

**MIDWIFERY CARE FOR NORMAL NEWBORN NY.N  
AT HJ. HENDRAYATNI CLINIC, PEMATANGSIANTAR CITY  
YEAR 2020**

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**Abstract**

*Background: Normal newborns (neonates) are born weighing between 2500-4000 grams, full months, born crying immediately, and no congenital abnormalities (congenital defects). Literature Review: Physiological changes in newborns, prevention of infection, handling of newborns, prevention of heat loss, practice of bathing babies, how to breastfeed babies Purpose: This goal is to provide midwifery care for newborns. Methods: The data collection method consists of primary data, namely physical examination (inspection, auscultation, percussion), interviews and observations (vital sign and general condition) Results: Mrs. N already knows about the explanation of newborns, Mrs. N already knows the results of the examination baby, Mrs. N already knows about newborn care. Conclusion: As long as the care given to Baby Mrs. N can be carried out properly,*

**Keywords:** Midwifery Care, Normal Newborns

**INTRODUCTION**

Normal newborns (neonates) are born with a birth weight between 2500-4000 grams, full months, born immediately crying, and no serious congenital abnormalities (Congenital defects), (Kukuh Rahudju, 2014: 5). Whereas care for normal babies is care given to the newborn during the first hour after birth, most newborns will show spontaneous breathing efforts with little help, (Prawiroharjin, 2015) the problems that occur in newborns are asphyxia neonatorum, jaundice, umbilical cord bleeding, seizures, BBL.R, hypothermia, etc., (Muslihatun, 2015).

The period immediately after the newborn is an uncomfortable start for the baby. This is caused by the very different environment of the previous life (intrauterine) and the present environment (extrauterine). In the womb, the fetus lives and grows with all the comforts because it grows and lives completely dependent on its mother. Meanwhile, at the time of birth, every newborn will experience an adaptation or process of adjusting vital functions from life inside the uterus to life outside the uterus. This physiological adaptation ability is also called homeostasis or the ability to maintain vital functions, is dynamic, influenced by the stages of intrauterine growth and development, adaptation immediately after birth includes adaptation of vital functions (circulation, respiration, central nervous system, digestion and metabolism). Therefore, newborns need close monitoring and care that can help them to pass the transition period successfully (Muslihatun 2016).

Judging from the growth and development of the baby, the neonatal period is the most critical period. Asphyxia prevention. Maintaining the baby's body temperature, especially in low newborns. Cutting and caring for the umbilical cord, giving breast milk (ASI) in an effort to reduce mortality due to diarrhea. Prevention of infection, monitoring of weight gain and psychological stimulation are key tasks for the health of infants and children.

Neonates in the first weeks are greatly influenced by the condition of the mother when pregnant women give birth. (Ministry of Health, 2016).

According to the World Health Organization (WHO) in 2012 approximately 3% (3.6 million) of 120 million babies born experienced asphyxia, nearly 1 million of these babies later died. In 2012 the number of Newborn (neonatal) deaths in Indonesia reached 31 per 1000 live births. This problem needs serious attention. The causes of infant death include low birth weight babies, asphyxia, birth canal trauma, infections and others. Of the several factors that cause infant mortality, asphyxia is the second cause of newborn death after low birth weight infants (WHO, 2012).

*Sustainable Development Goals*(SDGs) target infant and under-five mortality rates to be a maximum of 12 and 25 for every 1,000 live births in 2030. However, based on the 2012 SDKI data, infant and under-five mortality rates are 32 and 40 per 1,000 live births (SHRS and 2030 Agenda, 2015).

Neonatal complications which are the most common causes of death are asphyxia, low birth weight babies and infections. These complications can actually be prevented and treated immediately, but are constrained by access to health services, the ability of health workers, economic conditions, referral systems that are not running well, delays in early detection, and parents' awareness to seek help (Kemenkes RI, 2015).

