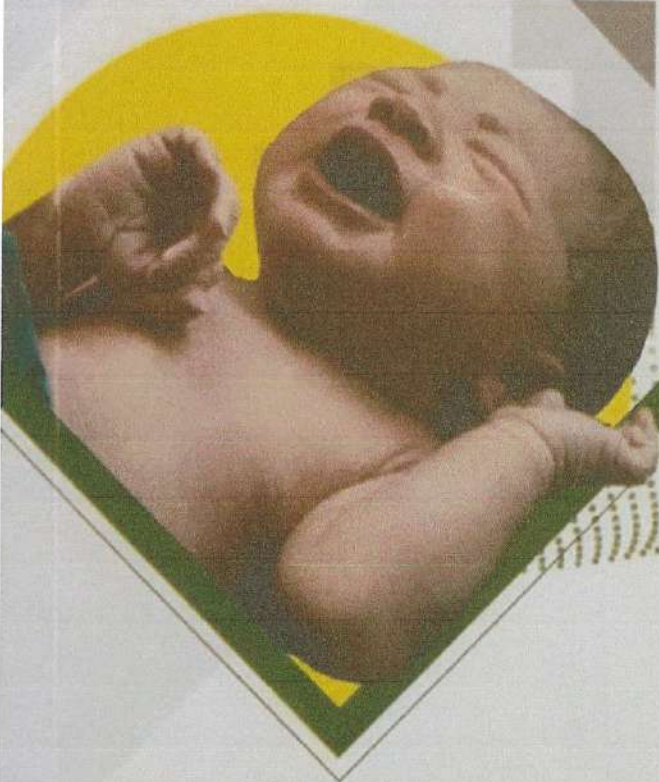




**3<sup>rd</sup>**  
**SWON**

**PROCEEDING BOOK**



UPDATE NEONATAL SYMPOSIUM 2019

**QUALITY IMPROVEMENT  
OF NEONATAL CARE :**

# **WHAT HAVE WE LEARNT?**

SURABAYA  
OCTOBER 17<sup>TH</sup>-20<sup>TH</sup>, 2019

**SAGA**

# Quality Improvement of Neonatal Care

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## THE ROLE OF KMC ON BRAIN PROTECTION IN PRETERM

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### Abstract

**Objective :** Report that KMC (Kangaroo Mother Care) to intervention in preterm infant affect brain development. A meta-analysis of several of KMC studies proves that Skin-to-Skin Contact of mother and preterm infant significantly prevents hypothermia, increases breastfeeding success while at the same time provides a number of other important benefits including a positive effect on improving cognitive development marked by a higher Index Score of Bayley's Mental Development.

**Case :** To Report a case of "Surabaya Quintuplet : KMC and A Breastfeeding Success Story". The quintuplet were delivered at Dr. Soetomo Academic Hospital by an elective C-Section, with gestational age of 32 weeks. One baby weighed 1250 grams, another one 1100 grams, another 1000 grams, another 1350 grams, and the last one weighed 1300 grams. All of them were infused with dextrose 10 percent, amino acid and lipid, and breastmilk trophic feeding from the beginning. They were cared inside the incubators and followed by Skin-to-Skin Contact by KMC, treated with CPAP (Continuous Positive Airway Pressure) and ventilator. Maintaining on blood pressure were done, infections were being anticipated, and as the mother already had education about breastfeeding since pregnancy during the ANC (Ante Natal Care), after the delivery the mother's breastmilk were quickly and sufficiently available by regular pumping.

After being cared for 96 days in the hospital, the quintuplet condition were stable. They were good at drinking the breastmilk, the weight gradually increasing, and breastmilk production was more than sufficient. The quintuplet were sent home and their growth are being monitored. They had immunization, tests for the health of the eyes and ears. They also underwent The Congenital Hypothyroid Screening Program.

At 6 month-old, the quintuplet were ready to have the Complementary Food. Now, they are 4 years old in the kindergarden school. Their growth and development are optimum and had achieved the goal of Neonatal Survival Intact for the realization of Sustainable DG's.

