MIDWIFERY CARE FOR A 5 MONTH 3 DAY OLD BABY WITH MILD DEHYDRATION DIARRHEA AT WAJO HEALTH CENTER

Wa Ode Nirmala Sari 1*, Sri Ernawati 2, Wa Ode Nurul Mutia3

^{1,2,3}Politeknik BauBau,Indonesia

ARTICLE INFORMATION

Received: 14 September 2024 Revised: 21 September 2024 Accepted: 25 October 2024

DOI:

KEYWORDS

Midwifery Care; Baby; Mild Dehydration Diarrhea

CORRESPONDING AUTHOR

Name : Wa Ode Nirmala Sari Address: Jl. Dayanu Ikhsanuddin, Baubau Email : waodenirmalasari849@gmail.com

ABSTRACT

Background: Diarrhea is a disease characterized by a change in the shape and constitution of a soft to liquid stool, as well as an increase in frequency of more than 5 times a day. The purpose of preparing this final project report is to provide midwifery care to a baby aged 5 months and 3 days with mild dehydration diarrhea problems at Puskesmas Wajo Bau-Bau City. Subject: The research subject in this study was a 5-month-old NY baby. "M" with mild dehydration diarrhea problem at Wajo Community Health Center. The method used in this study uses a case study using Varney's seven steps and SOAP. Results: Subjective data obtained by the mother complained that her baby often defecated with very liquid constitution, the baby was hot and fussy. Objective data obtained General condition of the baby appears weak, component consciousness, body weight: 7.1 kilograms, head circumference: 37 cm, body length: 67 cm, sex: female. Vital signs: Pulse: 145 x/min, Breathing: 50 x/min, Temperature: 38.0°C. The management carried out is to give the baby zinc supplements, give breast milk every time the baby is fussy, encourage the mother to keep her breasts clean before and after holding the baby. In conclusion, a midwifery care plan has been carried out in a baby aged 5 months and 3 days, namely by installing an IV and giving zinc supplements.

INTRODUCTION

Children are an important component of a nation's society. As the new generation and successors to previous national leaders, they have a strong desire to support the nation's culture in all aspects of its development. Therefore, children need to receive quality education, protection, and care so that they can develop optimally. A child who grows and develops well with his parents will develop his characteristics over time (Ernawati et al., 2022).

Health is one of the most important factors in child growth and development. Poor child health affects several aspects related to growth, development, and activity. Infectious diseases are one of the most important public health problems in developing countries. The World Health Organization (WHO) states that infectious diseases are the main cause of malnutrition in children. Diarrhea is a common symptom related to infections that is commonly seen in children (Putri & Hastuti, 2024).

Diarrhea is defined as a phenomenon in which there is a significant increase in air volume due to an infectious disease. If the child's air volume is more than 10 ml/kg per day, we call it diarrhea. Continuous, loose, and frequent bowel movements (usually more than three times in 24 hours) (Anggraini & Kumala, 2022). Diarrhea in children is not necessarily fatal. In general, if an unbalanced diet results in fatalities, such as dehydration, then immediate medical attention is needed (Wulandari et al., 2022). Dehydration is a condition in which the body experiences sudden changes. This occurs because the body releases less fluid than the available fluid. There are several causes of low fluid levels in the body, such as burns and excessive sweating. In addition, digestive tract disorders such as vomiting and diarrhea can also cause dehydration (Maulana et al., 2021).

In Indonesia, each child lives between 2 and 8 days per year, with an average of 3.3 days. According to data from the Indonesian Ministry of Health (Kemenkes RI), 273 children die every day, 11 children die every hour, and 1 child dies every 5.5 months. Health workers in Indonesia still face challenges, according to a morbidity survey conducted by the Ministry of Health's Diarrhea Bureau from 2000 to 2010. In 2000 the number was around 301/1000, in 2003 374/1000, and in 2006 423/1000 (Fahira et al., 2021).

Based on the description above, the researcher wants to provide care to the baby who is suffering so that it can be discussed and does not cause further adverse effects. Based on the results of the

intervention at the Wajo Health Center in Baubau City, the baby was given three days and five months to overcome his mild problems. With the title "Midwifery Care for a 5 Month 3 Day Old Baby with Mild Dehydration Diarrhea Problems at the Wajo Health Center", the author is interested in providing midwifery care to Baby Mrs. M. who is experiencing mild dehydration.