The achievement of neonatal care with complications in Indonesia has decreased from 59.68% in 2014 to 51.37% in 2015. Apart from declining achievements, there are still quite large disparities between provinces. In 2015 the highest achievement was obtained by the Bangka Belitung Islands Province with a figure of 90.01%, followed by Central Java with 89.23% and East Java with 82.91%. The three provinces with the lowest achievements were South Sulawesi (2.63%), Papua (5.19%), and Maluku (8.86%) (RI Ministry of Health, 2015).

Based on the activities of health service facilities in 2016, the number of infant deaths that occurred in North Sumatra was 201 out of 26,337 live births, so the infant mortality rate was 7.63 per 1,000 KH. Based on these achievements, there was a decrease from the previous year. The number of infant deaths in North Sumatra has decreased from 2012 to 2016, namely 293 cases of infant death in 2012, 251 cases of infant death in 2013, 253 infant deaths in 2014, 299 cases of infant death in 2015 and 201 cases in 2016 (North Sumatra Provincial Health Office, 2016).

From data on newborn patient visits from January to September 2020 at the Hj. Hendrayatni Midwife Clinic, there were around 360 newborns. Each midwifery care provided is provided using Varney's 7-step management, namely data collection, data interpretation, identifying diagnoses, preparing care plans, managing care and ending with evaluation.

## **LITERATURE REVIEWS**

### **Newborn baby**

Newborns (Neonates) are babies who have just been born experiencing the birth process, aged 0-28 days, BBL requires physiological adjustments in the form of maturation, adaptation (adjustment) from intra-uterine life to life (extra-uterine) and tolerance for the newborn to be able to live well (Marmi et al, 2015).

A normal newborn is a newborn at even 37-41 weeks of gestation, with a back of the head presentation or a breech position that passes through the vagina without using tools. (Tando, Naomy Marie, 2016).

According to Sarwono (2005) in the book Midwifery Care for Childbirth and Newborns (Sondakh, 2017) Normal newborns are babies born at full term, 38-42 weeks with a body weight of around 2500-3000 grams and a body length of about 50-55 cm.

### **Caring for the Umbilical Cord**

- a. After the placenta is born and the mother's condition is considered stable, then the umbilical cord stump is tied or clamped with a plastic clamp.
- b. Dip hands (when using gloves) into 0.5% chlorine solution, to clean blood and other secretions.
- c. When hands with high level disinfection water.
- d. Dry your hands using a clean, dry towel or cloth.
- e. Tie the stump of the umbilical cord to a distance of about 1 cm from the baby's abdominal wall (center). Use sterile high-level disinfected cord clamps or plastic clamps. Secure the umbilical cord with a dead knot or secure the plastic clamp of the umbilical cord.
- f. If the knot is tied with cord, loop the thread around the stump of the cord and tie it a second time in a dead knot on the opposite side.
- g. Remove the metal clamp of the umbilical cord and place it in a 0.5% solution.
- h. Cover the baby's body and head again with a clean, dry cloth.

### **Breast Care**

- a. Rearrange the feeding position if the baby is having trouble getting enough milk. If the position of the baby against the breast is not suitable, the baby's nutritional adequacy is not guaranteed and the mother's nipples may experience trauma.
- b. Ask the mother to make sure that her nipples are clean and dry. Instruct the mother to dry her breasts (with a clean, dry cloth) after feeding the baby. To prevent cracks and blisters, teach the mother to express a little milk and then apply it to her nipples. First dry (air dry) mother's nipples before wearing clothes.
- c. Together with the mother and her family, explain how to assess the signs and symptoms of blocked milk ducts or mastitis. If this happens, encourage the mother to seek immediate help but continue breastfeeding.

### **Prevention of infection in the eye**

Eye drops to prevent eye infections can be given after the mother or family has given birth to the baby and is breastfed. Prevention of these infections using 1% tetracycline eye ointment. The antibiotic ointment must be given within one hour after birth. Eye infection prophylaxis is not effective if given from one after birth.

