

MILIARY MODEL BABY'S NURSING WITH TOPICAL BREASTFEEDING ON THE INCIDENCE OF IN THE BABY'S SKIN INFECTION

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ABSTRACT

Introduction: Malaria often affects miliary model baby's nursing with topical breastfeeding on the incidence of in the baby's skin infection. The population is babies aged 1-24. The sampling technique used consecutive sampling technique for 20 babies. The incidence mostly happens on the first years. Miliary which does not get any care and treatment will cause complications such as dermatoses and infections. About 40% of newborns in Indonesia ever experienced miliary and it ranks 7 out of 10 skin diseases in infants and toddlers. Miliary care in the community by providing some talcum powder constantly will clog the skin glands and worsen the condition. Some studies of topical medications and local antibiotics given to miliary are not very effective and can sometimes worsen the condition (Harahap M, 2000). Miliary treatment using traditional ways would be better by using topical treatments model of breast milk on the baby's skin. Breast milk has many immunological agents, anti-inflammatory and antimicrobial materials, proven by empirical, theoretical or scientific, clinical practice and culture. The research objective was the implementation of infection by making data tabulation and analysis of data using statistical tests. **Methods:** The incidence of infection variable analysis was tested using Fisher's Exact Test (X^2) because signs of infection was in nominal scale categories and it aimed to see whether there is any influence on the incidence of infection in the group model of care topical treatment of breastfeeding and treatment groups daily habits, with significance of $p \leq 0.05$. **Results:** The results show that the majority of respondents is younger than 12 months, almost all parts of the baby's body get miliary and it gets worse during hot weather. Miliary infection in the two groups is still relatively high. The results of Fisher's Exact Test (X^2) to determine differences in the incidence of infection between the intervention group and control group show the value of $p = 0.303 > 0.05$, which means that H_0 is accepted, meaning that there is no difference in the incidence of infection in infants between treatment group and control group. **Discussion:** People can use other breast milk as a substitute for other topical for the treatment of miliary because it can decrease the incidence of infection in babies. Breast milk topical treatment model for miliary is considered as a cheap, safe, and no side effects method of treatment.

Key words: *miliary model baby's nursing, topical breastfeeding, skin infection*

INTRODUCTION

Miliary is a skin disease because of the blockage of the sweat ducts keratin characterized by skin spots, small bumps and watery. Miliary often attack the baby, because a baby's skin structure thinner, weaker bonds between cells and smooth and more sensitive, so the skin is susceptible to skin disorders and growth of pathogenic bacteria (Amirudin, 2003). Problems miliary occurs in infants and mothers, especially if they do not get good care there will be complications dermatoses settled, whereas on miliary widespread and no treatment would be an infection caused by bacteria that is difficult to control. Bacteria often happens is staphylococcus aureus and stap staphylococcus sp, while the bacteria staphylococcus epidermis is a normal inhabitant of the skin that rarely cause infection (Ferry FA, 2011)

Based on the study of WHO (World Health Organization) there are 80% of the world population affected by miliary, with the number of events 65% of whom were attacked in infants. Indonesia around 40% of infants born to experience miliary and ranks 7 out of 10 skin disease in infants and toddlers. The incidence of skin disease miliary will increase to 50% in the hot and humid summer boosted by baby skin care workers. Data of cases of skin disorders in infants and children including miliary which accompanied a bacterial infection including 10 occurred in the children's clinic Poly RS Dr. Cipto Mangunkusumo throughout 2003-2008 (Titin, 2010).

In the preliminary survey at the Sumber Porong Ponkesdes held on March 3, 2015, by way of interviews and documentation of Midwives Heni C.Ihwan number of infants 0-24 months of 222 infants, the incidence of cases of miliary ranked third

after ARI and diarrhea. Information data from dr. Yuslikah as Puskesmas Lawang doctor and Mr. Eko S.Kep. Nurses as pemegang program P2 M data showed that toddlers who came for treatment for severe miliaria disease, does not heal and followed comorbidities are usually ISPA, and information from the head of KIA Mother Goddess miliaria cases are found more often when activity at the Posyandu.