METHODOLOGY

The reporting method uses a case study method that aims to produce descriptive data about a particular study or case. Midwifery care management in this study includes midwifery care management according to Helen Varney which includes subjective and objective analysis, identification of current and potential problems, identification of urgent needs, intervention planning, implementation, and evaluation. Midwifery care for 5-month-3-day-old rice and diarrhea problems at the Wajo Health Center in Bau-Bau City are the focus of this case study, which uses Varney's seven steps as a guide.

The research location was conducted at the Wajo Health Center in Bau-Bau City. The investigation implementation date was from January 15, 2024 to March 8, 2024. The research subjects taken were infants with diarrhea and mild dehydration.

RESULTS & DISCUSSION

Subjective Data

On February 5, 2024, a mother came to the Wajo Health Center complaining that her baby had diarrhea. The mother complained that her baby often had very liquid stools, was hot and fussy. The mother said that her baby had often had liquid stools since 2 days ago. The mother said that her baby had more than 5 bowel movements a day with a liquid consistency, had a foul and pungent odor. Because of this condition, the baby's rest time was irregular, he did not sleep soundly and often cried or was fussy. The mother was afraid that her child would become dehydrated due to continuous bowel movements.

Objective Data

The general condition of the baby looks weak, Weight: 7.1 kg, head circumference: 37 cm, body length: 67 cm, the baby looks weak, competent consciousness, and gender: female. Vital signs: Temperature: $38.0\,^{\circ}$ C, Respiration: $50\,^{\circ}$ x / minute and Pulse: $145\,^{\circ}$ x / minute. Physical examination shows dry and inflexible skin. Head: The baby's scalp is clean. His face is pale. Eyes: Sunken eyes. Nose: No polyps in the nose. Mouth: Dry and pale mouth and lips appear chapped. Ears: The ears are not too strong. Neck: There is no swelling of the jugular veins or thyroid glands in the neck. Bilateral symmetry is an example. For example, symmetrical nipples are clearly visible and there are no lumps. A feeling of fullness appears in the stomach. Vulva: Slightly swollen and slightly red area symmetrically on the left and right.

Analysis

5 month 3 day old baby with mild dehydration diarrhea problem

Management

The actions taken include installing an IV drip, encouraging the mother to breastfeed more often, and giving zinc supplements.explain to the mother and family about the dangers of diarrhea, advise the mother not to consume foods that can trigger diarrhea such as cow's milk, chocolate, foods that contain gas such as sweet potatoes and nuts, spicy foods, and caffeinated drinks.

DISCUSSION

Subjective Data

On February 5, 2024, a mother came to the Wajo Health Center complaining that her baby had diarrhea. The mother complained that her baby often had very liquid stools, was hot and fussy. The mother said that her baby had often had liquid stools since 2 days ago. The mother said that her baby had more than 5 bowel movements a day with a liquid consistency, had a foul and pungent odor. Because of this condition, the baby's rest time was irregular, he did not sleep soundly and often cried or was fussy. The mother was afraid that her child would become dehydrated due to continuous bowel movements.

Dehydration is a condition where the body lacks air due to complications caused by various factors. Dehydration occurs because the amount of air is greater than the supply, but the amount of fluid

is also related to lack of energy. Nausea, burns, excessive sweating, third space syndrome, gingivostomatitis, fever, influenza, and other diseases can cause dehydration in children under 1 year of age (children). 2-4. Diarrhea is the main cause of dehydration (Bakry et al., 2023)

Diarrhea is a large liquid air bubble that occurs more than three times a day. Generally diarrhea that occurs can be self-sufficient and non-verbal, but severe diarrhea can cause dehydration and can be dangerous for children. Dehydration is a potentially fatal condition when the body lacks air, especially if it does not occur at the speed described (Jayanto et al., 2020). Early MPASI is one of the causes of high infections such as allergies, diarrhea and respiratory infections that develop into growth disorders (Mutia, 2024).

Objective Data

The general condition of the baby looks weak, componentis consciousness, weight: 7.1 kilograms, head circumference: 37 cm, body length: 67 cm, gender: female. Vital signs: pulse 145 x / minute, breathing 50 x / minute, and temperature 38.0 C. The results of the physical examination showed that the skin looked dry and not flexible. Head: The baby's scalp is clean. He looks pale, his face. Eyes: The eyes have a concave area. Nose: There are no polyps in the nose. The chapped mouth looks dry, pale, and pleated. Ears: The ears are not too strong. There is no swelling of the jugular vein or thyroid gland in the neck. Left and right symmetry is an example. Chest: Symmetrical left and right, nipples appear prominent and not brick. Body parts: looks swollen. Vulva: This area is quite large

Diarrhea is a constant change in temperature from low to high and occurs in bowel movements including three times a day with or without blood and mucus. Diarrhea is one of the main causes of death and morbidity in children aged 0-12 years in developing countries. This event can be explained by the consumption of foods other than breast milk (ASI) before the beginning of the month. In general, the causes are classified as follows: allergies, malabsorption, health disorders, infections, immune deficiencies, etc. (eg dysfunction and malnutrition) (Bayu et al., 2019).