### **Newborn Bleeding Prophylaxis**

All newborns should be given vitamin K1 by injection of 1 mg intramuscularly in the left thigh as soon as possible to prevent newborn bleeding due to vitamin K deficiency which can be experienced by some newborns.

## Management of Midwifery Care for Newborns

Newborn care includes keeping the baby warm, cleaning the airways, drying the baby's body (except palms), monitoring for signs of danger, cutting and tying the umbilical cord, performing IMD, giving vitamin K1 injections, giving antibiotic eye ointment in both eyes, giving Hepatitis B immunization, as well as carrying out a physical examination (Syaputra Lyndon, 2014)

## METHODS

### Method of collecting data

#### Method

The method used for midwifery care in this case study is the format of midwifery care for pregnant women with Varney's 7-step management.

#### Data Type

Author of midwifery care according to a case study of midwifery care for newborns at the Hj.Hendrayatni Midwife Clinic, Pematangsiantar City in 2020.

#### Primary data

1. Physical examination

Physical examination is used to systematically determine the patient's physical condition by:

- a. Inspection

Inspection is an examination carried out by looking at the part of the body being examined through observation. The focus of inspection on body parts includes body size, color, shape, position, symmetry. Inspection in this case is carried out sequentially from head to toe.

- b. *Palpation*

*Palpation* is a technique that uses the senses of the hands and fingers, in this case it is carried out to carry out examinations for the purpose of detecting abnormalities and knowing the progress of pregnancy.

- c. *Auscultation*

*Auscultation* is an examination by listening to suggestions produced by the body using a stethoscope. The things that are heard are heart sounds, breath sounds and bowel sounds. And also use a doppler device to listen to the fetal heart rate.

2. Interview

Interview is a method used to collect data in which the researcher obtains statements or opinions verbally from a person who is the target of the research (respondent) or converses face to face with that person. Interviews were conducted by medical staff with Mrs. N.

3. Observation

Observation is a data collection technique by observing the subject and carrying out various kinds of examinations related to the case to be taken. Observations can be in

the form of general examinations, physical examinations and observational examinations in cases of midwifery care for normal newborns.

### **Secondary Data**

This secondary data was obtained by studying patient cases or documentation as well as midwifery care records and library studies. Secondary data obtained from:

1. Documentation Study

Documentation study is a source of information related to documents, both official and unofficial documents. Including biographies and diaries. In the case of normal newborn midwifery care for the baby Mrs, S, 2 days old, it was taken from the patient status records at the Hj. Hendrayatni Clinic, Pematangsiantar City in 2020.

2. Library Studies

Literary studies are library materials that are very important and support the background consisting of research studies. In this case, literature studies were taken from books, research reports, scientific magazines, journals and the latest published sources for 2010-2019.

### **Case Study Subject**

In this case study, the author takes a case regarding midwifery care for normal newborns, Mrs. N's babies at the Hj. Hendrayatni Clinic, Pematangsiantar City in 2020.

## **RESULTS AND DISCUSSION**

### **Results**

Entry Date : 14-09-2020 Study Date : 14-09-2020

Entrance Hours: 07.25 WIB Assessment hours: 14.00 WIB

Place : Hj. Hendrayatni Clinic Reviewer : Siska Putri br karo

### **Step I : BASIC DATA IDENTIFICATION**

#### **1. Identify Babies and Parents**

- 1) Infant Identity

Name : By Mrs. N

Age : 0 days

Date of birth : September 14 2020, 07.25

The first child

- 2) Identity of parents

Mother and father

Name : Mrs. "N" Name : Mr. "P"

