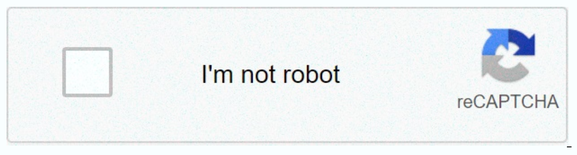

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CHAPTER I BASIC MEDICAL CONCEPT A. DEFENISI BBLR Infants with low birth weight are newborns whose weight at birth is less than 2500 grams (WHO, 1961). Low birth weight is a baby weighing less than 2500 grams at birth. (Huda and Hardhi, 2013). According to Ribek et al. (2011). Low birth weight is a baby born with a weight of less than 2500 grams regardless of gestational age (calculated one hour after birth). A low birth weight baby is a baby weighing less than 2500 grams at birth. (Amru Sofian, 2012). B. Classification of BBLR In relation to handling and life expectancy of infants with low birth weight is characterized by several kinds (Abdul Bari saifuddin,2001) : 1. Low birth weight Babies (BBLR), birth weight 1500 grams-2500 grams. 2. Very low birth weight Baby (BBLSR), alhir weight less than 1500 grams. 3. Low Extreme BirthMarket Babies (BBLER) birth weight is less than 1000 grams. While according to who share gestational age in three groups: 1. Preterm: less than 37 weeks complete. 2. Aterm: ranges from 37 weeks to less than 42 full weeks. 3. After term: complete 42 weeks or more. There are two kinds of BBLR namely: 1. Pure premature or babies who are less months (KB/SMK) : babies born with less than 37 weeks of appropriate weight. 2. Dismaturity: the child was born with less weight than it should be for the gestation period. C. Etiology According to Huda and Hardhi in NANDA NIC-NOC (2013). Causes of birth of low birth weight babies, namely: 1. Genetic factors or chromosome 2. Infection 3. Toxic material 4. Insufficiency or placenta dysfunction 5. Radiation 6. Nutritional factor 7. Other factors such as smoking, alcohol drinking, heavy work during pregnancy, placenta previa, multiple pregnancies, drugs, and so on. In addition to the above reasons, there are several causes of low birth weight associated, namely: 1. Maternal factor a. Parity b. Formerly miscarriageus c. Infertility d. Malnutrition during pregnancy is less than 20 years old or over 35 years of age. The distance between pregnancy and childbirth is too close, the work is too heavy f. Chronic diseases of the mother: hypertension, heart, vascular disorders, smokers 2. A pregnancy factor. Pregnant with hidramnion, double pregnant, bleeding antepartum b. Pregnancy complications: preeclampsia/eclamsia, amniotic fluid rupture early 3. Fetal factor a. Congenital defects, infections of the uterus. B. Congenital infection (missal : rubella) 4. Factors that are still unknown D. Pathophysiology BBLR Low birth weight babies are babies weighing less than 2500 grams at birth. In general, the cause of low birth weight babies is influenced by several factors, including nutrition during pregnancy that is less than 20 years old or over 35 years of age, distance of pregnancy and delivery too close, for heavy work, chronic diseases of the mother: hypertension, heart, vascular disorders, BBLR is usually caused also by being pregnant with hidramnion, double pregnancy, bleeding, congenital defects, infections of the uterus. This will cause babies born weighing 2500 grams with a length of less than 45 cm, breast circumference less than 30 cm larger head, thin skin, transparent, lots of lanugo hair, less fat, weak hypotonic muscles, irregular breathing can occur apnea usually occurs at less than 37 weeks gestation. Possible causes that occur in infants with BBLR are meconium aspiration syndrome, neonatoral suffocation, respiratory diss syndrome, hialinmembrane disease, preterm, especially when gestation period is less than 35 weeks, hyperbilirubinemia, patent ductus arteriosus, ventricular hemorrhage in the brain, hypothermia, hypoglycaemia, hypocalcademia, anomaly, blood clot disorders, infections, retrolental fiplbroasia, necrotizing enterocolchofisis (NEC), bronchopulmonal dysplasia, and with miscarriages. E. Clinical manifestations of BBLR according to Huda and Hardhi. (2013), the signs and symptoms of a low birth weight baby are: 1. Before the baby is born one. In anamnesa there is often a history of abortus, partus prematurus, and stillbirths. B. The enlargement of the uterus does not correspond to the age of pregnancy. c. The movement of the first fetus occurs more slowly, the movement of the fetus is slower, although the pregnancy is rather advanced d. The mother's weight gain is slow and not as it should be. It is often found that pregnancy with oligradramnion gravidarum or anterpartum bleeding. 2. After the baby is born one. Babies with intra-uterine growth retadation b. Premature babies born before pregnancy 37 weeks c. Small babies to date are the same as intrauterine growth retardation babies. d. Premature babies are less than perfect growth tools in his body. In addition, there is a clinical image of BBLR in general is: 1. Weight less than 2500 grams. 