**Conclusion :** There are correlation between The Role of KMC and Exclusive Breastfeeding on Brain Protection In Preterm

**Keyword :** KMC, Exclusive breastfeeding, Brain protection, Neonatal Survival Intact.

## PENDAHULUAN

MDGs 2015 (*Millenium Development Goals*) butir ke 4 menetapkan angka kematian bayi baru lahir sebesar 23/1000 kelahiran hidup. SKDI (Survei Kesehatan Demografi Indonesia) tahun 2012 melaporkan 3 penyebab kematian terbanyak bayi baru lahir yaitu asfiksia (36%), penyulit BBLR / Prematuritas (32%) dan sepsis (12%). Permasalahan Kegawatan Bayi Prematur dapat diupayakan di era SDGs (*Sustainable Development Goals*) 2016 - 2030 dengan tatalaksana bayi prematur update yang meliputi upaya ANC (*Antenatal Care*) yang optimal terkait kondisi ibu hamil dan janinnya sejahtera, penyediaan alat dan sarana yang optimal mulai dari fasilitas terbatas sampai fasilitas rujukan NICU (*Neonatal Intensive Care Unit*), upaya penyediaan sumber daya manusia yang mahir melakukan resusitasi dan stabilisasi bayi prematur demi tercapainya luaran neonatal dengan keselamatan utuh, bayi prematur tersebut *survive*, terhindar dari kecacatan yang terjadi akibat penyulit dari prematuritas dan mencapai tumbuh kembang optimal sebagai Generasi Platinum yang cerdas demi masa depan bangsa dimasa mendatang dengan pola asah asih asuh yang dikawal oleh Pemerintah (Kemenkes RI), tenaga kesehatan, orang tua dan lingkungan yang menunjang Progam 1000 HPK (Hari Pertama Kehidupan).

RSUD Dr. Soetomo Surabaya adalah Rumah Sakit milik Pemerintah Propinsi Jawa Timur, merupakan Rumah Sakit Rujukan tipe A sekaligus Rumah Sakit Pendidikan untuk Fakultas Kedokteran Universitas Airlangga Surabaya dan Pusat Latih Perawatan Metode Kanguru (PMK).

Tujuan topik ini adalah memaparkan peran PMK terkait perkembangan otak bayi prematur. Meta analisis sejumlah penelitian PMK membuktikan bahwa kontak kulit ke kulit ibu dan neonatus prematur secara signifikan mencegah hipotermia, meningkatkan keberhasilan menyusui sekaligus memberikan sejumlah manfaat penting lainnya termasuk berpengaruh positif dalam meningkatkan perkembangan kognitif yang ditandai dengan lebih tingginya Skor Indeks Perkembangan Mental Bayley.



Gambar 1. MDGs 2015 ([www.plannemotes.blogspot.com](http://www.plannemotes.blogspot.com))



Gambar 2. SDGs 2015 ([www.un.org](http://www.un.org))

# 1000 hari pertama kehidupan

adalah

masa sejak anak dalam kandungan hingga seorang anak berusia dua tahun

disebut sebagai masa **PERIODE EMAS**

Karena pada periode ini terjadi **PERTUMBUHAN OTAK**

yang sangat pesat, yang mendukung seluruh proses pertumbuhan anak dengan sempurna.

**HARUS DIDUKUNG GIZI**

Apa yang terjadi jika anak **KURANG GIZI?**

Karena kurang gizi pada 1000 Hari Pertama Kehidupan **TIDAK DAPAT DIPERBAIKI** dimasa kehidupan selanjutnya.

