

Midwifery Care for Infants with Cough and Cold (BAPIL) Massage Intervention at the Suriani, S.Keb., Bd., Midwifery Clinic in Tanjung Beringin in 2026

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ARTICLE INFO	ABSTRACT
Article history: Received Jun 18, 2026 Revised Jul 29, 2026 Accepted Jul 21, 2026 Keywords: Bapil Coughs and Colds Massage for Coughs and Colds Midwifery Care	Cough and cold (BAPIL) is one of the most common health conditions in infants and can cause discomfort, sleep disturbances, and a decreased appetite for breastfeeding. One nonpharmacological approach that can be used to help reduce the symptoms of cough and cold is the cough and cold massage intervention. This case study aims to provide midwifery care for infants using a cold and cough massage intervention (BAPIL) at the Suriani S. Keb.Bd Midwifery Clinic in Tanjung Beringin in 2026, employing Varney's seven-step midwifery management approach. The method used was a descriptive method with a case study approach involving a 3-month-old infant with a cough and runny nose. Data collection was conducted through medical history, observation, physical examination, documentation, and a literature review. Midwifery care was provided over four days through four visits, including a cough-and-runny-nose massage intervention and education for the mother on infant care. The evaluation results showed that after receiving care, the infant was no longer fussy, no longer had a cough or runny nose, had improved sleep quality, was breastfeeding adequately, and appeared more cheerful. Massage interventions for coughs and colds have a positive effect on infants' health, thereby helping to achieve the goals of midwifery care. Parents are encouraged to monitor their infants' health more actively, maintain a clean environment, meet their nutritional needs—especially through breastfeeding—and take their infants to a health facility immediately if any warning signs are detected. <i>This is an open access article under the CC BY-NC license.</i> 

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1. INTRODUCTION

The common cold is one of the most common health conditions in infants and toddlers. This condition falls under the category of Acute Respiratory Infections (ARIs), which affect the upper respiratory tract such as the nose and throat and are characterized by symptoms including a stuffy nose, sneezing, mild fever, and excessive mucus production that can cause discomfort for infants (Ariani & Wahyuni, 2021). ARIs are a global health issue that remains a leading cause of morbidity and mortality among children, particularly in developing countries. The World Health Organization reports that ARIs cause approximately 4.25 million deaths worldwide each year, with infants and toddlers being the most vulnerable group (WHO, 2020).

In addition, more than 2 million toddlers worldwide die each year from upper respiratory tract infections (URTI), while the prevalence of URTI among toddlers worldwide is approximately 42.91% (Ferisya & Tosepu, 2024; Anggraini, 2023). In Indonesia, ARI remains the most common illness among infants and toddlers. Data from the Ministry of Health show that, on average, toddlers experience coughs and colds 3–6 times a year. The prevalence of ARI in Indonesia stands at 25.5% and is the leading cause of illness in the pediatric age group. According to the 2023 Indonesian Health Survey (SKI), the prevalence of ARI among toddlers diagnosed by healthcare professionals was 4.8%, while in 2024 it increased to 5.2% (Kemenkes RI, 2020; Kemenkes, 2023; Kemenkes, 2024).

In the Sumatra region, including North Sumatra, upper respiratory tract infections (URIs) remain one of the most common illnesses among infants and toddlers. This situation is influenced by various factors, such as environmental conditions, air pollution, overcrowding, and suboptimal hygiene and healthy living practices. Risk factors for colds and coughs in infants include low rates of exclusive breastfeeding, incomplete immunization, exposure to secondhand smoke at home, poor ventilation, high humidity, and poor household hygiene.

Efforts to treat coughs and colds in infants can be pharmacological or non-pharmacological. One non-pharmacological intervention that is becoming increasingly common is the cough and cold massage (Bapil). This therapy aims to help ease breathing, reduce mucus, and improve the infant's comfort. Cough and cold massage works by stimulating the nervous system and blood circulation, thereby helping to clear mucus and improve respiratory function.

