

## MIDWIFERY CARE FOR BABY Mrs. "S" AGED 6 MONTHS AND 4 DAYS WITH MALNUTRITION

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### ARTICLE INFORMATION

Received: 5 August 2025  
Revised : 9 September 2025  
Accepted: 14 October 2025  
DOI:

### KEYWORDS

Midwifery Care; Implants; Family Planning

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### A B S T R A C T

**Background:** Malnutrition in infants is a condition of nutritional deficiency that can impair growth and development and increase the risk of morbidity and mortality. Meeting the nutritional needs of 6-month-old infants can be achieved through adequate breastfeeding and complementary feeding (MP-ASI). Carrot porridge as complementary food can be an alternative to help meet infants' nutritional needs. Based on these conditions, the author was interested in conducting a case study of midwifery care for Mrs. "S"'s 6-month-old infant with malnutrition at the Mawasangka Community Health Center, Central Buton Regency. **Objective:** To provide midwifery care for Mrs. "S"'s 6-month-old infant with malnutrition through the provision of carrot porridge as complementary food using Varney's 7-step management and SOAP documentation. **Reporting Method:** A case study method was used with the 7-step Varney midwifery care management approach and SOAP documentation. **Results:** The 6-month-old infant of Mrs. "S" with malnutrition received care including monitoring of vital signs and growth, nutritional education, recommendations for adequate breastfeeding and complementary feeding, and provision of carrot porridge. The evaluation showed that the mother understood the information provided, the infant's vital signs were within normal limits, the infant accepted carrot porridge, appetite increased, general condition improved, and body weight increased. **Conclusions and Recommendations:** Midwifery care for Mrs. "S"'s infant with malnutrition was implemented according to Varney's 7-step management. Carrot porridge as complementary feeding may support nutritional needs and improvement of the infant's nutritional status. Midwives are expected to provide education on appropriate breastfeeding and complementary feeding and monitor infant growth regularly.

### INTRODUCTION

Infants are individuals undergoing a very rapid stage of growth and development, requiring special attention and optimal fulfillment of basic needs to support their survival and quality of growth and development. Infancy is a crucial period because physical growth and organ development occur rapidly, requiring optimal nutritional needs to be met (Organization, 2025). Malnutrition in infants is a form of malnutrition that occurs due to an imbalance between nutrient intake and needs and can affect growth, physiological development, and immune system function. Malnutrition can be assessed using anthropometric indicators based on WHO growth standards and requires appropriate treatment due to the risk of health complications (Pertiwi, Hardiyanti and Heryyanoor, 2022)

Malnutrition in infants is influenced by various interrelated factors, including inadequate nutritional intake, family socioeconomic conditions, parenting styles and parental knowledge, infectious diseases, and inadequate sanitation and environmental conditions. A history of insufficient energy and protein intake during pregnancy can also increase the risk of low birth weight in infants, which is further linked to nutritional problems in early life (Ibrahim and Saputra, 2024). A mother's nutritional status during pregnancy also influences fetal growth and development. Mothers with Chronic Energy Deficiency (CED) are at risk of delivering babies with low birth weight and stunted growth, so monitoring maternal nutritional status and providing quality antenatal care are essential to prevent nutritional problems early on (Mutia, Sofiana and Samrida, 2024).

Malnutrition in infants can have serious impacts on health and growth. Nutritional deficiencies can inhibit brain growth, reduce immune function, increase the risk of infection, and lead to impaired motor and cognitive development. In the long term, malnutrition in early life can also impact the quality of human resources and productivity in adulthood (Renyot, 2021). In addition, malnutrition in the first two years of life is associated with impaired brain development, learning ability, and the risk of health problems in later life stages, so nutritional interventions need to be carried out as early as possible (Victoria *et al.*, 2021).

