on breastfeeding and complementary feeding in the form of carrot and egg porridge.

Midwifery management was implemented using the seven-step Varney approach and documented using the SOAP format. Primary data were collected through interviews, observations, physical examinations, and anthropometric measurements, while secondary data were obtained from the Maternal and Child Health (MCH) handbook, the infant's medical records, and health center documentation.

The assessment included identification data, pregnancy and delivery history, breastfeeding and complementary feeding patterns, dietary patterns, medical history, environmental conditions, and the mother's level of knowledge. Anthropometric examinations included body weight, body length, head circumference, chest circumference, abdominal circumference, and mid-upper arm circumference (MUAC).

The interventions included monitoring vital signs, maintaining the infant's body temperature, continuing breastfeeding, providing complementary food in the form of soft-textured carrot and egg porridge, and educating the mother regarding food preparation, hygiene, feeding frequency, danger signs, and growth monitoring.

Evaluation was conducted by monitoring the infant's clinical condition, food intake, vital signs, and changes in anthropometric parameters.

The data were analyzed descriptively and presented in narrative and tabular forms. This study adhered to ethical principles, including informed consent, anonymity, and confidentiality, by maintaining the confidentiality of the infant's identity and using the initial "T" throughout the study.

RESULTS & DISCUSSION

Subjective Data

At the initial visit, the mother reported that infant "T," aged 6 months, appeared very thin and weak and showed a lower level of activity than is generally expected for an infant of the same age. The infant was born at term through a normal vaginal delivery. The mother stated that the infant had received breast milk since birth; however, the nutritional intake was considered inadequate, resulting in an increasingly thin physical appearance. Upon reaching 6 months of age, the mother began introducing complementary foods (MP-ASI) to provide additional energy and nutrients in accordance with the infant's increasing nutritional requirements as the infant grew.

The mother also reported that the infant's appetite remained poor and that the amount of food consumed was relatively limited. This condition caused the mother to be concerned about the infant's growth and development. The mother hoped that the infant's condition would improve after receiving appropriate midwifery care and regular monitoring. She also expressed her willingness to follow healthcare providers' recommendations regarding age-appropriate breastfeeding and complementary feeding, as well as to monitor the infant's growth regularly.

Objective Data

The examination results showed that the baby's general condition was weak, with an apathetic level of consciousness. The baby weighed 3,000 grams, had a body length of 57 cm, and a mid-upper arm circumference (MUAC) of 10 cm. Vital signs included a pulse rate of 130 beats/minute, a body temperature of 36.5°C, and a respiratory rate of 40 breaths/minute. Physical examination revealed a severely thin body, decreased muscle mass, prominent ribs, an aged facial appearance, sunken eyes, thin and dull hair, and dry and wrinkled skin. No edema was found in the extremities.

During the monitoring period, the baby's weight increased from 3,000 grams at the first visit to 3,300 grams at the second visit and 3,550 grams at the third visit. The body length remained 57 cm, head circumference remained 34 cm, chest circumference increased from 32 cm to 33 cm, while abdominal circumference remained 37 cm.

At the second visit, vital signs showed a pulse rate of 120 beats/minute, a body temperature of 36.5°C, and a respiratory rate of 40 breaths/minute. At the third visit, the pulse rate was 118 beats/minute, the body temperature was 36.5°C, and the respiratory rate was 38 breaths/minute. The baby's general condition improved from weak and apathetic to more active and responsive.

Analysis

Based on the subjective and objective data, baby "T," aged 6 months, was diagnosed with severe acute malnutrition of the marasmus type. This diagnosis was established based on anthropometric measurements and clinical findings, including a severely thin body, decreased muscle mass, prominent ribs, an aged facial appearance, sunken eyes, thin and dull hair, and dry and wrinkled skin.

The potential problem identified was the risk of hypothermia because infants with severe malnutrition have low subcutaneous fat reserves, which may reduce the body's ability to maintain normal body temperature. The baby was also at risk of infection, growth impairment, and developmental delay. However, throughout the monitoring period, the baby's body temperature remained at 36.5°C, and no signs of hypothermia were observed.