Age: 28 years old Age: 33 years

Tribe: Javanese Tribe: Javanese

Religion : Islam Religion : Islam

Education : High School Education : High School

Occupation: IRT Occupation: Entrepreneur

Address : Jl. Tongkol Address : Jl. Tongkol

## **2. Anamnesis**

### **1. History of pregnancy and childbirth**

#### **a) Prenatal**

1. Mother says HPHT: 07-12-2019 with HTP: 14-09-2020
2. Mother gave birth on September 14, 2020, at 07.25
3. The mother's gestational age is full term with gestational age: 38 weeks
4. Mother said she was pregnant with her first child
5. Mother has never been vaccinated against TT
6. Mother has no history of heart disease, asthma, DM, and infectious diseases sexual
7. Mother has a history of hypertension during pregnancy
8. During pregnancy, the mother never felt severe abdominal pain

#### **b) Christmas**

1. Baby weight: 4000 gram
2. Body length: 50 cm
3. The baby's general condition is good, the baby was born on September 14 2020, at 07.25
4. The baby is born spontaneously, normally, immediately cries loudly, body movements are active normally

## **3. Fulfillment/basic needs of babies**

### **1. Nutrition / fluids**

The baby's temporary nutritional/fluid needs are obtained from exclusive breastfeeding by the mother because the baby's sucking reflex is good.

### **2. Personal Hygiene**

The baby has been bathed, the baby's hair has been washed and the baby's clothes are changed every time they get wet / after urinating

### **3. Elimination**

BAK: The baby has urinated during the study, the frequency of urination is 2 times during the study, the color is clear yellow with an ammonia smell CHAPTER: The baby has had bowel movements

### **4. Rest**

Babies sleep more and wake up if the baby is hungry

### **5. Immunization**

The baby's first immunization is: Hbo

## **4. Physical Examination**

### **1. General Examination**

General Condition : Good

Breathing: 48x/minute



Temperature: 36.5 0C

Weight: 4000 grams

Body Length: 50 cm

## 2. Physical Examination

- a. Head: Symmetrical shape, no caput succedenum (swelling of the head at the time of birth). Closed fontanel
- b. Eyes: symmetrical eyes, no bleeding or discharge, white sclera and pink conjunctiva, positive blink reflex.
- c. Nose: Nostrils present, breathing good
- d. Mouth: clean, red lips, rooting reflex (+)
- e. Ears: symmetrical, perfectly formed, no discharge.
- f. Neck: not stiff
- g. Chest: symmetrical chest
- h. Abdomen: normal, no liver enlargement
- i. Umbilical cord: wrapped in sterile gauze and no bleeding
- j. Skin: redness and good turgor
- k. Back : symmetrical, no spinabifida
- l. Extremities: normal upper and lower, no polydactyly and syndactyly
- m. Genitalia: clean, no abnormalities, labia minora covered with labia majora
- n. Anus: perforated, no abnormalities, has defecated
- o. Neurological Examination
  - a. Moro/shock reflex: if the baby is given a sudden touch, especially with the fingers and hands, it will cause a startled movement.
  - b. Grasping reflex: when the baby's palm is touched with the examining finger, he will try to hold the examiner's finger.
  - c. Rooting reflex / looking for: when the baby's cheek is touched by the examiner's finger, then he will turn and look for that touch.
  - d. Sucking reflex: when a baby is given a pacifier/nipple, he tries to suck.
  - e. Glabella Reflex: when the baby is touched on the right and left groin, then he tries to lift both thighs
  - f. Tonick Neck Reflex: when the baby is lifted from the bed (carried), then he will try to raise his head.

## **Step II : DATA INTEPRETATION**

Diagnosis: Midwifery care for normal newborn Mrs. N at the Hj. Hendrayatni Midwife Clinic in Pematangsiantar City in 2020.

## **SUBJECTIVE**

Mother says the baby is crying a lot.

Mother says the baby's suction power is strong.

