

ASUHAN KEBIDANAN BALITA PADA AN.A UMUR 18 BULAN DENGAN STUNTING DI PUSKESMAS PUNDONG

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RINGKASAN

Latar Belakang : Stunting adalah terganggunya pertumbuhan dan perkembangan anak yang menunjukkan indikasi tinggi badan anak yang $< (-2)$ standar deviasi. Stunting disebabkan oleh asupan makanan, penyakit infeksi, pola asuh, riwayat BBLR, anemia pada ibu, sanitasi, dan ekonomi. Beberapa dampak jangka panjang stunting pada anak yaitu rendahnya kemampuan kognitif dan penurunan kapasitas kerja serta risiko penyakit degeneratif saat dewasa.

Tujuan : Melakukan asuhan kebidanan pada An. A umur 18 bulan dengan stunting di Puskesmas Pundong Bantul sesuai standar pelayanan kebidanan.

Hasil : Asuhan kebidanan pada An. A telah dilakukan pengkajian dan didapatkan hasil data subyektif yaitu keluhan tidak nafsu makan karena cepat bosan dengan makanannya, riwayat kehamilan Ny. S mengalami anemia ringan uk 33 minggu, riwayat An. A BBLR 2200 gram, riwayat anak pertama mengalami stunting dan anak sering terbangun saat tidur siang. Data obyektif yaitu pada status gizi BB/ U : -3.12 SD (sangat kurang), TB/U : -3.71 SD (sangat pendek), BB/TB : -1.58 SD (gizi baik) dengan diagnosis An.A mengalami stunting, dan melakukan perencanaan sesuai dengan tatalaksana stunting. Hasil intervensi An. A mengalami peningkatan nafsu makan, peningkatan berat badan dan peningkatan tinggi badan.

Kesimpulan : Asuhan diberikan sesuai standar pelayanan kebidanan balita stunting dengan pemberian konseling dan asuhan komplementer untuk mengatasi masalah.

Kata kunci : Stunting, balita

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**MIDWIFERY CARE FOR TODDLERS Ms. A
18 MONTHS OLD WITH STUNTING
AT PUNDONG HEALTH CENTER**

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SUMMARY

Background : Stunting is a disruption in the growth and development of children indicated by a height measurement that is below (-2) standard deviations. Stunting is caused by food intake, infectious diseases, parenting patterns, history of low birth weight, anemia in mothers, sanitation, and economic factors. Some long-term impacts of stunting on children include low cognitive ability and reduced work capacity, as well as an increased risk of degenerative diseases in adulthood.

Objective : Providing midwifery care to Patient A, an 18-month-old with stunting at the Public Health Center Pundong Bantul in accordance with midwifery service standards.

Result : Midwifery care for Ms. A has been conducted with an assessment resulting in subjective data, specifically complaints of lack of appetite due to quickly getting bored with food, a history of pregnancy for Mrs. S experiencing mild anemia at 33 weeks, a history of An. A being born low birth weight at 2200 grams, a history of the first child experiencing stunting, and the child often waking up during afternoon naps. The objective data indicates nutritional status with weight-for-age: -3.12 SD (very low), height-for-age: -3.71 SD (very short), weight-for-height: -1.58 SD (good nutrition) with the diagnosis that An. A is experiencing stunting, and planning has been conducted according to the management of stunting. As a result of the intervention, An. A has experienced an increase in appetite, weight gain, and growth in height.

Conclusion: Care is provided according to the standard service of midwifery for stunted toddlers with counseling and complementary care to address the issues.

Keywords: Stunting, toddlers

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