The cause of miliaria in infants of very varied such as irritation, allergies, lack of moisture, poor hygiene and bacteria. Miliaria impact that often happens is that the skin red, raised spots murky watery, burning sensation and itching. Miliaria often ignored by most people because it is not considered harmful, although miliaria at an early stage will usually heal itself several days to 2 weeks. In most societies the care and treatment miliaria done not as good as babies are afraid to bathe, excessive bathing with soap, it will irritate the skin. Other treatments such babies should always be given powder or talk constantly, it will clog the skin glands and will exacerbate the miliaria. Some studies of topical medications and antibiotics are not appropriate given local in miliaria not very effective and can sometimes increase the amount of miliaria (M Harahap, 2000).

Care and treatment of miliaria with the main goal is to relieve the itching and prevented or infection. skin by staphylococcus bacteria. In 1998, the WHO recommends to conduct research will use ASI. Several studies have proven the benefits of breast milk such systematic review by Zupan et al. (2004) database Corchrone concluded that breastfeeding can be prevented or umbilical cord infection and healing Payi. While the results of previous research by Kasiati, (2012) know that the milk can be prevented or omphalitis topical umbilical cord. Then the milk can be used in an attempt to prevented or complications and infections of the miliaria, thereby contributing to morbidity and mortality, one of them with pencengahan acts as a good skin care, correctly and safely. Miliaria can recover several days to 2 weeks. Healing menyakup prolonged use of drugs and antibiotics local and widespread skin infection (Harahap M. 2000). Mullany (2003) argued that breastfeeding has many immunological agents, anti-inflammatory and antimicrobial materials. Breast milk also contains immune, non immune and cellular components (Wahap 2002). Several studies related to breastfeeding as Farahni (2008) describes the use ASI cord care had effective in reducing the risk of umbilical cord colonization of pathogenic organisms (Staphylococcus).

Perawatan miliaria menggunakan cara tradisional akan lebih baik dari pada memberikan obat-obatan lokal yang tidak efektif dan ada kemungkinan miliaria tambah banyak dan menyebabkan iritasi kulit. Salah satu intervensi yang dapat di lakukan oleh perawat adalah dengan memberikan asuhan keperawatan pada kulit bayi di rumah dengan pendekatan model perawatan topikal air susu ibu (ASI) berdasarkan empiris, teoritis atau ilmiah dan praktek klinis. Model asuhan perawatan topikal ASI dapat mencegah infeksi pada kulit bayi.

Miliaria treatment using traditional means would be better than giving local medicines are not effective, and there is the possibility of miliaria added much and cause skin irritation. One intervention that can be done by nurses is to provide nursing care at home with the baby's skin care model approach topical breast milk (ASI) based on empirical, theoretical or scientific and clinical practice. Model of care topical treatment milk can be prevented or skin infections in infants

Miliaria treatment using the milk, because milk contains immunoglobulin A, G and M as an anti-infective, whereas non-immunoglobulin in the milk such as lactoferrin and lysozyme. Approach with topical treatment of breast milk in children with miliaria memiliki nature of critical thinking developed by nurses that human milk as a skin care practice is harmless, free, available and sterile for infants from infection prevented or skin. Several studies have proven that the treatment of skin and wound up with ASI is a method that is safe, effective and efficient should be developed further.