Management

Management was carried out by meeting the baby's nutritional needs through continued breastfeeding and the provision of complementary foods (MP-ASI) in the form of carrot and egg porridge. The mother was educated on food selection, the cleanliness of food ingredients and feeding utensils, food preparation methods, appropriate food texture, and responsive and gradual feeding practices.

In addition to nutritional management, monitoring was conducted on the baby's vital signs, general condition, response to food, body weight, and growth. The baby was kept warm by wearing appropriate clothing, avoiding exposure to cold air, and maintaining a comfortable environment. The cleanliness of the baby, feeding utensils, food ingredients, and surrounding environment was also maintained to prevent infection.

The mother was informed about the importance of continuing breastfeeding, providing age-appropriate complementary foods, recognizing danger signs, and taking the baby to a healthcare facility if repeated vomiting, difficulty breathing, fever, diarrhea, seizures, or worsening weakness occurred. The mother was also taught how to prepare carrot and egg porridge using clean ingredients and an appropriate texture for the baby.

During the care period, the baby tolerated complementary feeding well, with no vomiting or difficulty swallowing. The baby gradually became accustomed to consuming complementary foods. The mother demonstrated improved understanding of appropriate complementary feeding practices and expressed willingness to continue breastfeeding and complementary feeding at home.

Monitoring showed that the baby's body weight increased by 550 grams, from 3,000 grams at the first visit to 3,550 grams at the third visit. The baby's general condition also improved from weak and apathetic to more active and responsive. The baby was not fussy, tolerated complementary foods well, experienced no vomiting, and slept better. The pulse rate decreased from 130 beats/minute to 118 beats/minute, while the respiratory rate decreased from 40 breaths/minute to 38 breaths/minute. The body temperature remained stable at 36.5°C throughout the monitoring period.

The increase in body weight and improvement in clinical condition indicate positive progress during the provision of care. However, these findings cannot be interpreted as being solely attributable

to the provision of carrot and egg porridge because this case study involved only one subject and did not include a comparison group.

DISCUSSION

Subjective Data

The mother reported that the baby's condition had shown further improvement compared with the previous visit. The baby appeared more active and responsive, was less fussy, and had a more regular sleep pattern. Breastfeeding and complementary feeding continued regularly. The mother stated that the baby tolerated complementary foods well, with no vomiting or difficulty swallowing. The baby's appetite had also begun to increase, as indicated by greater enthusiasm when being offered food. The baby continued to breastfeed well and showed no signs of refusing the food provided. During the monitoring period, the mother reported no complaints such as fever, diarrhea, cough, or shortness of breath (Riyanti et al. 2025)

The mother also reported that breastfeeding was continued regularly between complementary feeding sessions. The baby tolerated the food well and experienced no problems during feeding. The mother had begun to understand the importance of adjusting complementary feeding according to the baby's age and abilities, including considering the type, texture, portion size, and frequency of food. She also made efforts to provide a variety of nutritious foods as part of fulfilling the baby's nutritional needs and supporting growth and development. The cleanliness of food ingredients, feeding utensils, and hands before preparing and feeding the baby was also given attention (Setyawan and Joto 2025).

In addition, the mother stated that she had understood the education provided regarding breastfeeding and complementary feeding according to the baby's age, maintaining hygiene during food preparation and feeding, and the importance of keeping the baby warm. The mother felt more confident in caring for the baby at home and was able to monitor various changes in the baby's condition. She also expressed her willingness to continue providing breastfeeding and complementary foods regularly, monitor the baby's condition and appetite, and conduct regular growth monitoring at a healthcare facility. This indicates the mother's active involvement in the care process and in meeting the baby's nutritional needs to support optimal growth and development.

Objective Data

The examination results showed that the general condition of infant "T" improved during the monitoring period. The infant appeared more active and responsive to the surrounding environment. The infant's body weight was 3,550 grams, with a body length of 57 cm. Head circumference and abdominal circumference remained unchanged, while chest circumference increased from 32 cm to 33 cm. Vital sign examination showed a pulse rate of 118 beats per minute, a respiratory rate of 38 breaths per minute, and a body temperature of 36.5°C. These findings indicate that the infant's physiological condition remained relatively stable throughout the monitoring period.