## **OBJECTIVE**

General Examination

- a. General Condition : Good

- b. Muscle tone : Fine
- c. Skin color: Red
- d. TTV : Temperature : 36.80C, Respiration : 45 x/i Pulse : 135 x/i
- Body Length: 50 cm
- Body Weight: 4000 gr
- Head Circumference: 35 cm
- Chest Circumference: 33 cm
- Upper Arm Circumference: 10.5 cm

#### Physical Examination

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#### **Step III: IDENTIFICATION PROBLEM DIAGNOSIS**

There isn't any

#### **Step IV : IMMEDIATE ACTION / COLLABORATION**

There isn't any

#### **Step V : PLAN OF CARE**



1. Tell the mother about the condition of her baby, the baby is born safe and healthy, then explain JK, BB, PB.
2. Teaching mothers about exclusive breastfeeding for 6 months.
3. Encourage the mother to breastfeed on demand.
4. Teach mothers about cord care
5. Immunize the baby
6. Encourage mothers to keep their babies warm.
7. Advise mothers to maintain their baby's personal hygiene.

#### **Step VI: IMPLEMENTATION**

1. Tell the mother that the baby was born healthy and safe, with a female JK, with a weight of 4000 grams, a PB of 50 cm.
2. Explain to mothers to provide exclusive breastfeeding to their babies from 0-6 months, without giving additional food.
3. Explain to the mother that the baby gets breast milk as an important nutrient for breastfeeding her baby every 2 hours
4. Explaining how the mother cares for the baby's umbilical cord, using dry and sterile gauze.
5. Give IM HB0 immunization on the baby's right thigh as much as 0.5 cc
6. Explain to the mother how to keep the baby warm, maintain the baby's body temperature by IMD.
7. Explain to mothers to maintain personal hygiene for their babies, such as changing diapers when urinating and defecating.

#### **Step VII : Evaluation**

1. The condition of the baby is healthy with, PB: 50cm, BB: 4000gram.
2. The baby is warm by means of IMD.
3. There is no infection in the umbilical cord.

#### **Discussion**

In this chapter the author will discuss the gap between theory and the results of a case review of the implementation of Midwifery Care for Newborn Mrs. N at the Hj. Hendrayatni Clinic, Pematangsiantar City in 2020.

##### **A. Step I: Basic Data Collection**

Basic data collection is gathering information about clients. The data collected is the right data, namely data that is relevant to the situation being reviewed or the data that is owned relates to the situation being reviewed. There are 3 data collection techniques, namely: observation, interview, examination. Observation is the collection of data through the senses of sight (behavior, physical signs, disabilities, facial expressions), hearing (cough sounds, breath sounds), smell (breath odors, wound odors) and touch (body temperature, pulse) (Asri and Clervo, 2012 :26-27).

At the basic data collection stage, the author did not find significant obstacles, because at the time of data collection on Mrs. "N" as well as the family and midwives in

the room can provide information openly so that it can make it easier for the author to obtain the desired data according to the issues raised.

Assessment of basic data in cases of newborns weighing 4000 grams, body length 50 cm, female sex which was carried out for the first time when the baby entered the room. The assessment includes identifying basic data on infants and parents. This assessment is in the form of biological/physiological data on the baby, history of pregnancy and childbirth, past medical history, history of family planning, psychosocial, spiritual and economic history as well as basic fulfillment patterns. Assessment of objective data obtained through general conditions, and physical examination.

#### **B. Step II : Data Interpretation**

The basic data that has been collected is interpreted so that specific problems or diagnoses are found. The initial step in the formulation of a midwifery problem/diagnosis is data processing/analysis, namely combining and connecting data with one another so that the facts are illustrated.

The results of the study in the case of Newborns obtained subjective and objective data obtained showing that the diagnosis in this baby was a Physiological full-term Newborn and there were no problems.

#### **C. Step III: Identification of Problem Diagnostics**

Based on existing data in case studies of newborns, it can be identified that there are no problems. Thus the application of the theory and management of midwifery care in the newborn case study did not reveal any problems.