Based on the results of research and many other topical variety that is used for the treatment of miliaria at home as well as some health services, and the lack of research or application of models of care with topical ASI miliaria then we did some research to prevented or incidence of infection in the baby's skin

METHODS

This research method is quasy Experiment. Menggunakan Design Randomized Post Test Only Control Group Design, where researchers divide the two groups, the treatment group and the control group. Before the intervention is given to the two groups were observed on keadaan skin. Furthermore, the intervention group taken care of by applying milk to the entire skin is attacked miliaria to flatten at least 2 times / day for 2 weeks. In the control group of non topical treatment as usual were

the parents of children . During the two weeks both the treatment group and the control is always observed on a daily basis . The population in this study are all children aged 1-24 months who had miliary . Large population of as many as 20 children were divided into 2 groups: the treatment group and the control group . The sample in this study are some children who experience miliary samples that meet inclusion criteria

In studies using Consecutive sampling selection of samples by determining a subject who met the study criteria within a certain time , so that the required number of respondents met. Independent Variables : Model ASI topical treatment in children miliary. Dependent Variables : miliary infection calfskin

RESULT

The area Ponkesdes "BERSEMI" Source Porong subdistrict Lawang consisting of 16 Posyandu, area surveyed was randomly assigned 8 posyandu than 16 Posyandu is there with details as follows 1) RW 08 Posyandu activities held Saturday the first week with the number of infants who come in 8, milliarea case 1 (control). 2) RW 14, Monday the first week with the number of infants who come in 16 toddlers, case milliaria 3 (2 intervention and one control), 3) RW 03 Tuesday first week with the number of infants who come, case milliaria 2 (1 intervention and one control), 4) RW 16, on Thursday the first week of the number of infants who came 64 with the number of cases 6 (3 intervention and 3 control), 5) RW 13, Monday week to two the number of infants who came 30 with the number of cases 3 (2 intervention and one control), 6) RW 05, Tuesday week 2 the number of infants who come in 28 cases milliaria 3 (2 intervention and 1 dick), 7) RW 12, Rabo weeks to 2, the number of infants who came 16 with case milliaria 3 (2 intervention and one control), 8) RW 04, Thursday week to two, the number of infants who come in 22 cases milliaria 2 (control), Event posyandu in the Work Area Ponkesdes "BERSEMI" in layanai by a midwife is Mrs. Henni with a complex service in Sumber Porong Village Office. The number of infants in the Work Area Source Porong Ponkesdes less than 24 months as many as 200 babies

General data characteristics of the respondents will be presented in the form of data

related to the research objectives include: gender, age, location milliaria , causes, and the efforts of parents to care

Table 1 on page previously known in the treatment group as much female and male respectively of five infants (50%), and most of the control group sex male as much as 7 children (70), while the yield on the two group sex mostly male (60%). Respondents in the study the majority of the treatment group was less 12 months as many as nine infants (90%), and a control group of age less than 12 months as much as 5 infants (50%), while the yield on the two groups attack milliaria mostly aged infants less than 12 months 70%.

Respondents in the two groups of the average area of the skin is attacked locations milliaria mostly two or three places of the body, namely the head face, neck, and chest and abdomen, the treatment group of the head and face and chest and abdomen respectively as 8 infants (80%) and the neck region as much as 6 infants (60%), while the control group was also 2-3 parts of the body that is the chest and abdomen were attacked melliaria many as 8 infants (80%) and milliaria attack on the head and face as much as seven infants (70%). Respondents in the two majority groups that attack skin milliaria contained in a 2-3 body parts (average 2.8 point), head, neck, chest and abdomen baby is 70%.

Almost all respondents in the two groups have a history of attacks milliaria occur in hot weather is in the treatment group were 9 children (90%) and 1 muncuknya beginning of a sudden, as well as a control group were 7 children (70%) and the initial attack suddenly -Arrived 6 children (60%).

Respondents in both groups carried out the treatment to infants who fell ill milliaria before becoming the subject of research is all baby dilalukan shower 2 times / day and shower using soap respectively 100 % , while using talc on baby's skin is attacked in the treatment group as much as 5 babies (50 %) and carried out more than 3 times / day,while the control group as much as 6 infants (60 %)

Table 2 is known that 10 infants in the treatment group them get the model topical treatment of breast milk in the baby's skin milliaria attacked , smeared ASI and performed 2 times /days to 12 days .