- Pertumbuhan otak terhambat, anak **TIDAK CERDAS**
- Pertumbuhan jasmani dan perkembangan kemampuan anak terhambat, dan anak menjadi **PENDEK**



- Anak menjadi **LEMAH & MUDAH SAKIT**



- Anak akan **SULIT MENGIKUTI PELAJARAN** saat bersekolah nantinya



Setelah dewasa akan sulit mendapatkan pekerjaan



Gambar 3. 1000 Hari Pertama Kehidupan ([www.slideshare.net](http://www.slideshare.net))

## MANFAAT PMK

PMK pada bayi prematur terbukti secara EBM (*Evidence Based Medicine*) menurunkan mortalitas sebesar 20 - 40%

Penyebab kematian	Penanggulangan berdasarkan bukti ilmiah	Penurunan kematian
Ibu Perdarahan 28%	Pelayanan gawat darurat (PONED & PONEK)	40%
Infeksi 11%	Pencegahan infeksi	13%
Eklampsia 24%	Magnesium Sulfat	7%
Partus macet/lama 5%	Penolong persalinan terampil ( <i>Skilled birth attendant</i> )	10%
Bayi Baru Lahir : BBLR 29%	Status kesehatan & gizi ibu/ jaga suhu tubuh bayi	20-40%
Asfiksia 27%	Tenaga terampil resusitasi & alat resusitasi tepat guna	20-30%
Infeksi dan tetanus 15%	Penanganan kasus di masyarakat	10-35%
Bayi & Balita : Pemberian makanan bayi / anak tidak sesuai	Menyusui segera setelah lahir (30 menit), ASI Eksklusif (0-6 bulan) → Puskesmas & RS Sayang Ibu & Bayi ASI + MP ASI (6-24 bulan)	13% 6%
Gizi kurang 54%	Suplementasi & fortifikasi gizi mikro dan PMT gizi makro	30-50%
Pneumonia 23%	MTBS	30-60%
Diare 13%	Oralit/cuci tangan dengan sabun	40-50%
Campak 7%	Imunisasi	7%

Dikutip dari : Lancet 2005 Millenium Project 2005



## Comparison of Skin-to-Skin (Kangaroo) and Traditional Care: Parenting Outcomes and Preterm Infant Development

Ruth Feldman, PhD<sup>\*</sup>; Arthur I. Eidelman, MD<sup>†</sup>; Lea Sirota, MD<sup>‡</sup>; and Aron Weller, PhD<sup>\*</sup>

**ABSTRACT.** *Objective.* To examine whether the kangaroo care (KC) intervention in premature infants affects parent-child interactions and infant development.

*Methods.* Seventy-three preterm infants who received KC in the neonatal intensive care unit were matched with 73 control infants who received standard incubator care for birth weight, gestational age (GA), medical severity, and demographics. At 37 weeks' GA, mother-infant interaction, maternal depression, and mother perceptions were examined. At 3 months' corrected age, infant temperament, maternal and paternal sensitivity, and the home environment (with the Home Observation for Measurement of the Environment [HOME]) were observed. At 6 months' corrected age, cognitive development was measured with the Bayley-II and mother-infant interaction was filmed. Seven clusters of outcomes were examined at 3 time periods: at 37 weeks' GA, mother-infant interaction and maternal perceptions; at 3-month, HOME mother, HOME father, and infant temperament; at 6 months, cognitive development and mother-infant interaction.

*Results.* After KC, interactions were more positive at 37 weeks' GA: mothers showed more positive affect, touch, and adaptation to infant cues, and infants showed more alertness and less gaze aversion. Mothers reported less depression and perceived infants as less abnormal. At 3 months, mothers and fathers of KC infants were more sensitive and provided a better home environment. At 6 months, KC mothers were more sensitive and infants scored higher on the Bayley Mental Developmental Index (KC: mean: 96.39; controls: mean: 91.81) and the Psychomotor Developmental Index (KC: mean: 85.47; controls: mean: 80.53).

*Conclusions.* KC had a significant positive impact on the infant's perceptual-cognitive and motor development and on the parenting process. We speculate that KC has both a direct impact on infant development by contributing to neurophysiological organization and an indirect effect by improving parental mood, perceptions, and interactive behavior. *Pediatrics* 2002;110:16-26; *Kangaroo Care, parent-infant interaction, maternal depression, fathers, Bayley, infant development.*

Neonatal Perinatal Inventory; HOME, Home Observation for Measurement of the Environment; ICQ, Infant Characteristics Questionnaire; MDI, Mental Developmental Index; PDI, Psychomotor Developmental Index; MANOVA, multivariate analysis of variance.