#### **D. Step IV: Immediate Action And Collaboration**

This fourth step reflects the continuity of the midwifery management process. From the data collected, it can indicate a situation that requires immediate action while others must wait for intervention according to the client's needs, namely there is no immediate treatment for normal newborns.

#### **E. Step V: Intervention**

The goals in the care plan for the case of normal newborns are to inform about the baby's condition, the baby is born safely and to explain JK, BB, PB. Telling mothers about exclusive breastfeeding for 0-6 months. teaching about the care of the umbilical cord. Inform the mother that her baby has been injected with HB0 immunization at baby's right thigh Teaches mothers to keep their babies warm. Tell the mother to maintain personal hygiene.

#### **F. Step VI: Implementation**

At this step the overall care plan as described in step five is carried out efficiently and safely. If the midwife does not do it herself, she still bears the responsibility to direct the implementation (ensure that the steps are actually carried out). Notifying that the baby is safe, weighing 4000 grams, body length 50 cm, female sex. Teach mothers to provide exclusive breastfeeding for 0-6 months without giving additional food. Encourage mothers to breastfeed their babies on demand. Advise mothers to care for the baby's umbilical cord, with dry and sterile gauze. Inject HB0 immunization in infants.

Maintain the baby's body temperature by means of IMD. Maintaining personal hygiene for the baby, such as changing diapers when urinating and defecating.

### **G. Step VII : Evaluation**

In this seventh step, an evaluation of the effectiveness of the care that has been given includes meeting the need for assistance, whether it has really been fulfilled according to the needs as identified in the problem and diagnosis. The plan can be considered effective if it is really effective in its implementation. In the case of a normal newborn with an evaluation that was successfully carried out, namely the condition of the baby being healthy with PB, 50 , BB, 4000 grams, the baby was warm by means of IMD, wrapping the umbilical cord in dry and sterile gauze.

## **CLOSING**

### **Conclusion**

After carrying out midwifery care for newborns from assessment to evaluation, thus the authors draw conclusions that.

1. A review of postpartum mother data on Newborns was carried out at the Hj.Hendrayatni Clinic, Pematangsiantar City in 2020. The results of the data review were obtained for Normal Newborns, 0 days old, on 14-09-2020.
2. Has interpreted the data for Normal Newborns at the Hj.Hendrayatni Clinic, Pematangsiantar City in 2020. The results of the interpretation of the data so that Normal Newborns aged 0 days have no problems.
3. A diagnosis of problems with normal newborns has been formulated at the Hj.Hendrayatni Clinic, Pematangsiantar city in 2020. The results of the diagnosis and interpretation of data on normal newborns do not have a problem diagnosis.
4. Has identified immediate action and anticipated problems in normal newborns at the Hj.Hendrayatni Clinic, Pematangsiantar city in 2020. with no action results
5. An action plan for midwifery care for normal newborns has been established at the Hj. Hendrayatni Clinic, Pematangsiantar City in 2020 with the result being planning such as care regarding personal hygiene.
6. Has carried out midwifery care measures for normal newborns at the Hj. Hendrayatni Clinic, Pematangsiantar City in 2020 which has been prepared with the result that all care has been given and nothing deviates from the evaluation of the theoretical review.
7. Has evaluated the results of the action on Normal Newborns at the Hj.Hendrayatni Clinic, Pematangsiantar city in 2020 which has been carried out with the result that all care has been given and nothing has been done deviate from the evaluation of the theoretical review.
8. Documentation of all friends and actions that have been carried out on Normal Newborns has been carried out in the form of SOAP.

### **Suggestions**

### **1. For Midwives**

It is hoped that midwives at the Midwife Clinic Hj. Hendrayatni implements Nursing Care for Newborns to avoid problems that may occur.

### **2. For Clients**

It is hoped that this care can be implemented in the next BBL,

### **3. For Educational Institutions**

It is hoped that this will facilitate the library by increasing the number of books published in the latest year in the health sector, especially regarding midwifery care.

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