Theoretically, an infant's nutritional status can be assessed through regular growth monitoring, particularly by observing changes in body weight and body length. Body weight is an important indicator for assessing the adequacy of nutritional intake and changes in nutritional status. In infants with severe malnutrition of the marasmus type, prolonged deficiencies of energy and nutrients cause the body to utilize fat stores and body tissues as sources of energy. This condition may result in a markedly thin appearance, weakness, and reduced body mass. Therefore, an increase in body weight during the monitoring period may serve as an early indicator of a positive response to the care provided and improved nutritional intake (Rakhmawati et al. 2024).

The improvement in the infant's activity and responsiveness also indicated an improvement in the general condition. In cases of severe nutritional deficiency, infants may experience decreased activity, weakness, and reduced responsiveness due to limited energy availability for maintaining normal physiological functions. As the adequacy of energy and nutrient intake improves, the infant's activity is expected to gradually increase. In this case, the infant appeared more active and responsive than during the previous visit, indicating positive clinical development. However, continued monitoring of the infant's nutritional status remains necessary (Setiyaningrum, Alfiani, and Rochana 2024)

Furthermore, no signs of infection or other health problems were identified, including fever, cough, respiratory distress, or diarrhea. This finding is important because infants with severe malnutrition are more vulnerable to infection due to impaired immune function. Infection may further worsen nutritional status by increasing energy and nutrient requirements and reducing appetite. The

absence of signs of infection in infant “T” indicates that no infectious complications were observed during the monitoring period that could further deteriorate the infant’s nutritional condition (Mulyani et al. 2024).

Overall, the examination results demonstrated positive clinical development, characterized by increased body weight, a more stable general condition, improved activity and responsiveness, and the absence of hypothermia, edema, infection, or acute complications. These findings indicate a favorable response to the care provided. Nevertheless, infants with a history of severe malnutrition require regular monitoring of growth and development, as well as appropriate breastfeeding and complementary feeding according to age, to maintain and further improve their nutritional status (Setiyaningrum et al. 2024).

Analysis

Based on the subjective and objective assessment findings, baby “T,” aged 6 months, was diagnosed with severe acute malnutrition of the marasmus type, characterized by a severely thin body, low body weight, decreased muscle mass, prominent ribs, sunken eyes, thin and dull hair, and dry and wrinkled skin without edema. These conditions indicate a prolonged deficiency of energy and nutrients that has affected the baby’s growth and general condition.

Potential problems that need to be anticipated include the risks of hypothermia, infection, growth impairment, and developmental delay. The risk of hypothermia is associated with low body fat reserves, which may reduce the baby’s ability to maintain body temperature.

Furthermore, severe malnutrition can weaken the immune system, making the baby more susceptible to infections. Persistent inadequate intake of energy and nutrients may also impair physical growth and potentially affect the baby’s development. Therefore, continuous monitoring of body temperature, signs of infection, growth, development, and fulfillment of the baby’s nutritional needs is required. During the monitoring period, the baby’s body temperature remained at 36.5°C, and no signs of hypothermia or infection were observed. However, these risks still need to be addressed through preventive measures and regular monitoring (Rakhmawati et al. 2024).

Management

The care plan provided for infant “T” included continuing breastfeeding and providing complementary foods (MP-ASI) according to the infant’s age and nutritional needs, while considering the type, texture, amount, frequency, and the infant’s ability to accept food. The mother was advised to provide a variety of complementary foods containing adequate energy and protein to support the fulfillment of the infant’s nutritional needs and growth, while applying the principles of responsive feeding in a gradual, patient, and non-coercive manner. The mother was also educated on selecting fresh, safe, and nutritious food ingredients and preparing food while maintaining proper hygiene. Hand hygiene, feeding utensils, food ingredients, and the infant’s environment should be maintained to prevent contamination and reduce the risk of infection.