Table 1 Distribution of the frequency based on the data characteristics of respondents milliaris in children

Characteristics	Treatment group		control group	
	Fre (n)	Percentage (%)	Frek (n)	(%)
Sex				
Male	5	50	7	70
Female	5	50	3	30
Total	10	100	10	100
Age				
1 - 12 month	9	90	5	50
13 - 24 month	1	10	5	50
Total	10	100	10	100
locations				
Milliaria				
Head, face Neck	8	80	7	70
	6	60	6	60
Back	6	50	7	70
Chest and abdomen	8	80	8	80
Total	28		28	
Average	2.8	100	2.8	100
The cause of the attack				
Hot	9	90	7	70
Suddenly	1	10	6	60
Total	14	100	10	100
the situation of children				
Fussy	5	35.7	4	36.4
Scratch	9	64.3	7	63.6
Total	14	100	11	100
How to care				
Bath	10	100	10	100

Table 2 Distribution of the incidence of infection

Infection incidence	Topical ASI Group	
	frequency	frequency
Not Infection	9	90
Infection	1	10
Total	10	100

Table 3 Distribution of the incidence of infection in the model of care common in infants milliaris

Infection incidence	Dried group open	
	Frequency	Percentage
no infection	6	60
infection	4	40
Total	100	100

Table 4. Table 2 x 2 statistical test results *Fisher, s Exaact Test*

Milliaria Care	Infection	No Infection	Total
Topical ASI	1	9	10
Non Topical ASI	4	6	10
total	5	15	20
Statistical Test	$X^2 = 0,167$ <i>Fisher's Exact Test</i> $p = 0,303 > 0.05$		

Skin is attacked milliarria observed every day and then recorded on the observation sheet of the signs of infection and carried out in collaboration with parent , midwife or care villages and researchers . The result is known in the model group topical treatments ASI that the incidence of infection occurs only 1 infant (10 %) .

Table 3 is known that 10 infants in the control group receive usual care models customary in milliarria in infants 2 times / day to 12 days . Skin is attacked milliarria observed every day and then recorded on a sheet of observation for signs of infection in collaboration with parents , midwife or care villages and researchers . The result is known in the usual care group models that the incidence of infection by four infants (40 %) .

Table 4 is known that 20 babies are grouped into 2, 10 breastfed infants receive topical treatments and 10 infants receive appropriate treatment kebuasaan ordinary day on the skin is attacked milliarria .. Observations incidence of infection carried to 2 days after hospitalization up to 12 days after. The results of observations incidence of infection were compared between treatment and control groups using the scale nominal data from two different groups. The results of the test data analysis with Fisher's Exact Test, the incidence of infection is known differences in the treatment group and control group obtained significant value $p = 0.303 > 0.05$ because there are two cells whose value < 5 , which means that H_0 accepted, it means there is no difference milliarria significant incidence of infection in the model group topical ASI with the usual model. The results of the study does not mean the model of nursing care topical no effect on the incidence of infection, clinically proven infectious disease model group care topical treatments ASI cord was 20% smaller than the incidence of infection from the two groups, while the risk of infection in the control group 0.167 times compared with the model of care topical treatments ASI

DISCUSSION

This chapter describes the discussion of research findings, according to the research objectives and the basic characteristics of respondents that could affect the study results. This study, researchers explain the application of the model of care topical treatment of breast milk on the incidence of infection, as well as

distinguishing the model of care ordinary care to take care of the baby in the Region milliarria Ponkesdes "BERSEMI" Source Porong subdistrict Lawang.

Respondents were divided into treatment and control groups, each group getting different interventions. The treatment group receive the intervention application of topical treatments ASI model of care developed by researchers, were the usual care control group without topical conducted daily. Both interventions are given for 12 days in the Region Ponkesdes "BERSEMI" Source Porong subdistrict Lawang. All models milliarria treatment begins after 2-3 days milliarria attack, subsequent treatment in milliarria after bathing is done 2 times / day, to the intervention group milliarria smeared breast milk alone without the other evenly, while the control group without topical or talc, baby oiely, care is taken for 12 days. Intervention and control groups were observed and recorded on sheets observation about signs of infection in infants milliarria 1 day after treatment until day 12.

