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SUSTAINABLE MIDWIFERY CARE (*Continuity Of Care*) FOR BABY MRS. Y WITH UMBILICAL CORD INFECTION AT PRATAMA FRISKAH NOVITA CLINIC, MEDAN LABUHAN DISTRICT, MEDAN CITY IN 2025

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ABSTRACT

Umbilical Cord Infection is an infection that occurs in the form of swelling, at the end of the umbilical cord will come out pus, around the base of the umbilical cord will be red and accompanied by edema, in severe infection conditions. Objective: To provide obstetric services with continuity of care and treatment of umbilical cord infections at the Friskah Novita Primary Clinic, Medan Labuhan District, Medan City in 2025". Method: used in collecting data that is directly related to patients who will be studied in more depth. This data collection is through questionnaires, forms, observations, and others related to data collection. Data collection can also be done through interviews or interviews from direct patients (Auto anamnesis) and data from families (Allow anamnesis). According to the World Health Organization (WHO), 1.3 million babies will die from umbilical cord infections worldwide in 2021. According to UNICEF, in 2022, around 2.6 million babies worldwide will die each year in 2021. In some countries, the death rate from infections is higher than in other countries.

Keywords: Continuity of Care (CoC), Sustainable Midwifery Care, Umbilical Cord Infection, Newborn Care, Midwifery Clinic

Introduction

To support the national development agenda toward Golden Indonesia 2045, the government has positioned the health sector as one of its key strategic pillars. This health development direction is based on a health paradigm that emphasizes strengthening promotive and preventive efforts over curative and rehabilitative approaches. This approach is considered more effective in utilizing resources, improving the community's quality of life, and controlling the impact of health problems.(Sitompul *et al.*, 2025) Global data shows that umbilical cord infections remain a significant cause of infant mortality. The World Health Organization (WHO) reported that in 2021, approximately 1.3 million infant deaths worldwide were related to umbilical cord infections. Meanwhile, UNICEF estimates that the global number of infant deaths reaches approximately 2.6 million cases annually, with significant variation between countries, with some regions showing significantly higher mortality rates than others.(Yenny, 2024)

Midwifery care management is a systematic approach that plays a crucial role in identifying and addressing various maternal and infant health issues, thus contributing to a reduction in maternal and neonatal mortality rates. This approach is implemented through the stages of assessment, diagnosis, care planning, implementation, and evaluation of midwifery care outcomes. Furthermore, the effectiveness of midwifery care can be improved through the implementation of continuity of care. (Rahayuningsih and Kristiningrum, 2024)

A field survey conducted at the Friskah Novita Primary Clinic in Medan Labuhan District, Deli Serdang Regency, in 2024 showed 70 visits for pregnant women, 40 for women in labor, postpartum mothers, and newborns, and 875 visits for family planning services using various contraceptive methods. Of all the recorded deliveries, one case of a newborn with an umbilical cord infection was found. This condition served as the basis for case selection for the implementation of Continuity of Care at the Friskah Novita Primary Clinic in Medan Labuhan District, Medan City, in 2025.(Sitompul *et al.*, 2025)

Research Method

Data collection in the implementation of Continuity of Care (CEC) is conducted through various techniques directly related to the patient as the study subject. Data is obtained using questionnaires, recording forms, and relevant clinical observations. Additionally, information gathering is conducted through direct interviews with patients (autoanamnesis) and the collection of supporting data from family members (alloanamnesis).(Rachmawati and Yuliani, 2024)

Data were obtained from the family environment, patient medical records, and relevant obstetric service records. Additional information was collected through documentation review. In the comprehensive midwifery care case study, recording was conducted using the Maternal and Child Health (MCH) Handbook, which included data assessment results, interpretation of findings, diagnosis and anticipation of potential problems, care planning, implementation of interventions, and evaluation of service outcomes.(Novita and Herawati, 2024)

Continuity of Care (CEC) was implemented at the Friskah Novita Primary Clinic, located on Jalan Kail Lingkungan V, Sei Mati, Medan Labuhan District, Medan City. The care activities were carried out from October 27, 2024, to January 2025, using comprehensive midwifery care to comprehensively identify and resolve patient problems.(Lubis *et al.*, 2023)