In addition, infant massage can also boost the immune system and strengthen the bond between mother and baby, making it a safe and effective intervention in midwifery practice. At the Suriani S.Keb., Bd. Tanjung Beringin Maternal and Child Health Clinic, cases of infants with colds and coughs are still frequently encountered, necessitating an intervention that is effective, safe, and easy to perform by both healthcare providers and families. Based on an assessment conducted at PMB Suriani S.Keb., Bd. Tanjung Beringin from February through March 2026, 11 infants were found to have a cough and runny nose.

Based on the above discussion, it is important to provide midwifery care for infants using the cough and cold massage (Bapil) intervention as a nonpharmacological approach to help manage coughs and colds in infants and improve their overall health. Given this background, the research question is: "How is midwifery care provided to infants using the cough and cold massage (Bapil) intervention at the Suriani S.Keb.Bd Midwifery Clinic in Tanjung Beringin in 2026, using the midwifery management approach according to Varney?" This study aims to implement midwifery care for infants using the cough and cold massage (Bapil) intervention at the Suriani S.Keb.Bd Midwifery Clinic in Tanjung Beringin in 2026, utilizing Varney's 7-step midwifery approach.

2. METHOD

The method used in this case study was a descriptive method, which involved describing midwifery care for infants receiving cough-and-cold massage (Bapil) interventions at the Suriani S.Keb.Bd Midwifery Clinic in Tanjung Beringin in 2026. This report is a case study, which involves examining a specific problem through a process consisting of a single unit. This case study was conducted from May 21–24, 2026, at the Suriani S.Keb.Bd Midwifery Clinic in Tanjung Beringin. Data collection for this midwifery care study was carried out systematically to obtain accurate and comprehensive information, consisting of primary and secondary data.

Primary Data

Primary data is data obtained directly from the primary source that is, the infant and the mother or parents through the midwifery care process, which includes:

A. Interview (Medical History)

1. Identity of the infant and parents.
2. Chief complaint (cough, runny nose, stuffy nose).
3. Infant's medical history (history of previous illnesses).
4. Pregnancy and delivery history.

5. Breastfeeding or feeding patterns.
6. Immunization history.
7. Environmental history (exposure to cigarette smoke, home ventilation, environmental hygiene).

The interviews were conducted in person using therapeutic communication to ensure the validity of the data collected.

B. Observation

1. Frequency and intensity of coughing.
2. Respiratory status (shortness of breath, rapid breathing, flaring nostrils).
3. Mucus production (amount and consistency).
4. The infant's sleep patterns.
5. The infant's response to massage (calm/fussy).

C. Physical Examination

1. Vital signs (body temperature, respiratory rate, pulse).
2. Examination of the respiratory system (abnormal breath sounds, chest wall retractions).
3. Examination of the nose (secretions/mucus).
4. General condition of the infant (level of consciousness, activity, skin color).

D. Evaluation of Interventions (Follow-Up)

1. Decrease in cough frequency.
2. Improved breathing.
3. Decreased mucus.
4. Improved comfort and sleep quality in infants.

Secondary Data

Secondary data is data obtained from existing sources that supports primary data, including:

A. Documentation/Medical Records

1. The infant's medical records.
2. History of previous visits.
3. Records of procedures or treatments previously administered.

B. Literature Review

1. Textbooks on obstetrics and pediatric health.
2. Scientific journals.
3. Ministry of Health guidelines regarding acute respiratory infections (ARI) and infant care.
4. Literature on complementary therapies, particularly infant massage (Bapil).

3. RESULTS AND DISCUSSION

Assessment (Basic Data Identification)

Basic data collection is the initial stage in Varney's midwifery management, aimed at obtaining comprehensive information about the infant's condition. At this stage, the midwife conducts an assessment through a medical history interview with the mother, direct observation, a physical examination, and documentation of the infant's condition. A review of the infant's case revealed subjective data from the mother, who stated that she gave birth on March 21, 2026. The mother arrived with her infant and reported feeling anxious because, for approximately one day, the infant had been fussy, crying continuously, experiencing a cough and runny nose, and showing a lack of appetite. Objective data showed a respiratory rate of 40 breaths per minute, a body temperature of 36.8°C, a heart rate of 120 beats per minute, and a birth weight of 5,000 grams.

