



Case Report

MIDWIFERY CARE FOR THE NEONATE OF MRS. N IN MEUNASAH KRUENG VILLAGE, SUB-DISTRICT INGIN JAYA, THE REGENCY OF ACEH BESAR

Isyfi Maradhani^{1*}, Nizan Mauyah², Sulastri³

1,2,3: Department of Midwifery, Poltekkes Kemenkes Aceh, Aceh Besar, Indonesia

*Corresponding author: isyfimaradhani@gmail.com

Abstract

Infant Mortality Rate (IMR) and neonatal mortality remain major challenges in public health. The neonatal period is a critical period of adjustment from the intrauterine to the extrauterine environment, which significantly determines the infant's future survival.

This case report aims to provide comprehensive midwifery care for a neonate and document it in SOAP format. This midwifery care was provided to Mrs. N, a neonate in Meunasah Krueng Village, Ingin Jaya District, Aceh Besar Regency, in 2026. Subjective data showed a normal birth, an immediate strong cry, and good breastfeeding. Objective examination results showed the baby's general condition was good, her consciousness was clear and alert, and her vital signs were stable: pulse 138 beats/minute, respiration 45 breaths/minute, and temperature 37°C. Anthropometric examination results were within normal limits. Essential midwifery care provided includes neonatal visits (KN) according to minimum service standards, counseling on clean and dry umbilical cord care, guidance on essential breastfeeding techniques for exclusive breastfeeding, implementation of Integrated Management of Young Infants (MTBM), and education on danger signs in neonates. Care outcomes indicate that parents understand the counseling provided, can demonstrate independent infant care, and are willing to adhere to the complete neonatal visit schedule. Quality and continuous midwifery care is expected to detect the risk of complications early in the first month of life. This helps reduce infant mortality.

Keywords: midwifery care, neonate, Meunasah Krueng Village, The Regency of Aceh Besar

Introduction

A neonate, or newborn, is an infant aged 0–28 days, a critical period characterized by the adaptation process from intrauterine to extrauterine life. During this period, important physiological changes occur, such as the independent functioning of the respiratory system, adjustments to the circulatory system, and adaptation of the body's metabolism to maintain energy and nutrient balance. The success of this adaptation is crucial for the infant's survival, growth, and development. A full-term infant normally has a birth weight of 2,500–4,000 grams, an Apgar score of >7, and no congenital abnormalities. These infants generally undergo the transition period in stable condition ¹

Globally, neonatal mortality remains a serious health problem. According to 2024 World Health Organization (WHO) data, the global neonatal mortality rate is approximately 17 per 1,000 live births. In Indonesia, infant mortality remains an important indicator of public health, with a target of 16 per 1,000 live births by 2024².

In Aceh Province, the infant mortality rate in 2024 was recorded at 8 per 1,000 live births, down from 13 per 1,000 live births in 2023. However, in the regency of Aceh Besar, 54 infant deaths were still recorded in 2024 ³. The main causes of neonatal mortality include prematurity,

asphyxia, infection, low birth weight (LBW), and congenital abnormalities. Most of these deaths are preventable through optimal neonatal care ². The coverage of neonatal visits in Aceh also decreased from 83% in 2023 to 73% in 2024. This was influenced by suboptimal neonatal visits according to standards, as well as by socio-cultural factors in the community ⁴. The government has set neonatal service standards through visits 1-3 (KN1, KN2, and KN3), which include monitoring babies, administering vitamin K and IMD, providing exclusive breastfeeding counseling, and early detection of complications such as LBW, asphyxia, and infection ⁵.

Based on this, midwifery care for neonates is very important to ensure that newborns receive health services in accordance with standards, detect health problems early, and support optimal growth in the early stages of life.

Case

This midwifery care was provided to Mrs. N, a neonate born in Meunasah Krueng Village, Ingin Jaya District, Aceh Besar Regency. The baby was born full-term through normal delivery on April 8, 2026. Based on the birth history, the baby immediately cried loudly at birth, had good muscle tone, a reddish skin color, and no signs of asphyxia or congenital abnormalities were found. The condition

of the mother and baby after delivery was good and stable ⁶.

Based on subjective data from essential care, the baby was active at 2 hours old, had undergone Early Initiation of Breastfeeding (IMD), and had passed meconium. The mother stated that the baby was breastfeeding well and had no complaints. During the neonatal period, the baby received regular monitoring during scheduled visits.

The results of an objective examination during essential care showed the baby's general condition was good, with a *compos mentis* state. Vital signs were within normal limits: pulse 138 beats/minute, respirations 45 breaths/minute, and temperature 37°C. Anthropometric results showed a body weight of 2700 grams, body length of 50 cm, head circumference of 33 cm, and chest circumference of 33 cm. Physical examination found no abnormalities; rooting and sucking were positive. No signs of infection or congenital abnormalities were found.

Researchers performed midwifery care when the neonate was 1 day old. The results of the first midwifery care session showed that the baby was in good condition, breastfeeding well, urinating and defecating normally, and showed no danger signs. The umbilical cord was still intact and had not fallen off.

Neonatal midwifery care II was performed when the baby was 5 days old. The baby was doing well, gaining weight to 2750 grams, but a complaint of miliaria (prickly heat) on the forehead was noted. This condition was managed with education on infant skin care, maintaining hygiene, and regulating environmental temperature. The umbilical cord fell off on the 5th day without any signs of infection.

Neonatal midwifery care III was performed when the baby was 11 days old. The baby's condition improved, became active, and breastfed strongly. The skin complaints had resolved, and examination results showed normal vital signs and anthropometric improvements (weight 2800 grams, length 52 cm, head and chest circumference 35 cm). The mother also understood neonatal danger signs, infant care, and the follow-up immunization plan.