Several clinical symptoms identified in the literature as indicators of dehydration, such as dry throat, viewing time > 2 seconds, pain in the eye, dyspnoea, abnormal springiness, pattern, mucosal kerning, sunken eyes, abnormal radial pulse (weak), tachycardia, increased urine output and percussion. Dehydration is generally characterized by changes in vital signs such as body temperature, pulse rate, respiratory rate and blood pressure (Suharto et al., 2022).

ORS is a herbal therapy developed to address fluids and electrolytes in the body but not immediately visible due to illness, injury, or other medical conditions. Depending on the dosage, it can be consumed by pets, children, and even adults. Each component of ORS contains 0.52 grams of sodium chloride (NaCl), 0.3% potassium chloride (KCl), 0.58 grams of hydrated trisodium citrate and 2.7 grams of anhydrous dextrose and can be given orally (Putri & Hastuti, 2024).

Analysis

The analysis established in this report is based on the results of subjective and objective data that have been obtained. From the results of the anamnesis, the mother said The baby often has a bowel movement with very liquid consistency, the baby is hot and fussy. The mother said that her baby often has a bowel movement with liquid consistency since 2 days ago. The mother said that her baby has a bowel movement more than 5 times a day with a liquid consistency, has a foul and pungent odor.

The examination results showed a weight of 7.1 kg, head circumference 37 cm, body length 67 cm, female gender, and the baby's weight is generally not too heavy. Essential signs: 145 x / minute for Pulse, 50 x / minute for Respiration and 38.0 C for Temperature. Physical examination findings appear dry and not elastic. Head: baby's scalp is clean. Looks pale, Eyes face: Eye area looks sunken. Nose: No polyps in the nose. Mouth pechah-pechah resembles dry, pale and lips. Bloated stomach looks. Vulva: This area is quite swollen and slightly red.

Diarrhea is the passing of large amounts of air more than three times a day; It is usually used for stomach aches and upset stomachs. Common diarrhea can be self-induced and is nonverbal, but severe diarrhea can lead to dehydration and is dangerous for children. Dehydration, or dehydration, when a person lacks fluids, can be fatal, especially in children (Jayanto et al., 2020).

Some things that will happen to a child who suffers include: a lot of breathing air with a frequency of three times a day or more often in one day, liquid or thin consistency, signs of dehydration (skin turgor, namely decreased sunken eyes, dry oral mucosa), fever, vomiting, anorexia, changes in vital signs (rapid pulse and breathing), and low air frequency. There are mild or moderate dehydration,

the child is fussy or restless, there is sunken, there is thirst, and if the skin turgor is turbed, it returns again, but slowly (Situmeang, 2024).

Several clinical symptoms identified in the literature as indicators of dehydration, such as dry throat, viewing time > 2 seconds, pain in the eye, dyspnoea, abnormal springiness, pattern, mucosal kerning, sunken eyes, abnormal radial pulse (weak), tachycardia, increased urine output and percussion. Dehydration is generally characterized by changes in vital signs such as body temperature, pulse rate, respiratory rate and blood pressure (Suharto et al., 2022).

Management

The actions taken include installing an IV drip, encouraging the mother to breastfeed more often, and giving zinc supplements.explain to the mother and family about the dangers of diarrhea, advise the mother not to consume foods that can trigger diarrhea such as cow's milk, chocolate, foods that contain gas such as sweet potatoes and nuts, spicy foods, and caffeinated drinks.

Dehydration in young children can be divided into three categories: severe, moderate, and mild dehydration. Mild dehydration is not affected. Severe dehydration due to sitting can cause disturbances in mental status, heart rate, pulse, tissue blood flow, blood pressure, breathing, eyes, skin swelling and blood circulation. Dehydration can be achieved through effective fluid intake. Breast milk (ASI) can often be given to children under 2 years of age. To ensure that your child gets enough oxygen, you can also give him foods such as vegetables and fruits to meet his fluid needs (Bakry et al., 2023).