Based on a review of the literature, the common cold in infants is a form of upper respiratory tract infection that frequently results from a viral infection. According to the Ministry of Health of the Republic of Indonesia (2022), common symptoms include coughing, a runny nose, nasal congestion,

sleep disturbances, fussiness, difficulty breastfeeding, and, occasionally, a mild fever. The assessment must include an examination of the infant's breathing pattern, body temperature, nutritional status, and general condition to determine the severity of the illness. The data found in this case align with the theory, as the symptoms observed are clinical manifestations commonly seen in infants with a cold and cough.

Data Interpretation

Data interpretation is conducted after all information has been collected to determine the diagnosis and the problems experienced by the infant. In establishing a diagnosis of a midwifery problem based on the midwifery care approach, the process is supported by subjective and objective data obtained from the assessment. A review of the case revealed that the actual problem identified was a 3-month-old infant with a cough and runny nose (BAPIL). The issue identified was that the mother expressed concern for her baby because the infant was uncomfortable due to the cough and runny nose, so the primary need was to provide a massage for the cough and runny nose (BAPIL).

Discomfort is the primary issue that arises because mucus buildup in the nasal cavity impedes optimal airflow. Infants are not yet able to clear mucus as effectively as adults, so nasal congestion often leads to sleep disturbances and reduced ability to breastfeed. According to Elly Yulianti and Juli Selvi Yanti (2021), infants with a cold and cough often exhibit symptoms of discomfort due to upper airway obstruction. These symptoms can affect sleep quality, feeding patterns, and lead to increased fussiness in infants. In mild cases, complementary therapies can be used as a nonpharmacological approach to help reduce symptoms and improve the infant's comfort. The interpretation of the data in this case aligns with the theory, as the identified issues are a direct result of the cold and cough symptoms experienced by the infant. Therefore, there is no discrepancy between the case interpretation and the theory.

Potential Diagnoses

The third step aims to identify potential problems that may develop if the infant's condition is not properly managed. In this step, other potential problems or diagnoses are identified based on the series of diagnoses and problems that have already been identified. Identifying potential diagnoses means anticipating everything that might happen. This step requires foresight; where possible, preventive measures should be taken while observing the client. Midwives are expected to be prepared in case a potential diagnosis or problem actually occurs so that they can provide safe care.

In the case of Baby R with a cold and cough, a potential diagnosis is a respiratory tract infection. If this condition is not addressed promptly, the cold and cough can progress to a lower respiratory tract infection such as bronchiolitis or pneumonia. Prolonged sleep disturbances can also cause the baby to become easily fatigued and slow down the recovery process. According to Zulfa Novia Yanti (2022), infants with a cough and runny nose are at risk of complications such as sleep disturbances, reduced fluid and nutrient intake, and more severe respiratory tract infections if not properly managed. Therefore, regular monitoring of the infant's condition is essential to detect signs of worsening early on. In this case, complications had not yet occurred because the infant's condition was still mild and intervention was provided promptly. Thus, no discrepancy was found between the case and the theory.

Immediate Action/Collaboration

This stage is conducted to determine whether the infant requires immediate action or collaboration with other healthcare professionals. Immediate action and collaboration are carried out based on indications that require prompt and appropriate management, thus necessitating collaboration with healthcare professionals who are experts in their respective fields. In the case review of Baby R with a cold and cough (BAPIL), no immediate action or collaboration was taken because the infant's condition was still classified as mild, no signs of emergency were found, and the condition could still be managed through midwifery care and cold-and-cough massage interventions.

According to the Ministry of Health of the Republic of Indonesia (2022), immediate action or collaboration is required if danger signs are detected, such as shortness of breath, rapid breathing, chest wall retractions, high fever, refusal to feed, persistent vomiting, or decreased level of

consciousness. In this case, none of these conditions were present, so care proceeded according to the established plan. Thus, there was no discrepancy between the theoretical review and the case review because the infant did not require immediate action or collaboration with other healthcare professionals.