In addition, the mother was advised to keep the baby warm by providing appropriate clothing, keeping the baby’s body dry, and avoiding exposure to cold air. Body temperature was monitored regularly as an early detection measure for the risk of hypothermia. The baby’s growth was monitored through periodic measurements of body weight, body length, mid-upper arm circumference (MUAC), head circumference, chest circumference, and other anthropometric indicators. The results were then compared with previous examinations to assess changes in nutritional status and the baby’s response to the care provided. The baby’s general condition and vital signs were also monitored, including pulse rate, respiratory rate, body temperature, the ability to breastfeed and tolerate complementary foods (MP-ASI), as well as the presence of vomiting, diarrhea, decreased activity, or signs of infection. The mother was educated about danger signs in infants, such as fever, low body temperature, repeated vomiting, diarrhea, difficulty breathing, seizures, refusal to breastfeed or eat, and increasing weakness or unresponsiveness, so that immediate medical attention could be sought if any of these conditions occurred (Wijhati et al. 2021).

The baby’s development was monitored according to age-appropriate developmental milestones. The mother was encouraged to provide simple stimulation through play activities, talking and smiling with the baby, and allowing the baby to move safely. The mother was also motivated to take an active role in caring for the baby at home and to consistently follow recommendations regarding nutrition, hygiene, warmth, and prevention of complications. Furthermore, the mother was advised to attend regular follow-up visits at a healthcare facility to monitor the baby’s nutritional status, growth, development, nutritional intake, and overall health condition. Continuous monitoring is necessary

because an increase in body weight and improvement in general condition over a short period do not necessarily indicate that the problem of severe malnutrition has been completely resolved. Therefore, care should be continued comprehensively with the active involvement of the mother and family.(Nabila et al. 2026).

Table 1. Anthropometric Development and Vital Signs of Baby “T”

Parameter	Visit I	Visit II	Visit III
Body weight	3,000 g	3,300 g	3,550 g
Body length	57 cm	57 cm	57 cm
Head circumference	34 cm	34 cm	34 cm
Chest circumference	32 cm	32 cm	33 cm
Abdominal circumference	37 cm	37 cm	37 cm
Mid-upper arm circumference (MUAC)	10 cm	–	–
Pulse rate	130 beats/minute	120 beats/minute	118 beats/minute
Temperature	36.5°C	36.5°C	36.5°C
Respiratory rate	40 breaths/minute	40 breaths/minute	40 breaths/minute
General condition	Weak and apathetic	Improving	More active and responsive

CONCLUSION

Based on the results of midwifery care provided to baby “T,” aged 6 months, with severe acute malnutrition of the marasmus type at Mawasangka Public Health Center, it can be concluded that the baby’s condition was characterized by very low body weight, a severely thin body, decreased muscle mass, prominent ribs, an aged facial appearance, sunken eyes, thin and dull hair, and dry and wrinkled skin without edema in the extremities. Initial measurements showed a body weight of 3,000 grams, a body length of 57 cm, and a mid-upper arm circumference (MUAC) of 10 cm.

Midwifery care was provided comprehensively through the application of the seven-step Varney midwifery management approach and SOAP documentation. The interventions included monitoring vital signs and anthropometric measurements, maintaining the baby’s body temperature, continuing breastfeeding, providing complementary foods in the form of carrot and egg porridge, implementing responsive feeding practices, maintaining food and environmental hygiene, and educating the mother about infant care and danger signs.

During the three visits, the baby’s body weight increased from 3,000 grams to 3,300 grams and subsequently to 3,550 grams, with a total increase of 550 grams. The baby’s general condition also improved from initially weak and apathetic to more active and responsive. The baby tolerated complementary foods well without vomiting or difficulty swallowing, was not fussy, and showed an improved sleep pattern. Vital signs remained relatively stable, with body temperature maintained at 36.5°C throughout the monitoring period; therefore, no signs of hypothermia or acute complications were observed.

The provision of carrot and egg porridge was part of the overall nutritional care, but the increase in body weight and improvement in the baby’s condition cannot be attributed solely to this intervention. The positive changes may also have been influenced by breastfeeding, maternal education, home care, food hygiene, regular monitoring, and the baby’s overall health condition. Since this study involved only one subject and did not include a comparison group, a direct causal relationship cannot be established (Yulianeu and Rahmayati 2017).

Therefore, the midwifery care provided demonstrated positive outcomes during the observation period. However, infants with severe malnutrition require long-term monitoring of body weight, body length, MUAC, development, food intake, and the possibility of infection and other complications. Continuous monitoring at healthcare facilities is necessary to support optimal growth and development (Zamaa et al. 2025).

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