

Evaluasi pelaksanaan inisiasi menyusui dini (IMD) di Rumah Sakit DR. Mohamad Hoesin Palembang = The evaluation of early initiation breastfeeding implementation in DR. Mohammad Hoesin Hospital of Palembang

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Abstrak

Latar Belakang: Inisiasi Menyusui Dini IMD adalah proses alami yang memberi kesempatan bayi untuk mencari dan mengisap air susu ibu sendiri, dalam satu jam pertama pada awal kehidupannya. Pelaksanaan program IMD merupakan tanggung jawab semua praktisi kesehatan, mulai dari lingkup pelaksana dan manajerial rumah sakit.

Tujuan: Mengevaluasi pelaksanaan IMD di RSMH dan faktor-faktor yang memengaruhi, pengaruhnya.

Metode: Penelitian berdesain cross sectional dengan subjek penelitian ibu bersalin dan tenaga kesehatan di Bagian Kebidanan RSMH. Subjek dipilih secara purposive sampling. Data sekunder diperoleh dari kuesioner yang telah diuji validitas dan reliabilitasnya.

Hasil: Selama periode November-Desember 2016, terdapat 19 51,3 pasien pascamelahirkan yang melakukan IMD dan 18 48,6 pasien tidak melakukan IMD. Terdapat perbedaan bermakna pada metode persalinan, dimana persalinan perabdominam mayoritas didapat pada kelompok yang tidak melakukan IMD $p = 0,003$. Penelitian ini melibatkan 43 responden pelaksana bidan dan dokter, serta 12 responden manajerial. Kondisi medis pasien yang tidak memungkinkan IMD, tidak terlaksananya IMD pada pasien pascaseksio sesaria, dukungan dan sosialisasi rumah sakit kurang mengenai IMD, serta pengetahuan ibu rendah merupakan keluhan responden pelaksana. Penelitian ini menemukan adanya disintegrasi antara pihak manajerial dan pelaksana sehingga menimbulkan ketidakjelasan pada pelaksanaan IMD.

Simpulan: Peluang terlaksana atau tidaknya IMD dipengaruhi oleh kondisi medis ibu dan janin, metode persalinan, pengenalan dan dukungan rumah sakit terhadap IMD, sosialisasi kebijakan IMD, tingkat pengetahuan ibu. Tantangan melakukan IMD adalah belum ada kebijakan melakukan IMD di ruang operasi, kondisi medis ibu sering tidak memungkinkan IMD, ketidakseragaman pengetahuan manajer terkait IMD, rendahnya sosialisasi peraturan pelaksanaan IMD, ada disintegrasi antara pihak manajerial dan pelaksana, dan tidak adanya pengawasan IMD di lapangan.

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Background: Early Initiation of Breastfeeding EIB is a natural process of breastfeeding, by allowing the baby to find and suck the breast milk itself, within the first hour of the beginning of life. EIB programme implementation is the responsibility of all health care practitioners, ranging from executive staff and manager.

Objective: To evaluate the implementation of EIB and influences factors in RSMH Palembang.

Method: This is a cross sectional study. All of birth mothers and health professionals doctor and midwives were include in this study. Samples were selected by purposive sampling. Secondary data were obtained from the questionnaire respondents which have been tested for validity and reliability.

Results: During the period November to December 2016, there were 19 51.3 patients with postspontaneous delivery or abdominal delivery did EIB and 18 48.6 patients did not do EIB. There was no significant

differences in demographic characteristics between the two groups. There were significant differences in the variable method of delivery. Most of patients in no EIB group had abdominal delivery $p < 0,003$. This study also included 43 doctors and midwives as EIB implementers also 12 managerial staffs. Most of implementer respondents stated that EIB already done well. The patient's medical condition that does not allow the EIB, no EIB in post cesarean patient, less support and socialization about EIB from hospital, as well as low maternal knowledge were the executive respondents complaints. This study found the disintegration between the managerial and executive staff, causing ambiguity in the implementation of the EIB.

Conclusion: The opportunity of EIB implementation is affected by medical condition of mother and fetus, method of delivery, hospital support, EIB policy socialization, and patient's level of knowledge. There are so many challenges for our hospital to implement EIB, such as no policy of EIB in operating room, the majority of patients are obstetric referral case with complication so that the mother's condition is often not possible to run EIB, knowledge of the managerial about EIB differ greatly, low socialization regulations and other elements of the EIB implementation. There is also disintegration between the manager and executive staff causing ambiguity in the implementation of the EIB and the lack of supervision of EIB implementation in the field.