Although recent research has documented the beneficial effects of mother-infant skin-to-skin contact (kangaroo care [KC]) on the physiology and behavior of premature infants, few data exist on the long-term effects of KC on infant development or on the parenting process. Since the KC method was first introduced, skin-to-skin contact has been reported to improve infant state organization, thermal regulation, respiratory patterns, and oxygen saturation; reduce apnea and bradycardia; increase rate of infant weight gain and maternal milk production; shorten hospital stay; and function as an analgesic during painful medical procedures.<sup>1-13</sup> KC has also been shown to have a positive impact on mothers' sense of competence and on the mother-infant attachment process.<sup>14-16</sup> These studies, however, were conducted immediately after KC was instituted or before discharge from the hospital, relied on anecdotal reports or on small samples of infants, and are often less than rigorous in design.<sup>17</sup> Thus, the question of whether the KC method has long-term effects on infant development or on the parent-infant relationship remains unanswered.

Premature birth exposes the infant to a range of developmental risks. Premature infants often exhibit lower cognitive and motor skills that persist into later childhood.<sup>17-20</sup> In addition, problems in the attention system have been noted and premature infants spend shorter periods in alert-scanning states,<sup>21</sup> are less competent in focused attention,<sup>22</sup> and exhibit immature visual habituation.<sup>23</sup> This disorganized attention, in turn, leads to difficulties in the mother-infant interaction and in the mother's ability to read the infant's messages, regulate arousal, and socially engage the infant.<sup>24,25</sup>

Thus, apart from the risks of premature birth itself, developmental outcomes may stem from difficulties in the mother-infant relationship. Interactions between mothers and premature infants are often less than optimal in terms of lower maternal adaptation to infant signals, leading to decreased maternal touch, vocalization, and gaze.<sup>26</sup> Mothers of preterm infants have been noted to provide a less responsive and stimulating home environment as compared with mothers of full-term infants,<sup>27</sup> and the quality of the home environment has been shown, in turn, to

**ABBREVIATIONS.** KC, kangaroo care; SD, standard deviation; GA, gestational age; NICU, neonatal intensive care unit; CRIB, Clinical Risk Index for Babies; BDI, Beck Depression Index; NPI,

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## LAPORAN KASUS

Bayi kembar lima ini lahir di RSUD Dr. Soetomo melalui operasi SC (*Sectio Caesaria*) terencana, dengan umur kehamilan prematur 32 minggu, berat lahir 1250 gram, 1100 gram, 1000 gram, 1350 gram dan 1300 gram. Lahir dari ibu berusia 32 tahun, yang ikut Program Inseminasi karena anak pertama meninggal dan *infertility* sekunder selama lima tahun.

Semua bayi lahir dengan distres nafas menderita RDS (*Respiratory Distress Syndrome*) dan PDA (*Patent Ductus Arteriosus*), segera tim neonatologi yang terdiri dari lima tim Resusitasi Neonatus melakukan resusitasi dilanjutkan tindakan *The First Golden Hour STABLE* (*Sugar, Temperature, Airway, Blood pressure, Laboratory work and Emotional Support*). Semua bayi mendapat infus dextrose 10 persen, asam amino, lipid dan *breastmilk trophic feeding* sejak awal, dirawat di inkubator dilanjutkan *Skin-to-Skin Contact KMC*, dipasang alat CPAP (*Continuous Positive Airway Pressure*) dan *ventilator*, dijaga kestabilan tekanan darah, diantisipasi kejadian infeksi dan ibu bayi kembar lima tersebut diberi penyuluhan ASI sejak hamil pada saat ANC (*Ante Natal Care*), sehingga saat bayi lahir, ASI perah sudah cukup tersedia dengan cara memompa ASI secara teratur.