Acute malnutrition remains a global public health concern. WHO and UNICEF data show that tens of millions of children under five worldwide suffer from wasting, necessitating mitigation efforts through improved nutrition, sanitation, access to nutritious food, and health services (Zulfiana, Fatmawati and Pratiwi, 2024).. In Indonesia, wasting is still a problem. Data from the Indonesian Nutritional Status Survey shows that the prevalence of wasting in toddlers remains above the national target, necessitating a sustainable, regional-based response strategy (Kementrian kesehatan Republik Indonesia, 2022).

Nutritional problems are also still found in Southeast Sulawesi. Data presented in regional research indicates that wasting remains a nutritional issue that requires attention through improved nutritional interventions and maternal and child health services (Fadmi *et al.*, 2024). In Central Buton Regency, nutritional issues among toddlers are still being identified. Research shows that toddlers are underweight, stunted, and have poor nutritional status, necessitating strengthened nutritional interventions, nutrition education for parents, and growth monitoring through primary health care services (Wulandari, Margawati and Rahfiludin, 2022).

This condition was also found in the Mawasangka Community Health Center's work area. Data from the Mawasangka Community Health Center for 2023–2025 showed cases of malnutrition in toddlers, with 14 cases in 2023, 1 case in 2024, and 4 cases in 2025. Although the number of cases varies annually, the persistence of cases of malnutrition indicates the need for growth monitoring, increased nutritional interventions, and education for parents regarding optimally meeting children's nutritional needs (Puskesmas Mawasangka, 2025)

Meeting nutritional needs is a crucial part of addressing infant nutritional issues. At 6 months, a baby's energy and nutrient needs begin to increase, so breast milk needs to be supplemented with age-appropriate, nutritious, and safe complementary foods (MP-ASI) that are introduced gradually according to the baby's ability (Lestiarini and Sulistyorini, 2020).. Providing complementary foods with good nutritional content is necessary to support infant growth and development. Carrots are one food that can be included in complementary foods because they contain  $\beta$ -carotene, a precursor to vitamin A and plays a role in supporting vision and the immune system (Nekitsing and Hetherington, 2022).

Providing a diverse and nutrient-rich complementary food (MP-ASI) can be part of efforts to meet the nutritional needs of infants with nutritional issues. Carrot porridge, as one form of MP-ASI, can be used as a complementary intervention in midwifery care, while still considering the infant's needs, eating ability, and condition. Utilizing readily available local food ingredients can also support the provision of appropriate complementary foods for infants (Babys, Dewi and Rahardjo, 2022).

Based on the continued discovery of cases of malnutrition in the working area of the Mawasangka Community Health Center and the importance of fulfilling nutrition for 6-month-old infants, comprehensive midwifery care is needed through growth monitoring, nutrition education for parents, and providing complementary feeding (MP-ASI) according to the infant's needs. Therefore, the author is interested in conducting a case study of midwifery care for Mrs. "S" aged 6 months and 4 days with malnutrition through the provision of carrot porridge MP-ASI at the Mawasangka Community Health Center, Central Buton Regency in 2025. The purpose of this case study is to implement midwifery care for Mrs. "S" with malnutrition through Varney's seven-step midwifery care management and SOAP documentation.

## METHODS

This study used a descriptive observational method with a case study approach to in-depth describe the implementation of midwifery care for infants with malnutrition. Care was provided using Varney's seven-step midwifery management, which includes data assessment, baseline data interpretation, identification of actual diagnoses or problems, identification of potential diagnoses or problems, identification of the need for immediate or collaborative intervention, care planning, implementation, and evaluation. Care documentation was conducted using the SOAP (Subjective, Objective, Assessment, and Plan) format.

The case study was conducted at the Mawasangka Community Health Center in Central Buton Regency from December 2, 2025, to January 23, 2026. The subject was Mrs. "S," a 6-month-and-4-day-old infant diagnosed with malnutrition. Subject selection was based on anthropometric measurements indicating malnutrition according to the growth standards used in the care.

