INTISARI

Latar Belakang: Bayi berat lahir rendah (BBLR) mencakup kelompok bayi yang lahir dengan berat kurang dari 2500 gram tanpa memandang usia kehamilannya (Perinasia, 2003). Dalam Riskesdas (2007) proporsi penyebab kematian bayi baru lahir 0-6 hari 34% karena prematuritas dan hipotermi sebanyak 7%. Perawatan sangat penting terutama adalah kesesuaian pada saat resusitasi dan perawatan pernafasan, pencegahan serta manajemen hipotermi.

Tujuan Penelitian: Membandingkan kejadian hipotermia pada BBLR pada tindakan memandikan cara seka dan rendam.

Metoda Penelitian: Quasi eksperimen. Melihat perbedaan kejadian hipotermia pada BBLR yang dimandikan cara rendam dan seka di Ruang Perinatal RSUP Dr. Sardjito Yogyakarta selama bulan April 2015-Juni 2015. Besar sampel 67 bayi. Metode analisis dengan uji-t dan x^2

Hasil Penelitian: Responden pada kelompok mandi rendam adalah 36 dengan rata-rata suhu tubuh sebelum mandi $36,92^0C \pm 0,30$ dan rata-rata suhu tubuh setelah mandi rendam adalah $36,36^0C \pm 0,40$. Responden pada kelompok mandi seka adalah 31 dengan rata-rata suhu tubuh sebelum mandi $36,94^0C \pm 0,22$ dan rata-rata suhu tubuh setelah mandi seka adalah $36,32^0C \pm 0,35$. Rata-rata selisih suhu tubuh kelompok mandi cara rendam adalah $0,56 \pm 0,25$ dan rata-rata selisih suhu tubuh kelompok mandi seka adalah $0.62 \pm 0,32$. Hasil uji-t didapatkan bahwa penurunan suhu mandi cara seka lebih besar dibandingkan mandi cara rendam tetapi perbedaan tersebut tidak signifikan (P= 0,37). Kejadian hipotermi lebih banyak terjadi pada kelompok mandi cara seka 77,4% dibandingkan mandi cara rendam 63,9% tapi tidak menunjukkan perbedaan yang bermakna (p=0,23)

Kesimpulan : BBLR yang dimandikan cara rendam dan cara seka tidak memberikan perbedaan bermakna terhadap penurunan suhu tubuh, prosentase kejadian hipotermia lebih banyak pada neonatus BBLR yang dimandikan cara seka

Kata Kunci : Hipotermi, BBLR, Mandi rendam, Mandi seka

ABSTRACT

Background: Low birth weight (LBW) includes a group of babies born weighing less than 2500 grams regardless of age pregnancy (Perinasia, 2003). In Riskesdas (2007) the proportion of causes of death of newborns 0-6 days 34% of prematurity and hypothermia as much as 7%. Treatment is especially important is the appropriateness of resuscitation and respiratory care, prevention and management of hypothermia.

Research purposes: Comparing the incidence of hypothermia in LBW in tub bath and sponge bath method.

Research method: Quasi experiments. See the difference in the incidence of LBW hypothermia which bathed the way tub bath and sponge bath in Perinatal Dr. Sardjito Hospital during the month of April 2015 to June 2015. The sample 67 babies. The method of analysis with t-test and x^2

Research result: Respondents in the group tub bath was 36 with an average temperature of the body before bathing $36.92^0C \pm 0.30$ and the average temperature of the body after a tub bath was $36.36^0C \pm 0.40$. Respondents in the group sponge bath was 31 with an average temperature of the body before bathing $36.94^0C \pm 0.22$ and the average temperature of the body after a sponge bath was $36,32^0C \pm 0.35$. The average difference between groups in body temperature tub bath method was 0.56 ± 0.25 and the average temperature difference between sponge bath group is 0.62 ± 0.32. T-test results showed that a decrease in the temperature of the sponge baths bigger than a tub bath but the differences were not significant (p=0.37). Genesis hypothermia occurs more frequently in the group how to sponge bath 77.4% compared to 63.9% tub bath manner but did not show a significant difference (p=0.23)

Conclusion: LBW were bathed tub bath and means sponge bath did not give a significant difference to the drop in body temperature, the percentage incidence of hypothermia more on LBW neonates were sponge bath.

Keywords : Hypothermia, LBW, tub bath, sponge bath