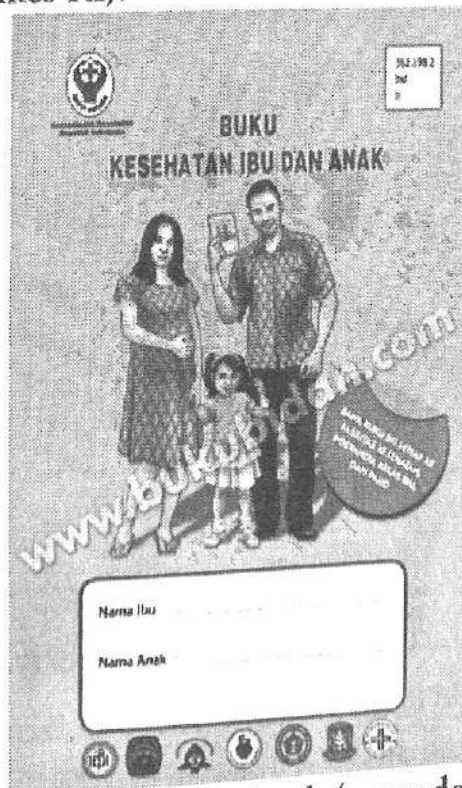
Doc. Pribadi Orang Tua Kembar Lima



Doc. Harian Jawa Pos, 3 Mei 2016

Setelah dirawat di Rumah Sakit selama 96 hari, kondisi bayi stabil, bayi menetek kuat, berat badan berangsur meningkat, (berdasarkan grafik Fenton) produksi ASI melimpah, bayi dipulangkan dan dipantau tumbuh kembangnya, mendapat imunisasi, dilakukan deteksi kesehatan mata dan telinga, juga diikutkan Program Skrining Hipotiroid Kongenital.

Saat bayi berusia 6 bulan mendapat MP ASI (Makanan Pendamping ASI). Kini kembar lima berusia 4 tahun bersekolah di taman kanak-kanak tumbuh kembang optimum (berdasarkan Buku Kesehatan Ibu dan Anak Kemenkes RI).