2. Length less than 45 cm. 3. Chest circumference less than 30 cm. 4. Main circumference less than 33 cm. 5. The gestational age is less than 37 weeks. 6. Bigger head. 7. Thin skin, transparent, lanugo hair a lot, less fat. 8. Hypotonic muscles are weak. 9. Irregular breathing may occur apnea. 10. Extremity: thigh abduksi, knee joint/leg flexible straight. 11. The head is not capable of standing. 12. Breathing 40 - 50 times/ minute. 13th Nadi 100 - 140 times / minute. F. Complications There are several things that can happen if bblr is not treated immediately according to Mitayanti, 2009 namely: 1. Mecononium aspiration syndrome (causing breathing difficulties in infants). 2. Symptomatic hypoglycaemia. 3. Hialin membrane disease caused by lung surfactant is not perfect, so alveoli collapse. After the child has inspired, there is no residual air left in the alveoli, so it always takes high negative energy to the next. 4. Neon tororom suffocation. 5. Hyperbulirubinemia G. Diagnostic study 1. Study of blood sugar levels against hypoglycaemia. 2. Monitoring of blood gas as needed. 3. as specified. 4. Chromosome examination as indicated. 5. Electrolyte monitoring. 6. X-ray examination as needed (e.g. fhoto thoracic) H. Management 1. A doctor. Adequate resuscitation, temperature regulation, oxygen therapy b. Supervision of the Patent Ductus Arteriosus (PDA) c. Balance of fluids and electrolytes, delivery of adequate nutrition d. Treatment of hyperbilirubinemia, proper management of infections with antibiotics 2. General handling: a. Handling the baby The smaller the baby and prematurely born the baby, the greater the treatment required because the greater the chance of cyanosis attack. All baby care must be done in incubator b. Maintaining body temperature Babies with low birth weight, have difficulty maintaining body temperature. The baby will develop satisfactorily as long as the rectal temperature is maintained between 35.50 C to 370 C.The low weight baby must be promoted in an environmental temperature where the normal temperature of his body is maintained with minimal metabolic effort. Low-weight babies treated in an open bed also require careful environmental control. The care temperature should be above 25 0 C, for infants weighing about 2000 grams, and up to 300C for infants weighing less than 2000 grams of c. Incubator Babies with low birth weight, are treated in greenhouses. The processing procedure can be performed through the window or sleeve. Before inserting the baby into the incubator, heat the incubator first, up to about 29.4 0 C, for infants weighing 1.7 kg and 32.20 C for smaller babies. The child is treated naked, this provides adequate breathing, the child can move without restriction of clothing, observation of breathing is easier. d. Poor oxygen intake Lung expansion is a serious problem for BBLR preterm babies due to the absence of alveolo and surfactants. O2 concentrations are given about 30-35% using a head box, high concentrations of O2 over a long period of time will cause damage to the child's retinal tissue that can cause e blindness. Prevention of infection Premature babies with low weight, has a less developed immunological system, it has little or no resistance to infection. To prevent infection, nurses should wear special dresses, wash hands before and after treatment of the child. F. Early feeding is recommended to prevent the occurrence of hypoglycaemia and hyperbillirubin. Breast milk is the first choice that can be given through a catheter (probe), especially in infants who are reflexively suction and swallow weak. Low birth weight babies relatively require more calories, compared to premature babies. CHAPTER II NURSING CONCEPT A. Assessment 1. Biodata or patient identity: includes place name of gender 2 date of birth. Parents include: name (father and mother, age, religion, ethnicity or nationality, income, and address 3. A medical history. Prenatal history to be examined or known from prenatal history in BBLR cases is: 1) The condition of the mother during pregnancy with anemia, hypertension, malnutrition, smoking drug addiction or with diseases such as diabetes mellitus, cardiovascular and pulmonary pulmonary. 2) Preterm labor risks such as multiple births, congenital abnormalities, history of premature labor. 3) Pregnancy examinations are not continuous or control, but are irregular and pregnancy control is not on the health officer. 4) The first day of the last day is not consistent with the gestational age (postdate or premature pregnancy). 5) The story of natalkomplikasi birth also has a very close relationship with problems in newborns. What to investigate: 6) Kala I: antepartum bleeding both placenta and placenta previa. 