Treatment for bowel movements can be given to patients through oral medication, zinc tablets, breast milk/nutritious food, antibiotics and education for the whole family. Zinc can work as a bactericide to kill bacteria that enter the digestive tract, improve villi function and heal us quickly. Zinc is essential for the immune system and as a protection system against infection, so it can reduce the risk. For the first time, zinc and oralit can be used to strengthen the child's resistance to breastfeeding for 10-14 hours. Zinc can be given every day for ten days. For ages over six months, one tablet is given, and for ages under six months, half a pill tablet is given (Kusumawardani & Rokhaidah, 2021).

Prolonged diarrhea in infants will eventually lead to dehydration. Dehydration in large numbers occurs due to delays in medical research. Electrolyte disturbances are complex problems and the more difficult points will be discussed later. This is a major cause of death in men who suffer from electric shock and fluid loss in the stool. Various electrolyte abnormalities, such as abnormalities in serum sodium (Na), potassium (K), chloride (Cl), calcium (Ca), and magnesium (Mg), may be associated with the observed increase in infant mortality (Nadia et al., 2022).

This diarrhea disease can be prevented and treated. Prevention of diarrhea includes various aspects such as consumption of safe drinking water, good sanitation, washing hands with soap and running water, exclusive breastfeeding for 6 months. While the way to treat diarrhea is by restoring body fluids by giving oral rehydration salt solution (ORS) and Zinc supplements. Basically, the management of dehydration due to diarrhea in toddlers and children is the same, the difference is the degree of dehydration of the toddler and the dosage in giving oralit solution and Zinc tablets. Oralit is a solution of salt, sugar and clean water and Zinc supplements must be consumed for a period of 10-14 days continuously even though the diarrhea condition is no longer occurring in the child. The provision of Zinc is accompanied by the provision of adequate nutrition for children and sufficient breast milk for babies. This management aims to prevent dehydration and malnutrition in children (Margaretta et al., 2024).

CONCLUSION

Based on the results of the anamnesis conducted, subjective data was obtained. On February 5, 2024, a mother came to the Wajo Health Center complaining that her baby had diarrhea. The mother complained that her baby often had very liquid stools, the baby was hot and fussy. The mother said that her baby had often had liquid stools since 2 days ago. The mother said that her baby had more than 5 bowel movements a day with a liquid consistency, had a foul and pungent odor. Because of this condition, the baby's rest hours were irregular, he did not sleep soundly and often cried or was fussy. The mother was afraid that her child would become dehydrated due to continuous bowel movements.

Objective data obtained from the examination results showed that general condition of the baby looks weak, componentis consciousness, weight: 7.1 kilograms, head circumference: 37 cm, body length: 67 cm, gender: female. Essential signs: 145 x / minute for Pulse, 50 x / minute for Respiration and $38.0 \,^{\circ}\mathrm{C}$ for Temperature. Physical examination findings appear dry and not elastic. Head: baby's scalp is clean. Looks pale, Eyes face: Eye area looks sunken. Nose: No polyps in the nose. Mouth

pechah-pechah resembles dry, pale and lips. Bloated stomach looks. Vulva: This area is quite swollen and slightly red. Chest: Symmetrical left and right there are no lumps and no nipples protruding at all. Bloated stomach looks. Vulva: The vulva area is quite unique and somewhat rocky. Symmetrical left and right are the lowest.

Based on the subjective data and objective data obtained, an analysis can be carried out A 5 month 3 day old baby with mild diarrhea and dehydration.

The management carried out in this case includes installing an IV drip, providing higher breast milk to the mother, providing information to the mother and family about the house where she lives, and providing advice to the mother on how to avoid consuming foods that can cause problems in the house, such as beef, chocolate, foods that contain gas such as sweet potatoes and nuts, spicy foods, and drinks that contain caffeine.

ACKNOWLEDGMENT

With humility and deep gratitude, I express my gratitude to God Almighty for His grace and gifts that have given health, physical and spiritual strength to the author in compiling the Final Assignment Report entitled "Midwifery Care for Baby Mrs." R "Age 5 Months 3 Days With Mild Dehydration Diarrhea Problems at the Wajo Health Center, Bau-bau City in 2024." In addition, I would also like to thank Mrs. Bd. Sri Ernawati, S.ST., M.Keb., as Supervisor I, and Mrs. Wa Ode Nurul Mutia, S.Tr.Keb., M.Keb, as Supervisor II, who have provided very valuable guidance so that I can complete this report on time.