The data used consisted of primary and secondary data. Primary data were obtained directly through interviews with the mother or family, physical examinations, anthropometric measurements,

and observations of the infant's condition. Measurements included weight, length, head circumference, mid-upper arm circumference, and vital signs. Data regarding pregnancy history, delivery, breastfeeding and complementary feeding, medical history, parenting patterns, and infant feeding habits were obtained through interviews. Secondary data were obtained from the Maternal and Child Health Handbook (KIA), medical records, previous weighing records, and nutritional status data available at the Mawasangka Community Health Center

Data collection techniques included interviews, physical examinations, and observation. Observations included the infant's general condition, level of consciousness and response to stimulation, appetite and ability to accept complementary feeding, breathing patterns, skin color and signs of dehydration, the infant's interaction with the mother or family, and the infant's response to carrot porridge complementary feeding. Interventions included carrot porridge complementary feeding according to the infant's needs and eating abilities, with monitoring for food acceptance, swallowing ability, and the possibility of vomiting, diarrhea, or signs of allergies.

Data analysis was conducted descriptively by collecting the results of interviews, examinations, and observations, then organizing the data into Varney's seven-step midwifery care management and SOAP documentation. The results of the care were then compared with the theory and standards used to determine the development of the infant's condition during the care process.

The case study adhered to ethical principles of informed consent, anonymity, and confidentiality. Consent was obtained prior to care delivery, the subject's identity was protected using initials, and all information regarding the infant's condition was kept confidential..

## **RESULTS & DISCUSSION**

### **Subjective Data**

The assessment of Mrs. "S" on February 8, 2026, at 8:35 a.m. WITA (Central Indonesian Time) at Mrs. "S"'s home revealed that the baby, a girl, was her first child, born spontaneously on July 5, 2025, with a birth weight of 2,700 grams and a length of 48 cm. The mother reported that the baby appeared weak, had lost weight, had a poor appetite, and was easily tired during feedings, a complaint she had been experiencing for approximately two months. The mother stated that the baby was still breastfed, but often stopped breastfeeding due to fatigue. She had 2–3 bowel movements daily with a soft consistency and 5–6 urinations daily.

At the second visit on February 14, 2026, the mother reported that the baby had been regularly given carrot porridge since the previous visit. The baby appeared more alert, was less fussy, and had an increasing appetite. Her bowel movements and urination were regular, and she had no other complaints.

At the third visit on February 20, 2026, the mother stated that the baby was regularly receiving breast milk and carrot porridge every day. His appetite had improved, he appeared more active, was less fussy, and was sleeping better. His bowel movements and urination were normal, and he had no vomiting or diarrhea.

### **Objective Data**

On January 8, 2026, the baby's general condition was weak, his consciousness was *compos mentis*, and he appeared thin. Vital signs were a heart rate of 130 beats/minute, a temperature of 36.5°C, and a respiratory rate of 40 breaths/minute. He weighed 3,200 grams, had a length of 58 cm, and had a head circumference of 38 cm.

Physical examination revealed a relatively large head compared to the body, with wide open fontanels, thin hair that falls out easily, slightly pale conjunctiva, dry lips and oral mucosa, a sunken abdomen with visible peristalsis, and very thin extremities with weak muscle tone. The rooting reflex was positive but slow, the sucking reflex was positive but weak and the baby tired quickly, the swallowing reflex was positive, the grasp reflex was positive but weak, the Moro reflex was positive but incomplete, and the Babinski reflex was positive.

On January 14, 2026, the baby's general condition was good and active. He weighed 3,300 grams, had a length of 59 cm, a head circumference of 38.5 cm, a temperature of 36.6°C, a pulse rate of 125 beats/minute, and a respiratory rate of 38 breaths/minute. His skin was not dry, had good turgor, his eyes were not sunken, and his oral mucosa was moist.

On January 20, 2026, his general condition was good, active, and responsive. His temperature was 36.7°C, a pulse rate of 124 beats/minute, a respiratory rate of 36 breaths/minute, a weight of 3,550 grams, a length of 60 cm, and a head circumference of 39 cm. He appeared more active, had an improved sucking reflex, improved muscle tone, fuller extremities, and good skin turgor.