Results Of Activities And Discussions

On December 8, 2024, at 11:55 PM WIB, Mrs. Y's baby was born spontaneously vaginally. Initial examination results showed good general condition, the baby was actively moving, and had a reddish skin color. The baby's vital signs were within normal limits, with a pulse rate of 140 beats/minute, a respiratory rate of 45 breaths/minute, and a body temperature of 36.5°C. (Lydya Natalia Sinuhaji, 2024)

The baby was a girl with a birth weight of 3,410 grams and a body length of 50 cm. One hour after birth, a vitamin K injection was given to prevent bleeding, and two hours later, a hepatitis B immunization dose 0 (HB-0) was given to prevent hepatitis infection. Babies are bathed with the aim of cleaning dirt on the surface of the body, increasing comfort, and

supporting the prevention of infection, especially in caring for the umbilical cord in newborns.

Visit Results
Date: December 15, 2024
Time: 12:20 WIB

S (Subjective):

The mother reported that her baby was 7 days old and was anxious about his condition. She complained that the baby appeared feverish, had a decreased appetite, and the umbilical cord had not fallen off and appeared moist. She also noted mild redness around the base of the umbilical cord without any pus discharge.

O (Objective):

The umbilical cord had not fallen off, but there was redness at the base of the cord, an early sign of infection, without bleeding. The baby's vital signs showed a pulse rate of 130 beats/minute, a respiratory rate of 43 breaths/minute, a body temperature of 37.8°C, and a body length of 50 cm.(Prety, Aprila and Intasir, 2024)

A (Assessment):

Mrs. Y baby is 7 days old and was diagnosed with omphalitis.
The primary problem is redness and moisture at the base of the umbilical cord.
Care needs include health education regarding newborn umbilical cord care.

P (Planning):

Communicate the examination results and the baby's condition to the mother.
Provide education on proper umbilical cord care, including:
Keep the umbilical cord clean and dry with a clean gauze covering. Perform dry cord care and fold the diaper down. Do not apply any medication or antiseptic to the umbilical cord without the advice of a healthcare professional.Observe for signs of infection in the umbilical cord.
Encourage the mother to keep the baby warm. Encourage exclusive breastfeeding.
Recommend a follow-up visit if signs of complications appear or the baby's condition worsens.

Visit Results
Date: December 22, 2024
Time: 11:00 a.m. WIB

S (Subjective):

The mother stated that the baby was healthy, suckling well, sleeping soundly, and not fussy. She also reported that the baby's umbilical cord was dry and detached, and that the baby had no complaints or complications.

O (Objective):

The umbilical cord appeared dry and had fallen off with no signs of infection. The examination revealed a good general condition, compos mentis, with a pulse rate of 130 beats/minute, a respiratory rate of 45 breaths/minute, and a body temperature of 36.6°C.

A (Assessment):

Mrs. Y's baby had a severed umbilical cord.
Problems: None identified.
Care needs: Health education related to the baby's nutritional needs

P (Planning):

Communicate the examination results to the mother.
Provide education regarding the baby's nutritional needs, particularly breastfeeding as needed.
Provide health education about basic and advanced immunizations according to the schedule in the KIA Book.

DISCUSSIONS

The Neonatal Transition and Early Birth Assessment of Mrs. Y's baby on December 8, 2024 through the normal delivery process showed a stable physiological condition with a birth weight of 3,410 grams. Vitamin K injections and Hepatitis

B (HB-0) immunization immediately after birth are crucial preventive measures to prevent bleeding due to vitamin K deficiency and vertical transmission of hepatitis. This early management is in line with the professional standards of neonatal care. Professional management of obstetric care in the early neonatal period is fundamental to ensure patient safety and prevent complications early in life through precise clinical assessment and standardized interventions.