This study, I explain the application of the model of care topical treatment of breast milk in milliarria on the incidence of infection, as well as distinguishing the model of care ordinary care in the Territory Ponkesdes "BERSEMI" Source Porong subdistrict Lawang.

The results based on Table 4.1 found that respondents in the treatment group was less 12 months as many as nine infants (90%), and a control group of age less than 12 months as much as 5 infants (50%), while the yield on the two groups attack milliarria largely on the age of the baby less than 12 months by 70%. The results of the study in accordance with the theory Amirudin (2003), that miliary often attack the baby, because a baby's skin structure thinner, bonds between the cells more vulnerable and delicate, and more sensitive, so the skin is susceptible to skin disorders and growth of pathogenic bacteria (Amirudin 2003). A 2006 survey of Iranian studies found an incidence of miliary much as 1.3% of the number of new births. Based on the study of WHO (World Health Organization) there are 80% of the world population affected by miliary, with the number of events 65% of whom were attacked in infants. Indonesia around 40% of infants born to experience miliary and ranks 7 out of 10 skin disease in infants and toddlers.

The results of the research that the majority of respondents in two groups that attack skin miliaria found on the baby's body parts 2-3 places 70% of the area of the head, neck, chest and abdomen (average 2.8 point). The results of the study in accordance with the theory that the baby, the lesions tend to occur on the head, neck and upper body, while in adults, the lesions occur in the body. Miliaria considered to be caused by blockage of sweat ducts, which causes leakage of sweat that comes out of the eccrine glands leading to the epidermis or dermis

Results of research miliaria attacked almost all the baby's skin and cause miliaria attacks suddenly and miliaria would seem to multiply during hot weather . This is consistent with the theory that the incidence of skin disease miliaria will increase to 50 % in the hot and humid summer boosted by baby skin care workers .The results of the study (Table 4.2) found the incidence of infection is shown in kelompok intervention fraction is 1 baby (10 %) , occurs in infants number 5 with a history of less than 12 months of age . Respondents had an attack miliaria almost all the baby's skin and causes the baby miliaria attack suddenly , and miliaria would seem to multiply during hot weather .

The results that respondents in the intervention group who experienced a skin infection miliaria attacks are on the 3rd place baby's body parts (75%), namely the head and face, neck, back showing the extent of the attack on the respondent miliaria number 5. The results consistent with the theory that the baby, lesions tend to occur on the head, neck and upper body, while in adults, the lesions occur in the body. Miliaria considered to be caused by blockage of sweat ducts, which causes leakage of sweat that comes out of the eccrine glands leading to the epidermis or dermis, with the extent of the attack on the baby's body parts it is at risk as a factor contributing to the infection.

The incidence of skin infections in infants who fell ill miliaria nursing care model group topical breast milk showed signs of infectious disease and get a score of more than 4 of 7 symptoms of infection (Attachment 12) and. symptoms of skin infection that attacked miliaria include red skin, freckles cloudy, around the lesion rupture and irritation. The results showed a score of 4, which means according to the theory that the mark-mark

infection showed no incidence of more severe infections.

But the results of the study the incidence of infection in the intervention group showed that the cause of the attack miliaria suddenly, it is according to the theory that the characteristic of recurrent miliaria a complication of repeated episodes of Miliaria that can cause infection.

The incidence of infection of the research results in substantially lower than the intervention group of miliaria existing event data. The results of the children's clinic of data Poly RS Dr. Cipto Mangunkusumo throughout 2003-2008 by Titin, (2010), that the data on cases of skin disorders in infants and children including miliaria which accompanied a bacterial infection, including 10 large. Indonesia around 40% of infants born to experience miliaria and ranks 7 out of 10 skin disease in infants and toddlers.