Planning

Planning is the fifth step in midwifery care management, aimed at developing interventions tailored to the problems identified in the infant. In the case of 3-month-old infant R with a cough and runny nose (BAPIL), the care plan includes informing the mother of the examination findings regarding the infant's cough and cold, providing education on the benefits of cough and cold massage, performing the cough and cold massage, teaching the mother how to care for the infant while he has a cough and cold, reminding the mother to ensure the infant gets adequate rest, and advising the mother to always monitor the infant's body temperature using a thermometer. In addition, the mother was also given an explanation of warning signs such as shortness of breath, rapid breathing, chest wall retractions, high fever, the baby refusing to breastfeed, persistent vomiting, or decreased consciousness all of which require the baby to be taken to a health facility immediately. As a follow-up, a follow-up visit is planned to monitor the baby's progress after the intervention is carried out.

The planning results indicate that the mother understands her baby's condition, is willing to undergo massage therapy for cough and cold, is willing to care for the baby at home, monitor the baby's body temperature, recognize warning signs, and is willing to attend follow-up visits to evaluate the baby's progress.

Implementation

Implementation is the sixth step in midwifery care management, carried out based on the action plan that has been developed. Based on a review of midwifery care management, the implementation of interventions must be efficient and ensure the client's safety. Implementation may be carried out entirely by the midwife or partially by the patient, in collaboration with other members of the healthcare team, in accordance with the planned interventions. In the case of Baby R with a cold and cough (BAPIL), care was provided in accordance with the action plan that had been developed.

The care procedures included explaining the examination results to the mother regarding the baby's condition, providing education on the benefits of massage for coughs and colds, performing the massage, re-instructing the mother on how to care for the baby while the baby has a cough and cold, reminding the mother to ensure the baby gets adequate rest, advising the mother to always monitor the baby's body temperature, explaining warning signs that require immediate transport to a health facility, and conducting a follow-up visit to monitor the baby's progress. Over the four days of care, the mother reported that her baby was no longer fussy, had a clear nose, had a significantly reduced cough until it stopped entirely, was no longer experiencing a cold, was sleeping more soundly, was breastfeeding adequately, and appeared much more cheerful.

According to Lestari and Alfitri (2025), a massage for coughs and colds performed using the correct technique for 10–15 minutes can help improve an infant's comfort, enhance sleep quality, and help reduce symptoms of nasal congestion. The procedure performed in this case was consistent with the theory, so there were no discrepancies.

Evaluation

Evaluation is the final step in midwifery care management, aimed at assessing the success of the care provided by comparing the collected data with the established goals. Evaluation is conducted to determine whether the care goals have been achieved after the interventions have been implemented.

In the case review of Baby R, evaluation results were obtained following four days of care and four visits during which cough-and-cold massage therapy was administered. The mother reported that her baby was no longer fussy, had no cough or runny nose, was sleeping well, and appeared more cheerful. These results indicate an improvement in the baby's condition following midwifery care and cough-and-cold massage therapy.

According to Ngudi Waluyo University (2024), indicators of the success of massage therapy for coughs and colds include a reduction in nasal congestion, a decrease in cough frequency, improved sleep quality, increased comfort, and reduced fussiness in infants. The results of the case evaluation showed improvements consistent with these indicators, so the care objectives can be considered achieved. Overall, the evaluation results show that the massage intervention for cough and cold provided positive benefits for the infants' condition. No discrepancies were found between the case evaluation results and existing theory, as all success indicators were consistent with the concepts described in the literature.

4. CONCLUSION

Based on the results of midwifery care for infants who received the cough-and-cold massage (BAPIL) intervention at the Suriani S.Keb. Bd Tanjung Beringin in 2026, after four days of care and four visits involving cough and cold massage therapy, the results showed that the mothers reported their infants were no longer fussy, the infants had no cough or cold, their sleep quality was good, and the infants appeared cheerful. These results indicate that the cough and cold massage intervention provided positive benefits for the infants' condition, thereby achieving the objectives of midwifery care. Based on these findings, it is hoped that parents will be more proactive in monitoring their infants' health, maintaining a clean environment, meeting their nutritional needs particularly through breastfeeding and applying the cough-and-cold massage techniques taught by healthcare professionals. Parents are also encouraged to take their infants to a healthcare facility immediately if they notice any warning signs, such as shortness of breath, a high fever, or if the infant refuses to breastfeed.

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