

Penerapan Teori Keperawatan Modeling-Role Modeling (MRM) dan Calgary Family Intervention Model (CFIM) pada Ibu yang Dirawat Terpisah dengan Bayinya Akibat Hospitalisasi di Neonatal Intensive Care Unit (NICU) = The Implementation of Nursing Theory Modeling-Role Modeling (MRM) and Calgary Family Intervention Model (CFIM) in Mothers Who Are Separately Cared from Their Infants Due To Hospitalization in The Neonatal Intensive Care Unit (NICU)

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Abstrak

Ibu yang melahirkan Bayi Berat Lahir Rendah (BBLR) dan dirawat di NICU menghadapi stimulasi eksternal/stressor yang lebih besar karena dirawat terpisah dengan bayi, kerentanan bayi terhadap masalah kesehatan, rumitnya perawatan BBLR, dan durasi hospitalisasi bayi yang lebih lama. Hal tersebut menyebabkan ibu yang melahirkan BBLR dan dihospitalisasi di NICU berisiko tinggi mengalami maternal stress dan efikasi maternal yang rendah. Karya ilmiah ini bertujuan untuk menggambarkan integrasi teori keperawatan Modeling-Role Modeling (MRM) dan Calgary Family Intervention Model (CFIM) ke dalam asuhan keperawatan pada lima ibu yang dirawat terpisah dengan bayinya, serta penerapan praktik berbasis bukti 'Intervensi Berbasis Hubungan' untuk meningkatkan interaksi ibu-bayi, mengurangi tingkat stress/gejala depresi, dan meningkatkan efikasi maternal. Pengelolaan kelima kasus dalam laporan ini dilakukan di dua rumah sakit yang berbeda, dengan variasi tahap psikososial yang berbeda pula. Integrasi teori MRM dan model CFIM ke dalam asuhan keperawatan menciptakan pelayanan kesehatan yang holistik, memperhatikan kebutuhan ibu nifas pada setiap tahap psikososial, serta membentuk ikatan/interaksi antara ibu dan bayi. Penulis merekomendasikan penggunaan teori MRM dan CFIM pada setiap tahap psikososial ibu dan membentuk unit perawatan ibu dan bayi yang terintegrasi dan terpusat dalam satu lokasi yang tidak berjauhan sehingga memudahkan ibu dan keluarga untuk mengunjungi bayinya.

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Mothers who give birth to Low Birth Weight (LBW) babies and are admitted to the Neonatal Intensive Care Unit (NICU) have heightened external stimulation and stress. This is due to the separation between the mother and baby, the baby's increased susceptibility to health issues, the intricate nature of LBW care, and the extended duration of the baby's hospital stay. This results in a heightened vulnerability for mothers who deliver infants with LBW and require hospitalisation in the NICU, increasing their likelihood of encountering maternal stress and diminished maternal efficacy. This paper outlines the incorporation of Modeling-Role Modelling (MRM) and Calgary Family Intervention Model (CFIM) nursing theories in the care of five mothers who were hospitalised separately from their infants. Additionally, it discusses implementing the evidence-based practice 'Relationship-Based Intervention' to enhance mother-infant interactions, decrease stress levels and depressive symptoms, and enhance maternal efficacy. The study discussed the management of five cases in two distinct hospitals, each with its different psychological stages. By incorporating MRM theory and the CFIM model into nursing care, a comprehensive approach to healthcare is established, focusing on the specific requirements of postpartum women at every psychosocial phase and fostering connections and interactions between mothers and infants. The researcher proposed

utilising MRM theory and CFIM at every psychological stage of the mother, and suggested the establishment of an integrated and centralised mother and baby care unit nearby, facilitating convenient visitation for mothers and families.