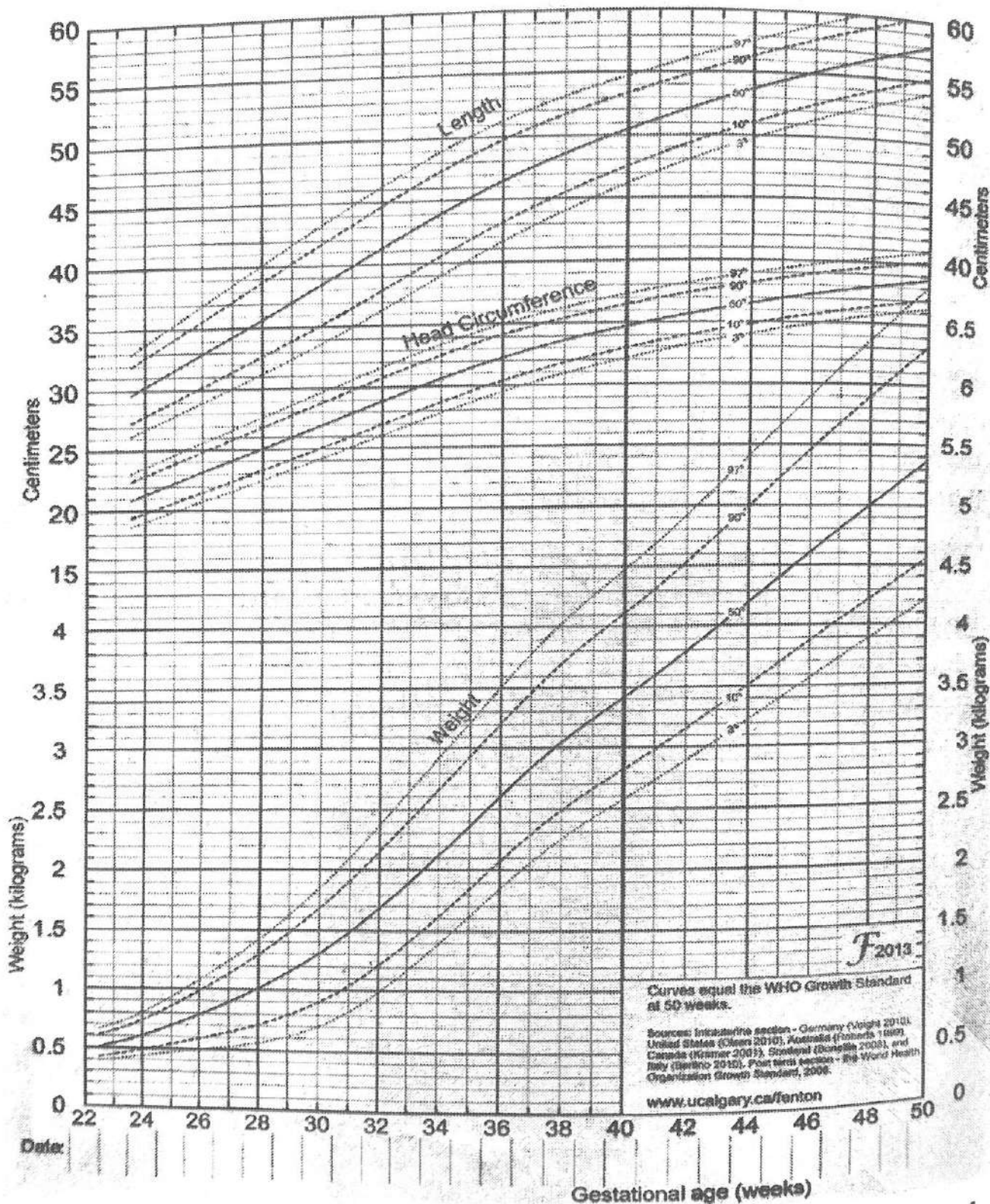


Gambar 4. Buku Kesehatan Ibu dan Anak ([www.depkes.go.id](http://www.depkes.go.id))