Overall, the results of midwifery care indicated that Mrs. N's neonate was healthy throughout the neonatal period, with good physiological adaptation, appropriate growth, and no complications. The continuous midwifery care provided improved infant health monitoring and maternal knowledge of neonatal care.

Discussion

A neonate is a baby between birth and 28 days of life. This period is divided into

early neonates (0–7 days) and late neonates (8–28 days). The neonatal period is a crucial phase that begins at birth and continues until the baby is 4 weeks old. A normal newborn is a baby born at full term at 37–42 weeks of gestation, through spontaneous vaginal delivery without instrumental intervention, with a birth weight of 2,500–4,000 grams, an Apgar score of >7, and no congenital abnormalities.⁴

During this period, the baby undergoes adaptation from intrauterine to extrauterine life. This transition is influenced by three main factors: maturation, adaptation, and tolerance. Maturation is the process by which organs and body systems mature, allowing the baby to adapt from the womb to the external environment, which is more influenced by gestational age than by birth weight.¹

Health problems or abnormalities that frequently occur in newborns and their management are important concerns during the neonatal period because this period is vulnerable to adaptation disorders and early life complications.

During the neonatal visit, a minor skin problem was noted in the baby, including redness and small, fluid-filled bumps on the forehead, which suggest miliaria (prickly heat). This condition is a common skin problem in neonates during

the adaptation to the extrauterine environment.

Miliaria occurs due to excessive sweating, which blocks the sweat gland ducts. This condition generally appears in areas prone to sweating, such as the forehead, neck, chest, and body folds. Clinically, miliaria is characterized by a reddish rash accompanied by small, fluid-filled blisters that can cause discomfort in babies.⁷

Although mild, miliaria still requires attention and proper treatment to prevent it from worsening. Management involves keeping the baby's skin clean and dry and wearing light, loose-fitting, and absorbent clothing. Most cases resolve spontaneously if the triggering factors are controlled.⁸

Conclusion

Mrs. N's neonate received midwifery care four times in Meunasah Krueng Village, sub-district Ingin Jaya, the regency of Aceh Besar. The baby was born at term through spontaneous vaginal delivery on April 8, 2026.

Assessment results indicated the baby's general condition was good, with good physiological adaptation, and no congenital abnormalities or serious complications during the neonatal period.

The care process was conducted four times: essential neonatal care, neonatal care stages I, II, and III. On the third

midwifery care (neonatal care II), the baby experienced mild symptoms of miliaria (prickly heat). This condition was managed through education on infant skin care and environmental management.

The midwife provided counseling on newborn care, exclusive breastfeeding, umbilical cord care, hypothermia prevention, neonatal danger signs, and miliaria management. Evaluation results showed that the mother understood all the explanations given and was able to effectively care for the baby at home.

Overall, Mrs. N's neonate was healthy throughout the neonatal period, with age-appropriate growth and development and no complications.

Ethics approval

Mrs. N (the mother of the baby) and the witnesses (the grandmother of the baby) sign informed consent before care is provided.

Conflict of interests

The research team stated that there was no conflict of interest in this research.

Acknowledgments

The author would like to thank the baby's mother and father, and the midwife in Meunasah Krueng Village, for their support in implementing midwifery care.

Funding

This research is independent and does not receive financial assistance from any institution.

References

1. Kartini, P., Yola, Z., Wijayati, W., Wahyuni, Astutik, L. P., Lubis, K., Ningtyas, S. F., Nugraheni, D. E., Widyandini, M., Neneng Safitri & O. Asuhan Kebidanan Neonatus Bayi dan Anak Balita [Internet]. CV Eureka Media Aksara; 2024. Available from: <https://books.google.co.id/books?id=ahkieqaaqbaj>
2. Kemenkes RI. Laporan Kinerja Kementrian Kesehatan 2024. https://repository.badankebijakan.kemkes.go.id/id/eprint/5852/1/LKj_Kemenkes_2024.pdf; Available from: 2025;
3. Dinkes Aceh. Laporan Kinerja Tahun Anggaran 2024. 2025;
4. Kemenkes RI. Peraturan Menteri Kesehatan Republik Indonesia Nomor 6 Tahun 2024 Tentang Standar Pelayanan Minimal Kesehatan. 2024; Available from: <https://p2.kemkes.go.id/wp-content/uploads/2024/09/Permenkes-Nomor-6-Tahun-2024.pdf>
5. Ermaya, S. B. N., Putri, N. A. M., Maslikhah, Mauludiyah, Z.,

- Ratnasari, E., Hestiyana, N., Samtyaningsih, D., Ruspita, R., Fariana, Y. R. N., Rahayuni, N. W. S. & others. Buku Gangguan Minor pada Bayi, Balita dan Anak Prasekolah [Internet]. Mahakarya Citra Utama Group; 2025. Available from: <https://books.google.co.id/books?id=di5neqaaqbaj>
6. WHO. Newborn Mortality. March [Internet]. 2024. Available from: <https://www.who.int/news-room/fact-sheets/detail/newborn-mortality>
 7. Simanungkalit M. Pemberian Virgin Coconut Oil (VCO) Terhadap Miliaria Pada Bayi Giving Virgin Coconut Oil (VCO) To Babies With Miliariasis. J Kesehat Poltekkes Palembang, 16(2). 2021;
 8. Taufiqoh & A. Asuhan Kebidanan Neonatus, Bayi, Balita dan Anak Pra Sekolah. Rena Cipta Mandiri; 2022.