7) Kala II: Birth of caesarean section, due to the use of sedatives (narcose) that can suppress the central respiratory system. B. Post natal history 1) What needs to be reviewed includes 2) To score newborns 1 minute first and 5 minutes seconds U.S. (0-3) severe suffocation, U.S. (4-6) moderate suffocation, U.S. (7-10) mild asphyxiation. 3) Birth weight : Premium/BBLR < 2500 grams, to aterm ³ 2500 grams head circumference less or more than normal (34-36 cm). 4) Congenital abnormalities: Anencephal, hirocephalus anetrecial aesofagal. 4. Nutritional patterns: What to be examined in infants with BBLR gastrointentinal absorption disorders, vomiting aspirations, sucking weaknesses, so that it is necessary to be given parental fluid or persone in accordance with the condition of the child to meet the needs of electrolytes, fluids, calories and also to correct dehydration, metabolic acidosis, hypogramme in addition to intravenous drug administration. 5. Elimination pattern: What should be examined in newborns is BAB: frequency, quantity, consistency. BAK : frequency, number 6. Sociocultural background: Culture that affects the BBLR habits of mothers smoking, dependence on certain drugs especially psychotropic types of mothers consume alcoholic beverages, the habits of mothers making strict diets or abstinence certain foods. 7. Psychological conditions: Preferably as soon as the newborn is treated with the mother, if the condition of the child allows it. This is very useful where the child will get affection and attention and can strengthen the psychological relationship between mother and child. Another case with BBLR because it requires intensive care 8. General condition : in newborns with BBLR, the state is weak and only moans.the consciousness of newborns can be seen from its response to stimuli. The existence of a stable BB, body length according to its age no enlargement of the head circumference may indicate a good neonatos condition. 9. Vital signs: newborns after severe choking conditions will be good if the handling of suffocation is correct, precise and fast. Normal temperature of the body n (36 C-37.5C), normal heart rate between (120-140 x/m) for normal breathing in infants (40-60 x/m), often in post-asfyksi babies, severe respiration is often irregular. 10. Skin: the skin tone is red, while the extremities are blue, in premature babies there is lanugo and verniks. 11. Head : possible found caput succedaneum or cephal haematom, large concave or convex cantle the possibility of increased intracranial pressure. 12. Eyes: conjungtiva anemis color or not anemis, no bleeding conjungtiva, sclear color is not yellow, students show reflection on light. 13. Nose: there is nasal seding and there is a build-up of lenders. 14. Mouth: the lips are pale or red that are mucus or not. 15. Ears: pay attention to cleanliness and abnormalities. 16. Neck: Note its success due to short newborn neck. 17. Thoracic: symmetrical shape that is intercorate drag, notice wheezing and ronchi sound, heart sound frequency more than 100x/m. 18. Abdomen : cylindrical shape, baby hepar placed 1-2 cm under ascus costae on papilla mamae line, pant not palpable, stomach buncit means the presence of ascites or tumors, sunken gastrointestinal membrane hernia, intestinal noise occurs 1-2 hours after the birth of the baby, there is often retention because the gastrointestinal tract is not perfect. 19. Umbilicus: umbilicus: umbilical cord withered, note there is bleeding or absence of signs of infection in the umbilical cord. 20. Genetalia: in newborns aterm testicles should go down, see if there are abnormalities in the estuary of the urethra in male newborns, female newborns see labia mayir and labia less, the presence of secretion mucus whitish, sometimes bleeding. 21. Anus: note the presence of blood in the stool, the frequency of bowel movements and the color of the stool. 22. Extremities: blue color, weak movements, cold acral, note the presence of fractures or the presence of paralysis syraf or the condition of the fingers of the hands and the number. 23. Reflex: on newborn preterm post choking tongue rflek moro and sucking weak. Moro reflexes can provide information about the condition of the central nervous structure or the presence of fractures. B. Nursing diagnosis 1. The respiratory pattern is not effective b/d imaturitas respiratory organs 2. Respiratory cleansing is not effective b/d obstruction of the airways by mucus buildup, cough reflex 3. Risk of imbalance in body temperature b/d BBLR, lack of gestational age, exposure to cold/hot environment. 4. Nutritional imbalance is less than the body needs b/d inability to ingest/digest/absorb 5. Ineffectiveness of infant drinking pattern b/d preterm 6. Hypothermia b/d exposure to cold environment 7. Risk of infection b/d immune system power 8. 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