

## **ABSTRAK**

**Ulfah Musdalifah**

**Praktik dan Faktor yang Terkait dengan Stabilisasi Kegawatdaruratan Kasus Pre-eklampsia/Eklampsia oleh Bidan Desa di Kabupaten Banyumas Tahun 2013**

**xiv + 86 halaman + 5 tabel + 4 gambar + 15 lampiran**

Angka Kematian Ibu (AKI) di Kabupaten Banyumas berfluktuasi dari tahun ke tahun. Salah satu penyebab utama kematian ibu adalah pre-eklampsia/eklampsia. Selama Januari-Juni tahun 2013 didapatkan 7 kasus kematian pre-eklampsia/eklampsia dari 14 kasus kematian. Hal ini diakibatkan pelaksanaan stabilisasi kegawatdaruratan pre-eklampsia/eklampsia yang dilakukan bidan desa belum optimal. Tujuan penelitian ini untuk menganalisis praktik dan faktor terkait dengan stabilisasi kegawatdaruratan kasus pre-eklampsia/eklampsia oleh bidan desa di Kabupaten Banyumas.

Penelitian dilakukan secara kualitatif. Pengumpulan data dilakukan dengan wawancara mendalam dan observasi. Populasi penelitian adalah seluruh bidan desa di Kabupaten Banyumas. Informan utama :6 bidan desa dari 3 puskesmas dengan kasus kematian ibu pada tahun 2013. Informan triangulasi : 3 Kepala Puskesmas, 3 Bidan Koordinator, 3 keluarga pasien, dan 3 pasien pre-eklampsia/eklampsia. Analisis data dilakukan dengan *content analysis*.

Hasil penelitian menunjukkan bahwa praktik stabilisasi oleh bidan desa belum baik terutama dalam hal pemberian MgSO<sub>4</sub>. Pengetahuan bidan desa masih kurang dalam hal persiapan stabilisasi, syarat pemberian MgSO<sub>4</sub>, persiapan antidotum dan pemantauan tanda-tanda vital. Sikap bidan masih ada yang kurang mendukung, terutama pada lokasi yang dekat dengan rumah sakit. Motivasi internal belum semua baik masih memerlukan dukungan Kepala Puskesmas dan Bikor. Ketersediaan obat dan bahan cukup, sedangkan obat antidotum dan ambubag kurang. Dukungan puskesmas hanya dalam pemberian informasi dan sosialisasi, dukungan belum pada peningkatan keterampilan.

Disimpulkan bahwa praktik stabilisasi kegawatdaruratan pre-eklampsia/eklampsia oleh bidan desa belum baik, karena pengetahuan, sikap, motivasi, ketersediaan obat dan alat serta kurangnya dukungan puskesmas dan Dinas Kesehatan Kabupaten dalam hal peningkatan keterampilan

Kata kunci : Praktik, Bidan Desa ,Stabilisasi Pre-eklampsia/Eklampsia

Kepustakaan : 36, 1991 – 2010

## **ABSTRACT**

**Ulfah Musdalifah**

**Practice and Factors Related to Emergency Stabilization of Preeclampsia/Eclampsia Cases by Village Midwives in District of Banyumas in 2013**

**xiv + 86 pages + 5 tables + 4 figures + 15 enclosures**

Maternal Mortality Rate in District of Banyumas fluctuated from year to year. Preeclampsia/eclampsia is one of the main causes of maternal mortality. Within the period from January to June 2013, there were 7 deaths due to preeclampsia/eclampsia from total of 14 deaths. It was caused by the implementation of preeclampsia/eclampsia emergency stabilization conducted by village midwives had not been optimal yet. This research aimed to analyze practice and factors related to emergency stabilization of preeclampsia/eclampsia cases by village midwives in District of Banyumas.

This was qualitative research. Data were collected using methods of indepth interview and observation. Population was all midwives in Banyumas District. Main informants were six village midwives working at 3 health centers with maternal mortality cases in 2013. Additionally, informants for triangulation purpose consisted of 3 head of health centers, 3 coordinator midwives, 3 patients' families, and 3 patients with preeclampsia/eclampsia. Furthermore, content analysis was used to analyze data.

The results of this research indicated that practice of stabilization by village midwives was not good especially in terms of providing MgSO<sub>4</sub>. In addition, their knowledge about preparation of stabilization, requirements of providing MgSO<sub>4</sub>, preparation of antidotes, and monitoring vital signs was not good. Likewise, they had not supported the stabilization yet especially at a location near a hospital. Additionally, internal motivation needed support from head of health centers and coordinator midwives. On the other hand, availability of medicines and materials was sufficient. Otherwise, availability of antidotes and ambu bags was not sufficient. In addition, support of health centers was only in providing information and socialization and it was not good in terms of improving skills.

As a conclusion, practice of preeclampsia/eclampsia emergency stabilization implemented by village midwives was not good. It was due to the factors of knowledge, attitude, and motivation. It was also because of availability of medicines and materials, and lack of support from health centers and District Health Office in improving skills.

**Key Words** : Practice, Village Midwives, Stabilization of Preeclampsia/  
eclampsia

**Bibliography** : 36 (1991-2010)