## **Assessment**

Based on subjective and objective data dated February 8, 2026, Mrs. "S," 6 months and 4 days old, was diagnosed with general weakness and malnutrition, with a potential risk of dehydration.

At the second visit on February 14, 2026, Mrs. "S" was diagnosed with good general condition, improving nutritional status, and no signs of dehydration.

At the third visit on February 20, 2026, Mrs. "S" was diagnosed with good general condition and improving nutritional status, indicated by weight gain, improved appetite, increased activity, and no signs of dehydration.

## **Management**

Management on February 8, 2026, included monitoring the baby's general condition and vital signs, encouraging the mother to breastfeed on demand, gradually introducing soft carrot puree as complementary foods, and educating the mother on how to prepare clean and appropriate food for the baby's abilities. The mother was also educated on fluid intake, monitoring urination and bowel movements, signs of dehydration, and the importance of weight monitoring.

On February 14, 2026, the mother was encouraged to continue breastfeeding on demand and regularly feed carrot porridge, approximately 4–5 tablespoons at each feeding, 2–3 times daily, depending on the baby's ability. Weight was monitored, and the mother was encouraged to pay attention to urination and bowel movements, as well as the baby's general condition.

On February 20, 2026, the mother was encouraged to continue breastfeeding on demand and gradually introduce complementary foods and other nutritious foods. The mother was educated about balanced nutrition, food and eating utensils hygiene, and the importance of regularly monitoring the baby's growth and development.

Evaluation results showed an increase in the baby's weight from 3,200 grams to 3,300 grams at the second visit and 3,550 grams at the third visit. The baby's general condition improved, with more activity, an increased appetite, a clearer skin tone, good skin turgor, and no signs of dehydration.

## **DISCUSSION**

### **Subjective Data**

Based on the assessment results, the mother reported that the baby appeared weak, had lost weight, had a poor appetite, and tired easily while breastfeeding. These conditions indicate a problem meeting the baby's nutritional needs. Collecting subjective data through interviews is a crucial stage in midwifery care because it can provide insight into the mother's complaints, patterns of meeting basic needs, and the baby's condition.

According to Mumtihan, Thamrin, and Sharief (2023), data collection is conducted systematically through interviews, observations, and examinations to obtain information as a basis for determining diagnosis and care. This aligns with the case of Mrs. "S," where the assessment included not only the primary complaint but also nutritional history, elimination patterns, pregnancy and delivery history, and the baby's condition at home (Mumtihan, Thamrin and Sharief, 2023).

Nurseha et al. (2025) stated that assessments of children with nutritional problems require attention to parenting patterns, food intake, health conditions, and the child's growth and development. In the case of Mrs. "S," complaints of fatigue during breastfeeding and a lack of appetite are important data supporting the presence of nutritional problems (Nurseha *et al.*, 2025).

During the second and third visits, the mother reported that her baby was more active, less fussy, had an increased appetite, and slept better after routine breastfeeding and complementary feeding. These changes indicate that the mother was able to follow the recommendations given during the care process.

Kusnaeni and Kusumawati (2021) explain that family involvement is one of the factors supporting the successful fulfillment of a child's nutritional needs. Therefore, maternal involvement in breastfeeding, complementary feeding, and monitoring the baby's condition is a crucial part of ongoing care (Kusnaeni and Kusumawati, 2021).

### **Objective Data**

Initial examination results showed the baby was weak and underweight, weighing 3,200 grams, with a body length of 58 cm, and a head circumference of 38 cm. Dry skin and lips, a sunken abdomen, very thin extremities, and weak muscle tone were also found.

Nurseha et al. (2025) explain that anthropometric measurements are an important part of assessing a child's growth and nutritional status. Measuring weight and length can be used to identify growth disorders, allowing for early detection and treatment of nutritional problems. (Nurseha *et al.*, 2025)..

