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Comprehensive midwifery care report on perinatal emergency in the baby of Mrs. "I", 30 days old, with a premature neonate, anemia, and dyspnea in Panji Ward, Gambiran General Hospital, Kediri City

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***Abstract*:**
Approach, and documentation study. Assessment revealed a premature infant (32 weeks of gestational age) with low birth weight, asphyxia, respiratory distress, and anemia (Hb 8 mg/dl). Management was carried out in collaboration with pediatric specialists, including oxygen therapy via nasal cannula, PRC transfusion, pharmacological therapy, nutrition through OGT, and intensive monitoring of vital signs. Evaluation showed clinical improvement after the interventions. In conclusion, the application of comprehensive midwifery care based on Varney's management approach in collaboration with medical specialists successfully improved the condition of a neonate with prematurity, anemia, dyspnea, and congenital anomalies. This report is expected to serve as a reference for health workers in managing similar cases to improve the quality of neonatal midwifery care.

Keywords
midwifery care; premature neonate; anemia; dyspnea; congenital anomalies

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INTRODUCTION

Comprehensive midwifery care for By. Ny. I, a 30-day-old neonate diagnosed with ASD, VSD, apnea, prematurity, and polydactyly, was cared for using Varney's midwifery management approach, which includes assessment, diagnosis, identification of potential problems, determination of immediate needs, interventions, implementation, and evaluation.

The assessment showed that the infant presented with prematurity, low birth weight, anemia (Hb 8 mg/dl), respiratory distress, and congenital anomalies. Interventions included collaboration with pediatric specialists, oxygen therapy, PRC transfusion, pharmacological therapy, nutrition via OGT, and intensive monitoring of vital signs. The evaluation indicated that the infant's condition improved after the interventions, as evidenced by improved vital signs and a more favorable overall clinical response. This demonstrates that comprehensive, collaborative midwifery care in line with

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professional standards can enhance service quality and improve the condition of neonates with prematurity, anemia, and congenital anomalies

The urgency of managing emergencies in newborns with prematurity and VLBW underlies the preparation of this report as a documentation of midwifery care. This report is intended to serve as a reference for enhancing the quality of midwifery services, particularly in critical neonatal cases, within healthcare facilities.

METHODS

This study employed a descriptive case study method with a comprehensive midwifery care approach. The aim of this method was to provide an in-depth description of the implementation of midwifery care in neonates with preterm birth, anemia, dyspnea, and congenital abnormalities. The research was conducted in the Neonatal Care Unit (Panji Ward) of RSUD Gambiran, Kediri City, from June 16 to 28, 2025. The subject of this study was a 30-day-old newborn of Mrs. I, diagnosed with preterm birth, anemia, dyspnea, and congenital abnormalities, while the object of the research was the process of midwifery care provided to the infant.

Data were collected through direct observation of the patient's condition, interviews with the family and healthcare providers, review of medical records, and a literature review to strengthen the theoretical and management approach. The instruments used in data collection included maternal and neonatal assessment forms, midwifery management process forms based on Varney's seven-step approach, and patient progress notes that referred to the SOAP approach. Data analysis was carried out using a qualitative descriptive method, outlining the results of assessment, diagnosis, interventions, implementation, and evaluation based on midwifery care standards and relevant current literature.

RESULTS

The case discussion was conducted according to Varney's Midwifery Management, beginning with the assessment stage and proceeding through to evaluation. This chapter also explains the congruence and discrepancies between theory and practice. Any discrepancies identified allow for problem-solving efforts to improve the quality of midwifery care. This case study was carried out on Baby I, a 30-day-old infant diagnosed with anemia, prematurity, dyspnea, and congenital abnormalities at RSUD Gambiran, Kediri.

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During the assessment, the author obtained both subjective and objective data. Subjective data were collected through interviews with the infant's mother, while objective data were obtained from a comprehensive physical examination. Subjective data revealed that the baby was crying and experiencing shortness of breath. Objective findings showed the infant to be weak, with a body temperature of 35.2°C, weight of 1,480 g, body length of 46 cm, head circumference of 28 cm, chest circumference of 25 cm, capillary refill time (CRT) of 4 seconds, pulse rate of 146 beats per minute, Apgar score of 3–5, chest wall retractions, irregular breathing, and chest X-ray results showing a normal heart size, lung infiltrates in both lung fields, and sharp phrenicocostal sinuses. The conclusion was pneumonia.

The Apgar score of 3–5 was consistent with the Apgar assessment indicating asphyxia. This score falls within the category of mild to moderate asphyxia, characterized by abnormal breathing within the first minute, a heart rate ≥100 beats per minute, decreased muscle tone, and a response to stimulation. An Apgar score of 4–7 at the fifth minute (World Health Organization, 2021).

Data interpretation included midwifery diagnoses, problems, and needs. In the case of Baby I, the midwifery diagnosis established was a 30-day-old infant with:

a. Problems: respiratory failure and inability to breathe spontaneously.
b. Needs: oxygen and vital signs monitoring, along with collaboration with a pediatrician.

The potential diagnosis in this case was severe asphyxia, which could progress to death if the condition worsened. Anticipatory actions were taken through collaboration with a pediatrician for pharmacological therapy and with a radiologist for further diagnostic examinations. The care plan for Baby I included:

a. Providing information to the baby's family about the examination results.
b. Obtaining informed consent from the family for further procedures.
c. Collaborating with the pediatrician in administering pharmacological therapy.
d. Monitoring the baby's vital signs.
e. Providing emotional support to the family during visits and encouraging them to remain positive and optimistic about the baby's health.
f. Documenting all interventions and observations.

Implementation for Baby I was carried out efficiently and safely according to the planned care. All interventions were executed as intended without omission. In the case of Baby I, all planned interventions were effectively implemented. The evaluation results indicated an improvement in the baby's condition, evidenced by a better general state.

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DISCUSSION

This case highlights that prematurity and VLBW are major risk factors for neonatal respiratory distress. Prompt and appropriate management, particularly within the first six hours of life, is critical to reducing mortality. Grade III–IV HMD requires intensive treatment that involves not only medical therapy but also the active role of midwives in providing supportive and educational midwifery care.

The involvement of a multidisciplinary team in the care of this newborn was key to successful treatment and recovery. Therefore, midwives' abilities to identify neonatal emergencies, refer appropriately, and collaborate effectively with other healthcare professionals are crucial in enhancing the quality of life for high-risk neonates.

CONCLUSION

Comprehensive midwifery care for Baby I, a 30-day-old infant diagnosed with ASD, VSD, apnea, prematurity, and polydactyly, was carried out using Varney's midwifery management approach, which includes assessment, diagnosis, identification of potential problems, determination of immediate needs, interventions, implementation, and evaluation. The assessment showed that the infant experienced prematurity, low birth weight, anemia (Hb 8 mg/dl), respiratory distress, and congenital abnormalities. Interventions provided included collaboration with a pediatrician, oxygen therapy, PRC transfusion, pharmacological therapy, nutrition through an OGT, and close monitoring of vital signs. The evaluation revealed improvement in the infant's condition, as evidenced by stable vital signs and a positive response to the care provided. This demonstrates that comprehensive, collaborative midwifery care provided according to professional standards can improve the quality of care and enhance the condition of neonates with complications such as prematurity, anemia, and congenital abnormalities.

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