**Universitas Diponegoro**

**Fakultas Kesehatan Masyarakat**

**Program Magister Ilmu Kesehatan Masyarakat**

**Konsentrasi Administrasi dan Kebijakan Kesehatan**

**Minat Manajemen Kesehatan Ibu dan Anak**

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**ABSTRAK**

**Ade Nuraeli**

**Evaluasi Pelaksanaan Rujukan oleh Bidan Desa pada Kasus Kematian Ibu di RSUD Waled Kabupaten Cirebon tahun 2013**

**122 halaman + 27 tabel + 4 gambar + 15 lampiran**

Kelambatan rujukan merupakan kendala tingginya AKI/AKP. Mempercepat keputusan rujukan mengurangi AKI/AKP. RS Waled merupakan RS PONEK yang menerima dan menangani rujukan kondisi darurat dan dilarang menolak alasan pembiayaan dan memberikan jawaban rujukan yang tertangani. RSUD Waled tahun 2011, 18 kasus mengalami kematian ibu dari 3.520 persalinan, 9 rujukan bidan desa. Tahun 2012, 25 kasus mengalami kematian ibu dari 4.191 persalinan,10 rujukan bidan desa. Permasalahan bidan desa merujuk, tidak menjelaskan tanda bahaya, kesulitan kendaraan, tidak disertai surat rujukan, tidak prarujukan, tidak menginformasikan RS, tidak siap pendonor darah, melakukan otopsi verbal kematian maternal, tidak ada UTD RS. Dalam pelayanan rujukan mendapat dukungan program EMAS (*Expanding Maternal and Neonatal Survival*), upayanya peningkatan kualitas pelayanan emergensi obstetri neonatal dan memperkuat sistem rujukan efisien efektif.

Jenis penelitian kualitatif, data dikumpulkan dengan *retrospective* melalui wawancara mendalam. Informan Utama enam bidan desa merujuk, terjadi kematian. Prosedur sampel *purposive.* Analisis data menggunakan metode analisis isi.

Hasil input pelaksanaan rujukan, tiga bidan desa sudah pelatihan APN, kekurangannya tidak menjelaskan dana lainnya, tidak siap kendaraan. Hasil proses, tiga bidan desa menentukan kegawatdaruratan, tempat rujukan, memberikan informasi kepada keluarga, persiapan penderita masih ada kekurangan. Hasil output, tiga bidan desa memberikan pelayanan sesuai kewenangan, satu keluarga yang tidak menerima.

Disarankan ANC berkualitas, menindaklanjuti risiko tinggi, melaksanakan P4K, merencanakan rujukan dengan ibu/keluarga, mengikuti pelatihan. Kepala Puskesmas membentuk tim penanganan risiko tinggi/komplikasi, pengadaan donor darah, ambulan desa, penyediaan alat, obat kegawatdaruratan kebidanan, mengusulkan pelatihan, SOP rujukan ke Dinas Kesehatan. RS meningkatkan sarana transfusi, penanganan cepat SpOG, meningkatkan pelayanan rujukan pasien. Peneliti selanjutnya dilakukan pendekatan dalam wawancara.

Kata Kunci : RS PONEK, Program EMAS, Rujukan Bidan Desa

Jumlah Pustaka : 42 (1996-2012)

**Diponegoro University**

**Faculty of Public Health**

**Master’s Program in Public Health**

**Majoring in Health Policy Administration**

**Sub Majoring in Maternal and Child Health Management**

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**ABSTRACT**

**Ade Nuraeli**

**Evaluation of the Referral Implementation by Village Midwives on Maternal Mortality Cases at Waled Public Hospital in District of Cirebon in 2013**

**122 pages + 27 tables + 4 figures + 15 enclosures**

The lateness of a referral is one of the barriers causing the increase of Infant and Maternal Mortality Rates. A Waled Hospital is a PONEK Hospital which receives and handles emergency referrals, is not allowed to reject patients who cannot pay, and must answer handled referrals. In 2011 at the hospital, number of maternal mortalities was 18 cases of 3,250 childbirths and 9 patients were referrals from village midwives. In addition, in 2012, number of maternal mortalities was 25 cases of 4,191 childbirths and 10 patients were referrals from village midwives. Unfortunately, when village midwives referred, there was no emergency signal, difficult to transport, no referral letter, no pre-referral, no information for a hospital, not ready of blood donor, verbal autopsy of maternal mortality, and no Regional Technical Unit of a hospital. The referral services were supported by a program of EMAS (Expanding Maternal and Neonatal Survival) to improve quality of the emergency services of obstetric and neonatal and strengthen a referral system to be more efficient and effective.

This was qualitative research. Data were collected retrospectively using indepth interview. Main informants were taken purposively. They consisted of 6 village midwives who referred and caused mortalities. Furthermore, data were analyzed using a method of content analysis.

The result of this research revealed that three midwives had obtained APN training. Unfortunately, they did not explain other funding sources and were not ready in terms of the transportation. Regarding a process, three of them determined emergency status and referral place, and informed patients’ families. In addition, there was lack of patients’ preparation. Viewed from an output aspect, three of them provided services in accordance with their authorities, and only one family who did not receive proper services.

Village midwives need to improve ANC quality, follow-up high risk patients, implement P4K, plan referral with a mother/a family, and follow training. Head of health center needs to form a team of high risk/complication treatment, provide blood donor, village ambulance, equipment and medicines for midwifery emergency, and propose training and referral SOP to health office. A hospital needs to increase means of transfusion, response SpOG quickly, and improve referral services of patients. The next research should be conducted using interview.

Key Words : PONEK Hospital, EMAS Program, Referral of Village Midwives

Bibliography : 42 (1996-2012)