According to Sari, Pertiwi, and Diana (2024), assessment of a child's nutritional status is based on anthropometric standards for age and gender. In the case of Mrs. "S," her very low birth weight and thin physical condition were the basis for determining the presence of a nutritional problem requiring monitoring and intervention (Sari, Pertiwi and Diana, 2024).

Signs of dry skin and lips during the initial examination are also of concern because they can indicate suboptimal fluid intake. Pitaloka (2024) explains that children with nutritional problems are at risk of fluid imbalance if their nutritional and fluid intake is not adequately met (Pitaloka, 2024).

After the care was given, examinations at the second and third visits showed changes in the form of increased body weight, improved general condition, skin that was not dry, good turgor, eyes that were not sunken, and moist oral mucosa. Gumelar (2018) stated that changes in body weight and physical condition can be used as part of the evaluation of the development of children with nutritional problems.

### **Assessment**

Berdasarkan hasil pengkajian subjektif dan objektif, pada kunjungan pertama ditegakkan diagnosis bayi Ny. "S" usia sekitar 6 bulan dengan keadaan umum lemah dan gizi buruk, serta terdapat risiko dehidrasi. Penetapan diagnosis dilakukan berdasarkan hasil interpretasi seluruh data yang telah diperoleh.

Mumtihan, Thamrin dan Sharief (2023) menjelaskan bahwa setelah data subjektif dan objektif dikumpulkan, data tersebut perlu dianalisis untuk menentukan diagnosis dan masalah yang dialami pasien. Dalam kasus ini, keluhan bayi yang lemah dan kurang nafsu makan didukung oleh hasil pemeriksaan antropometri dan fisik yang menunjukkan kondisi gizi kurang baik (Mumtihan, Thamrin and Sharief, 2023)..

Sari, Pertiwi dan Diana (2024) menjelaskan bahwa penilaian status gizi perlu memperhatikan hasil antropometri berdasarkan standar pertumbuhan anak. Hal tersebut sesuai dengan kasus bayi Ny. "S" yang memiliki berat badan sangat rendah sehingga memerlukan pemantauan dan intervensi gizi (Sari, Pertiwi and Diana, 2024)..

Sudarman, Aswadi dan Masniar (2019) menjelaskan bahwa pola pemberian makanan, kualitas makanan, serta kondisi kesehatan anak dapat berhubungan dengan terjadinya masalah gizi. Oleh karena itu, kondisi bayi Ny. "S" perlu ditangani melalui perbaikan pola pemberian nutrisi dan pemantauan kesehatan secara berkelanjutan (Sudarman, Aswadi and Masniar, 2019).

Masalah potensial berupa risiko dehidrasi juga perlu diperhatikan. Yuniarti, Margawati dan Nuryanto (2019) menjelaskan bahwa masalah gizi pada anak dapat berkaitan dengan peningkatan kerentanan terhadap gangguan kesehatan sehingga pemantauan kondisi dan pemenuhan kebutuhan nutrisi menjadi penting (Yuniarti, Margawati and Nuryanto, 2019).

Pada kunjungan berikutnya tidak ditemukan tanda dehidrasi dan kondisi bayi mengalami perbaikan. Hal ini menunjukkan bahwa masalah yang ditemukan pada kunjungan pertama perlu terus dipantau untuk memastikan kondisi bayi tetap membaik.

### **Management**

The management provided to Mrs. "S"'s baby included monitoring vital signs, providing on-demand breastfeeding, gradually introducing complementary foods, educating the mother, monitoring weight gain, and monitoring for signs of dehydration.

Mumtihan, Thamrin, and Sharief (2023) stated that regular monitoring is necessary to monitor the patient's condition and evaluate the effectiveness of the care provided. This was implemented in the case of Mrs. "S" through examinations at each visit (Mumtihan, Thamrin and Sharief, 2023).

