**Universitas Diponegoro**

**Fakultas Kesehatan Masyarakat**

**Program Magister Ilmu Kesehatan Masyarakat**

**Konsentrasi Kesehatan Ibu dan Anak**

**2015**

**ABSTRAK**

**Ummi Kulsum**

**Evaluasi Pelaksanaan Pelayanan Obstetri Neonatal Emergensi Dasar di Puskesmas Kabupaten Pati**

**xvii + 110 halaman + 8 tabel + 15 lampiran**

Kasus kematian ibu bersalin di Kabupaten Pati dalam tiga tahun terakhir cenderung meningkat pada tahun 2009 sampai 2011, padahal di kabupaten Pati sudah terdapat 3 puskesmas PONED. Penelitian ini bertujuan untuk menganalisis pelaksanaan puskesmas PONED di Kabupaten Pati.

Penelitian ini menggunakan pendekatan kualitatif*.* Pengumpulan data dilakukan dengan wawancara mendalam, FGD dan observasi. Informan utama sejumlah 6 orang terdiri dari dokter, bidan dan perawat pelaksana PONED. Informan triangulasi sebanyak 21 orang terdiri dari kepala puskesmas, bidan desa, Seksi Kesehatan Dasar dan Rujukan Dinas Kesehatan Kabupaten Pati, serta ibu hamil dan atau ibu bersalin resiko tinggi yang dirawat di puskesmas PONED. Teknik analisis data dengan menggunakan analisis isi.

 Hasil penelitian menunjukkan dari aspek input, pelaksanaan PONED di puskesmas X terkendala oleh kurangnya komitment dari tenaga dokter untuk shit jaga, sedangkan di puskesmas Y dokter tidak percaya diri dalam menangani kasus kegawatan. Dari aspek proses, sosialisasi terhadap pelaksana PONED di puskesmas X belum dilaksanakan, sedangkan di puskesmas Y sudah dilaksanakan dengan baik. Dari segi output, jumlah kasus yang diterima di Puskesmas X lebih sedikit dibandingkan puskesmas Y yang baru aktif tiga bulan terakhir, dan *response time* di Puskesmas X kurang karena berkaitan dengan tidak adanya dokter selain shift pagi. Tidak ada kasus kematian dan kesakitan akibat penanganan di puskesmas PONED dalam waktu satu tahun terakhir.

Disimpulkan bahwa permasalahan dalam pelaksanaan puskesmas PONED di puskesmas X adalah ketenagaan karena dokter tidak jaga shift selain pagi, tidak ada sosialisasi dan komunikasi dari kepala puskesmas kepada pelaksana PONED, sedangkan di puskesmas Y terkendala dokter tidak percaya diri dalam menangani kasus kegawatan.

Kata Kunci : Evaluasi, Puskesmas, PONED.

Referensi : 39 (2002-2012)

**Diponegoro University**

**Faculty of Public Health**

**Master’s Program in Public Health**

**Majoring in Maternal and Child Health**

**2015**

**ABSTRACT**

**Ummi Kulsum**

**Implementation Evaluation of Basic Emergency Neonatal Obstetric Services at Health Centres in Pati District**

**xvii + 110 pages + 8 tables + 15 enclosures**

Maternal Morbidity Rate (MMR) in Pati District in the past three years tended to increase during the period of 2009 – 2011 even though there were any three PONED health centres. The aim of this study was to analyse the implementation of PONED health centres in Pati District.

This was a qualitative study by conducting indepth interview, FGD, and observation. Main informants consisted of six implementing officers of PONED, namely physician, midwife, and nurse. Informants for triangulation purpose consisted of 21 persons, namely heads of health centres, village midwives, section of basic health and referral at Pati District Health Office, and high-risk pregnant women hospitalised at PONED health centres. Data were analysed using content analysis.

The results of this research showed that regarding input aspect, PONED at health centres had barriers like low commitment of physicians to stand by. In contrast, a physician working at “Y” health centre was not confident to handle emergency cases. Regarding process aspect, socialisation to implementing officers of PONED at “X” health centre had not been conducted, otherwise it had been well done at “Y” health centre. Regarding output aspect, number of cases accepted by “X” health centre were lower than that of by “Y” health centre that was just active in the past three months. Response time at “X” health centre was slow because a physician was only available in morning shift. There were no morbidity and mortality cases due to provided services at PONED health centres in the past one year.

In conclusion, problems in implementing PONED health centre at “X” health centre were as follows: human resource because a physician was not available in the other shifts; there was no socialisation and communication between head of health centre and implementing officers of PONED. Meanwhile, “Y” health centre had barriers like a physician was not confident to handle emergency cases.

Key Words : evaluation; health centre; PONED

Bibliography : 39 (2002-2012)