Although the incidence of infection in breast milk model of care topical treatments are still there, but including the incidence of infection is low enough because breast milk contains many immunological and nonimmunologic as anti-inflammatory and antimicrobial (Mullany, 2003). In 1998, WHO recommended to be developed and carried out research will use ASI. Despite the fact from the study intervention group had made efforts to menghendalkan factor expected to reduce the risk of the incidence of infection in accordance habits of parents in caring for children with bathing every day at least 2 times / day and use soap every day.

Although the research group found no infection of the risk factors as found in the theory that the miliaria may be infected , mainly due to infants who are malnourished or weak , developed into perioritistafilokokus involving expansion of the sweat ducts to the sweat glands .

Researchers can not control the factors that cause infection in miliaria because bacteria such as *Staphylococcus epidermidis* and *Staphylococcus aureus* , are thought to play a role in the pathogenesis of miliaria . Patients with Miliaria have 3 times more bacteria per unit area of the skin than healthy control subjects . Miliaria umumnya are asymptomatic who recovered without complications for a few days.

The results of the study (table 4.3) found the incidence of infection is shown in

kelompok control as many as four infants (40%), occurs in infants numbers 5, 8, 9 and 10 with a history of age or less 12 months respectively 2 infants (50%). Respondents had an attack miliaria almost all the baby's skin and causes the baby miliaria attack suddenly, and miliaria would seem to multiply during hot weather.

The incidence of skin infections in infants who fell ill miliaria non topical ASI group showed signs of the incidence of infection by getting a score of 4- 5 of 7 symptoms of infection each -masing 2 infants (annex 12), and symptoms of infection include skin is attacked miliaria red skin, freckles - colored spots muddy, swollen, wet, around the lesion rupture and irritation. The results showed an average score of symptoms that occur 4.5, this means that according to the theory that the mark-mark infections showed the incidence of infection is more severe.

Facts in the study data showed that in the control group proved three babies (3) of the four infants an infection that non topical treatments (regular) with parents who still use the powder is more than three times the proven trigger infection. This fits the theory that other treatments such babies should always be given powder or talk constantly clogs the skin glands and will exacerbate the miliaria. Some studies of topical medications and antibiotics are not appropriate given local in miliaria not very effective and can sometimes increase the amount of miliaria (M Harahap, 2000). Despite the fact from the study control group made efforts to menghendalkan factor expected to reduce the risk of the incidence of infection in accordance habits of parents in caring for children with bathing every day at least 2 times / day and use soap every day.

The results of the study the incidence of infection in the control group showed that the cause of the attack miliaria sudden infant appoint 3 of 4 existing, it is appropriate that the theory that the characteristic of recurrent miliaria a complication of repeated episodes of Miliaria that can cause infection. The incidence of infection of the research results in the control group is still relatively high, it is compared to the results of research conducted by researchers and miliaria existing event data. The results of the children's clinic of data Poly RS Dr. Cipto Mangunkusumo throughout 2003-2008 by Titin, (2010), that the data on cases of skin disorders in infants and children including

miliaria which accompanied a bacterial infection, including 10 large. Indonesia around 40% of infants born to experience miliaria and ranks 7 out of 10 skin disease in infants and toddlers

Although the results of this study can not be found in the control group of the risk factors that cause infections in miliaria as contained in the theory that the miliaria may be infected, mainly due to infants who are malnourished or weak, developed into perioritistafilokokus involving expansion of the ducts of sweat through the sweat glands.

Researchers can not control the factors that cause infection in miliaria because bacteria such as *Staphylococcus epidermidis* and *Staphylococcus aureus*, are thought to play a role in the pathogenesis of miliaria. Patients with Miliaria have 3 times more bacteria per unit area of the skin than healthy control subjects. Miliaria uumumnya are asymptomatic who recovered without complications for a few days, but recurrent miliaria a complication of repeated episodes of miliaria that can cause infection.