REFERENCES

- Anggraini, D., & Kumala, O. (2022). Diare Pada Anak. *Scientific Journal*, 1(4), 309–317. https://doi.org/10.56260/sciena.v1i4.60
- Bakry, askia U. H., Amna, E. Y., & Isfanda. (2023). Gambaran pengetahuan orang tua tentang dehidrasi dan penanganannya pada anak di bawah lima tahun. *Media Kesehatan Masyarakat Indonesia*, 22(5), 302–307.
- Bayu, G. O., Duarsa, D. P., Pinatih, G. N. I., & Ariastuti, L. P. (2019). Hubungan Pemberian Asi Eksklusif Terhadap Kejadian Diare Pada Bayi Usia 6-12 Bulan Di Puskesmas Denpasar Barat Ii. *Jurnal Biomedik : Jbm*, 12(1), 68–75.
- Ernawati, S., Sudirman, Justin, W. O. S., Amiruddin, A., & Malik, A. (2022). Lingkungan Pengasuhan dan Tingkat Perkembangan Anak Usia 4-5 Tahun. *Jurnal Sosial Humaniora Dan Pendidikan*, 06(02), 178–189.
- Fahira, N. N., Sihaloho, E. D., & Siregar, A. Y. M. (2021). Pengaruh Konsumsi Air dan Keberadaan Fasilitas Sanitasi terhadap Angka Diare pada Anak-Anak di Indonesia. *Jurnal Epidemiologi Kesehatan Komunitas*, 6(2), 286–292. https://doi.org/10.14710/jekk.v6i2.10871
- Jayanto, I., Ningrum, V. D. A., & Wahyuni. (2020). Gambaran Serta Kesesuaian Terapi Diare Pada Pasien Diare Akut Yang Menjalani Rawat Inap DI RSUD Sleman. *Pharmacy Medical Journal*, 3(1), 1–10.
- Kusumawardani, Y., & Rokhaidah. (2021). Pemberian Tablet Zinck Dengan Durasi Diare Pada Balita. *Indonesian Journal Of Health Development*, *3*(2), 239–244.
- Margaretta, S. S., Gayatri, P. R., Isnaeni, E., Santosa, R. B., Firmanda, G. I., & Aprilita, N. A. (2024). Peningkatan Pengetahuan Penatalaksanaan Dehidrasi Pada Ibu Dengan Balita Riwayat Diare. *Jurnal Wiyata*, 11(1), 52–62.
- Maulana, R., Caesardi, M. R., & Setiawan, E. (2021). Klasifikasi Tingkat Dehidrasi Berdasarkan Kondisi Urine, Denyut Jantung dan Laju Pernapasan. *Jurnal Teknologi Informasi Dan Ilmu Komputer*, 8(2), 365–372. https://doi.org/10.25126/jtiik.2021824379
- Mutia, W. O. N. (2024). Edukasi Pemberian MPASI Dini Sebagai Faktor Resiko Kejadian Stunting. Jurnal Pengabdian Kepada Masyarakat Nusantara (JPkMN), 5(2), 2293–2298.

- Nadia, P., Amalia, R., & Saragih, C. (2022). Hubungan Faktor Sosiodemografi Ibu Dengan Dehidrasi Dan Gangguan Elektrolit Pada Balita Penderita Diare. *Ibnu Sina: Jurnal Kedokteran Dan Kesehatan-Fakultas Kedokteran Universitas Islam Sumatera Utara*, 21(1), 107–115.
- Putri, R. A., & Hastuti, W. (2024). Penerapan Edukasi Pemberian Cairan (Oralit) Untuk mengatasi Dehidrasi Pada Pasien Anak Dengan GEDS (Gastroenteritis Diare Sedang) Di Ruang Anggrek RS Bhakti Tamtama Semarang. *Jurnal Ilmiah Ilmu Keperawatan*, 15(2), 180–184.
- Situmeang, I. R. V. O. (2024). Diare Pada Anak. Ikraith Humaniora, 8(2), 471–476.
- Suharto, I. P. S., Yunalia, E. M., Haryuni, S., Emiliana, P., Rahardjo, S. A., & Handayani, W. (2022). Hubungan antara Derajat Dehidrasi dengan Suhu Tubuh pada Anak dengan Diare. *Nursing Sciences Journal*, 6(2), 87–93.
- Wulandari, S. F., Yuswar, M. A., & Purwanti, N. U. (2022). Pola Penggunaan Obat Diare Akut Pada Balita di Rumah Sakit. *Journal Syifa Sciences and Clinical Research (JSSCR)*, 4(3), 600–608. https://doi.org/10.37311/jsscr.v4i3.15445