Complementary feeding (MPASI) for infants around 6 months of age is provided gradually, with attention to texture and quantity, according to the infant's ability. Irwan et al. (2020) explain that utilizing local food ingredients can be an alternative in providing supplementary feeding, while considering the nutritional content and needs of children.

Towapo, Kadir, and Amalia (2020) also discuss the use of local food ingredients as part of meeting children's nutritional needs. In this case, carrot porridge is used as a complementary feeding supplement, introduced gradually alongside breast milk (Towapo, Kadir and Amalia, 2020).

Agustin et al. (2024) explained that nutritional and fluid needs must be met in children with nutritional problems. Therefore, Mrs. "S" continued breastfeeding, while complementary feeding was gradually introduced according to the baby's ability (Agustin *et al.*, 2024).

In addition to providing food, mothers are educated on how to prepare food cleanly. Emmaria et al. (2024) explain that family knowledge and education are crucial in efforts to improve children's nutritional needs. Education is also necessary so that mothers can continue care and meet nutritional needs at home (Emmaria *et al.*, 2024).

Kusnaeni and Kusumawati (2021) emphasized the importance of family involvement in implementing nutritional interventions. In this case, the mother followed recommendations by regularly providing breast milk and complementary foods and monitoring the baby's condition (Kusnaeni and Kusumawati, 2021)..

The evaluation showed an increase in weight from 3,200 grams at the first visit to 3,300 grams at the second visit and 3,550 grams at the third visit. Gumelar (2018) explains that weight gain and changes in physical condition are indicators that can be used to assess a child's development during monitoring.

Abadi, Ananda, and Mowuta (2022) explain that appropriate and continuous nutritional support can support improvements in the condition of children with nutritional problems. In this case, the improvement in the baby's condition was seen simultaneously with breastfeeding, complementary feeding, education, and growth monitoring (Abadi, Ananda and Mowuta, 2022).

However, Mutia, Sofiana, and Samrida (2024) and Fatkhiyah, Rejeki, and Atmoko (2020) suggest that evaluating local food interventions requires consideration of the limited monitoring time and number of cases. Therefore, the weight gain in Mrs. "S"'s baby indicates positive development during the care period, but ongoing growth and development monitoring is still required (Mutia, Sofiana and Samrida, 2024).

Thus, there is a congruence between the theory and the results of care for Mrs. "S." The care provided included condition monitoring, nutritional support through breast milk and complementary feeding, family education, and weight monitoring. During three visits, there was improvement in general condition, increased appetite, increased activity, weight gain, and no signs of dehydration.



**Figure 1.** Condition of a baby with severe malnutrition

## CONCLUSION

After midwifery care for Mrs. "S" with severe malnutrition using Varney's 7-step approach, the initial assessment revealed that the baby was weak, weighing 3,200 grams, with a length of 58 cm, and a head circumference of 38 cm, and at risk of dehydration. Care was provided through monitoring her condition and weight, providing breastfeeding on demand, gradually introducing complementary foods such as carrot porridge, and educating the mother about nutritional needs and infant care. After three monitoring visits, the baby's condition improved, as evidenced by increased activity, an increased appetite, no signs of dehydration, and an increase in weight to 3,550 grams. Based on these results, it is hoped that educational institutions can improve teaching and reference materials regarding infant nutrition issues, practice settings can improve early detection and monitoring of infant growth, and students can improve their knowledge and skills in providing midwifery care to babies with nutritional problems.

## ACKNOWLEDGEMENTS

The author also expresses his deepest gratitude to his beloved parents and family, who have consistently provided prayers, affection, support, motivation, and moral and material assistance throughout his education and the completion of this Final Project. He also extends his gratitude to all the lecturers and staff of the DIII Midwifery Study Program at Baubau Polytechnic, who have provided knowledge, guidance, and support throughout the educational process. He also extends his gratitude to his fellow students who have provided encouragement, assistance, and companionship during the preparation of this Final Project. He also extends his gratitude to all parties whom he cannot mention individually who have assisted, directly or indirectly, in completing this report.

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