Nama: \_\_\_\_\_

No. Rekam Medis: \_\_\_\_\_

### Fenton preterm growth chart - Girl

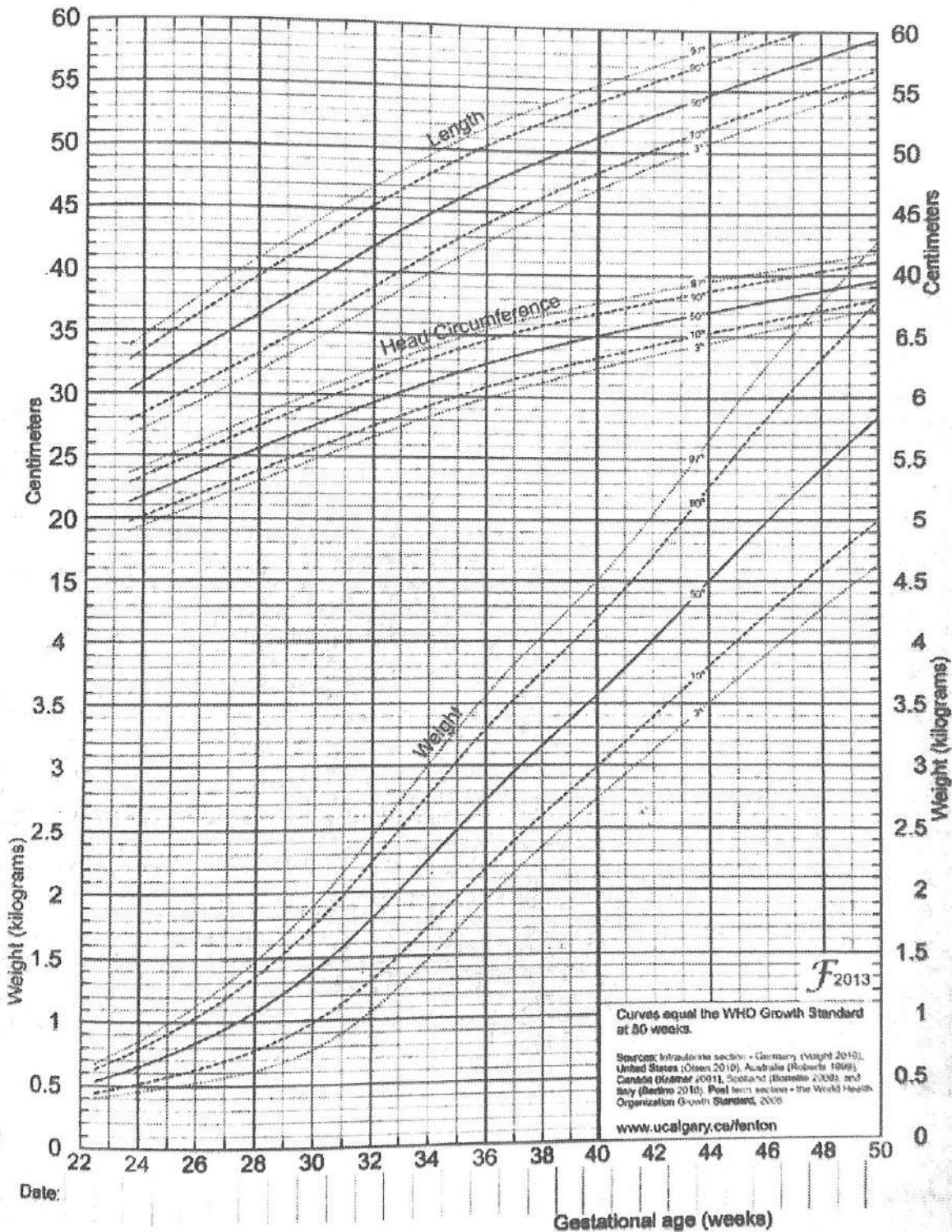


Fenton & IHDPP Chart Dikutip dari : Cloherty. Manual of Neonatal Care, 7th Ed, 2013

Nama: \_\_\_\_\_

No. Rekam Medis: \_\_\_\_\_

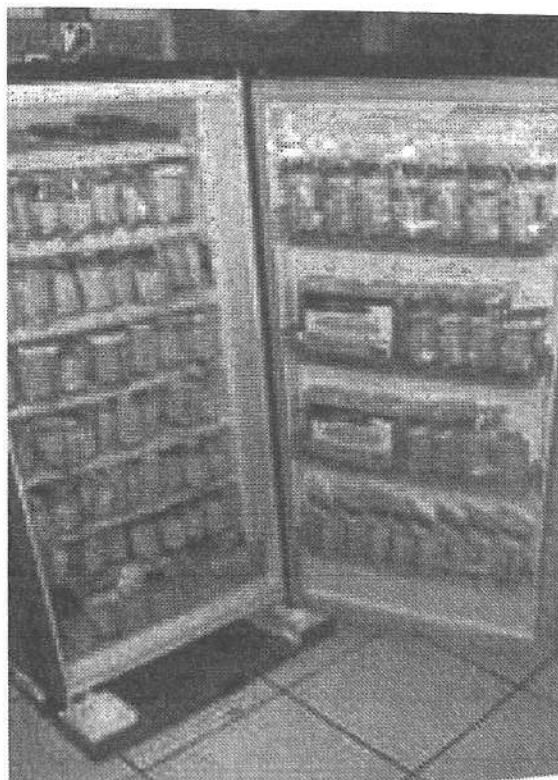
### Fenton preterm growth chart - Boys



Fenton & IHDPP Chart Dikutip dari : Cloherty. Manual of Neonatal Care, 7th Ed, 2013



**Doc. Divisi Neonatologi Dept./ SMF Ilmu Kesehatan Anak  
RSUD Dr Soetomo Surabaya**



**Doc. Pribadi Orang tua kembar lima**



Doc. Divisi Neonatologi Dept./ SMF Ilmu Kesehatan Anak  
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## RINGKASAN

Terdapat hubungan peran PMK dan ASI Eksklusif pada pertumbuhan otak bayi prematur

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