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ABSTRAK

Eka Meiri Kurniyati

Upaya Peningkatan Penanganan Komplikasi Persalinan di Puskesmas PONED Kabupaten Sumenep Tahun 2014

xviii + 137 halaman + 5 tabel + 1 gambar + 98 lampiran

Pencapaian cakupan penanganan komplikasi persalinan di Kabupaten Sumenep masih dibawah target SPM-BK Provinsi Jawa Timur. Keberadaan puskesmas PONED diharapkan mampu menjadi rujukan antara sebelum ke Rumah Sakit untuk mengatasi kegawat daruratan yang terjadi pada ibu hamil, melahirkan dan nifas. Tujuan penelitian ini adalah menganalisis upaya peningkatan penanganan komplikasi persalinan di Puskesmas PONED di Kabupaten Sumenep.

Penelitian ini menggunakan pendekatan kualitatif. Informan dalam penelitian ini dibagi menjadi informan utama (tim PONED dari 4 puskesmas cakupan tertinggi dan terendah dari daerah mudah dijangkau dan sulit dijangkau, Kabid Kesmas dan Kasie KIA dari Dinas Kesehatan) dan informan triangulasi adalah 4 kepala puskesmas PONED. Teknik analisis data dengan analisis isi.

Hasil penelitian menunjukkan bahwa manajemen dalam pelayanan di Puskesmas PONED yang meliputi perencanaan tenaga tim PONED dilakukan oleh dinas kesehatan. Perencanaan alat pada puskesmas dengan cakupan penanganan komplikasi persalinan terendah terkendala jarak dan pelaporan rutin pertahun. Penggerakan dalam hal pengarahan tidak dilakukan secara berkala. Reward dan insentif berupa uang tidak ada, upaya komunikasi sudah dilakukan. Pelaksanaan penanganan komplikasi persalinan terkendala oleh tidak lengkapnya SOP, tidak adanya uraian kerja tim PONED dan kondisi geografis. Penilaian terhadap supervisi dan Monev sudah dilakukan oleh puskesmas dan Dinas Kesehatan. Terdapat dokter yang belum terlatih PONED pada puskesmas dengan cakupan penanganan rendah. Di Puskesmas dengan cakupan rendah terdapat alat vakum yang rusak dan kendala dalam pengadaan ambulan laut. Pendanaan PONED berasal dari BPJS dan Jamkesda. Kepemimpinan dinas kesehatan dan kepala puskesmas belum sepenuhnya melakukan peran manajerial. Upaya lisensi Puskesmas PONED sudah dilakukan, tetapi sertifikasi untuk tim PONED belum dilakukan.

Disimpulkan bahwa perbedaan cakupan penanganan komplikasi persalinan pada Puskesmas PONED cakupan penanganan komplikasi persalinan tertinggi dan terendah berkaitan dengan ketenagaan, ketersediaan alat maternal dan kondisi geografis yang mempengaruhi akses ke PONED.

Kata Kunci : Komplikasi persalinan, PONED, Puskesmas

Referensi : 47 (1999-2014)

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ABSTRACT

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Efforts to Improve Managing Delivery-related Complications at PONED Health Centre in Sumenep District in 2014

xviii + 137 pages + 5 tables + 1 figure + 98 enclosures

Coverage of managing delivery-related complications in Sumenep District was still below the target of SPM-BK in East Java Province. The existence of PONED health centre was hoped could be a health provider before referring emergency cases during pregnancy, giving birth, and postpartum to a hospital. This aim of this study was to analyse efforts to improve managing delivery-related complications at PONED health centre in Sumenep District.

This was qualitative research. Main informants consisted of PONED teams selected from four health centres with highest and lowest coverage located in accessible and inaccessible areas, Head of Public Health Department, and Head of Maternal and Child Health Section at District Health Office (DHO). Meanwhile, four Heads of Health Centres were as informants for triangulation purpose. Furthermore, data were analysed using content analysis.

The results of this study showed that one of the management aspects, planning of PONED team, at PONED health centres were conducted by DHO. At health centres with lowest coverage, factors of distance and annual report were being barriers to plan equipment. In an actuating aspect, supervision was not conducted periodically. There were no money incentive and rewards. Notwithstanding, communication had been done well. Incomplete SOP, no job descriptions, and geographical condition were being barriers to implement managing delivery-related complications. Assessment of supervision, monitoring, and evaluating had been done by health centres and DHO. In addition, at health centres with lowest coverage, there were any untrained physicians, vacuum equipment was damaged, and there were any barriers in providing sea ambulance. PONED obtained funds from BPJS and Jamkesda. Leaderships of head of DHO and heads of health centres had not fully complied managerial roles. PONED health centres had been certified but certification for PONED team had not been implemented.

In conclusion, the differences of coverage of managing delivery-related complications between health centres with highest and lowest coverage were associated with human resources, availability of maternal equipment, and geographical condition to access PONED.

Key Words : Delivery-related Complications, PONED, Health Centre
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