(Omphalitis)

On the 7th day visit (December 15, 2024), the baby showed signs of early-stage omphalitis. In these cases, education on "clean and dry" methods—i.e., keeping the umbilical cord covered in sterile gauze and folding the diaper under the center—proved to be an effective non-pharmacological intervention. In addition to clean and dry methods, research by (Sari et al., 2018) offers an alternative intervention through the topical use of breast milk. The results showed that topical use of breast milk on umbilical cord buttocks significantly accelerated umbilical cord release time to 6.18 days compared to dry treatment which reached 7.41 days. The use of breast milk as a topical not only accelerates the process of cord detachment (puput), but also contains natural antibody substances that can help suppress bacterial colonization, so it is very relevant to be applied in the case of Mrs. Y's baby to speed up the healing of the initial infection at the base of the umbilical cord.

Exclusive Breastfeeding and Stunting Prevention After the infection problem was resolved, the focus of care shifted to fulfilling the baby's nutrition. The importance of family support in exclusive breastfeeding is the main key to the success of the baby's long-term health. As explained by (Marliani et al., 2025), family-based education about correct breastfeeding techniques and the importance of exclusive breastfeeding is very effective in improving maternal understanding and readiness. In addition to family support, synergy with health cadres in the community also plays a vital role. As the results of the study (Pasaribu et al., 2025), assistance by cadres has been proven to be effective in monitoring and improving maternal nutritional status, such as reducing the incidence of Chronic Energy Deficiency (SEZ). This intervention from the pregnancy period directly has an impact on the physical readiness of the mother to provide exclusive breastfeeding optimally after delivery. Family support and the active role of cadres are strategic preventive steps in preventing stunting from an early age. With good nutrition from breast milk and integrated nutritional monitoring, Mrs. Y's baby's immune system will be stronger in preventing recurrent infections.

Continuity of Care (CoC) and Clinical Outcomes The effectiveness of the Continuity of Care model was evident at the follow-up visit on December 22, 2024. Within a span of 14 days, the infection was successfully

Continuity of Care (CoC) and Clinical Outcomes The effectiveness of the Continuity of Care model was evident at the follow-up visit on December 22, 2024. Within a span of 14 days, the infection was successfully resolved, the umbilical cord had been removed (shattered), and the baby's body temperature returned to normal (36.6°C). The success of this healing process depends not only on medical measures, but also on consistent

monitoring. As emphasized, integrated care protocols and continuous health monitoring significantly affect the health status of infants, allowing for early detection of risks, and timely implementation of interventions. The transition from an infected condition to a healthy one (the baby breastfeeds well and is not fussy) confirms that the obstetric care plan has been implemented successfully.

This success is also inseparable from the aspect of patient satisfaction with the services provided. As explained by (Nurmawan, 2022), patient satisfaction is a reflection of the quality of health services provided professionally. In the context of CoC, Mrs. Y's mother's satisfaction with consistent care is a supporting factor for mothers to be more compliant with the care and education plans provided by midwives. The transition from an infected condition to a healthy one confirms that the obstetric care plan has been implemented successfully.

Service Excellence in Postnatal Care The final phase of care is focused on long-term prevention through exclusive breastfeeding education and immunization schedules according to the KIA book. The implementation of Service Excellence in each visit ensures that Mrs. Y feels supported and empowered to take care of her baby independently. Providing holistic care—which addresses both physical infections and maternal anxiety—is a hallmark of high-quality obstetric services. This approach ensures long-term health outcomes for newborns and contributes to a reduction in neonatal morbidity rates in the community.

Conclusion

Continuous midwifery care provided to Mrs. Y, 40 years old with obstetric status G4P3A0, was carried out comprehensively from pregnancy, delivery, postpartum, newborn care, to family planning services at the Friskah Novita Primary Clinic. The implementation of care refers to Helen Varney's midwifery management with documentation using the SOAP method.(Prastika *et al.*, 2022)

A 28-day follow-up of Mrs. Y's baby showed that her initial neonatal complaints had been well-managed. At birth, the baby weighed 3,410 grams and was 50 cm long. A vitamin K injection was given within the first hour to prevent bleeding, followed by a dose of hepatitis B immunization two hours later to prevent hepatitis infection. The mother was also encouraged to initiate early breastfeeding and provide exclusive breastfeeding to meet the baby's nutritional needs from the beginning of life.(Prastika *et al.*, 2022)

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