Another factor that may influence the occurrence of the infection, but researchers could not control was the type miliaria. Miliaria uumumnya are asymptomatic who recovered without complications for a few days, but those who suffer from miliaria rubra tends to show symptoms, they can feel the itching and stinging. Anhidrosis develop in the affected area. In general condition, anhidrosis may be hyperpyrexia and heat. Secondary infection is another complication of miliaria rubra, it also appears as impetigo or multiple abscesses discrete known as perioritis staphylogenes. Miliaria profunda itself is a complication of repeated episodes of miliaria rubra. Lesions of miliaria profunda show no symptoms, but the discharge or excessive sweating (hyperhidrosis) of the face and armpits can evolve, as a result of eccrine ductal rupture.

Distinguishing between the incidence of infection is non-topical application of models of care with topical treatments ASI ASI

The results of the analysis of research data (Table 4.4) of both forms of care models miliaria treatment in infants with test Fisher's Exact Test, the incidence of infection is known differences in the treatment group and control group obtained significant value $p = 0.303 > 0.05$ because there are two cells whose value < 5 , which means that H_0 accepted, meaning

that there was no significant difference in the incidence of infection miliaria care model group topical treatment of breast milk in miliaria model non topical treatment (daily habit).

The results of the study does not mean the model of nursing care topical ASI no effect on the incidence of infection, clinically proven infectious disease model group care topical treatments ASI was 20% smaller than the incidence of infection than to the control group, while the risk of infection in the control group 0.167 times large model of care compared with topical treatments ASI

The incidence of infection was not significant because there are factors that can not be controlled as a factor the presence of antibodies in the baby's body to fight infection among infants with one another is different. so that the clinical response against invading bacteria are different. The methods of assessment only on the incidence of infection indicators of physiological responses as signs of infection are observed, should be diagnostic of infection not only physiological responses, but the biochemical indicators that culture examination would be more accurate.

Although these results were not significant in both groups, the model of care topical treatment of breast milk with usual care on the skin is attacked miliaria, but the results show that the model group care topical treatments ASI rate of infection was lower than the model group usual care or day-to-day. The incidence of infection topical treatment care models lesser breastfeeding because breast milk contains many immunological and nonimmunologis as anti-inflammatory and antimicrobial (Mullany, 2003). In 1998, WHO recommended to be developed and carried out research will use ASI. Non immune protection provided by a large number of components in breast milk that protect in a non immune thus provide a broad anti-infective activity and protect the mucosa against pathogens and bacteria attached (Roitt 2003). Breast milk contains many protective substances in the form of cellular components, immunoglobulin and non-immunoglobulin are on proktesi against bacteria, viruses, fungi, and protozoa. Breast milk should be used to prevented or infection in infants.

Compared to the control group proved to parents who still use the powder is more than 3 times proven to trigger an infection. This fits

the theory that other treatments such babies should always be given powder or talk constantly clogs the skin glands and will exacerbate the miliary. Some studies of topical medications and antibiotics are not appropriate given local in miliary not very effective and can sometimes increase the amount of miliary (M Harahap, 2000).

CONCLUSIONS AND SUGGESTIONS

Conclusion

Based on the data and discussion , it can be concluded that the model of care topical treatment of breast milk in miliaria can reduce the incidence of infection in infants than non-topical treatment care models (custom)

Suggestion

Considering the results, the researchers gave the following advice:

1. Parents are expected to believe that the baby care model of topical treatments in breast milk can be used as a substitute miliaria proven effective and safe topical treatments than non-topical miliaria ASI. Parents are able to apply and adhere to the standard of care miliaria already delivered well, and parents can work independently to learn, especially maintenance miliaria by looking for either oral or written information to health workers in formal and non-formal.
2. For health workers can try a topical application of a care model miliaria milk to the baby. Efforts to increase knowledge officer infant care service providers either through discussion or training, particularly regarding miliaria treatment with topical breastfeeding infants. As well as using new methods that have proven effective miliaria treatment can decrease the incidence of infection as well as cost-effective and safe because milk is easily available, free and sterile.

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