

Studi kualitatif : pelayanan rujukan asfiksia bayi baru lahir di kabupaten cirebon jawa barat./ Ella Nurlaella Hadi

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Abstrak

Pada tahun 2005, studi penatalaksanaan asfiksia bayi baru lahir (BBL) oleh bidan di desa Kabupaten Cirebon menemukan kematian asfiksia BBL yang dirujuk ke rumah sakit masih tinggi. Penelitian ini bertujuan untuk mendapatkan informasi yang mendalam tentang proses rujukan, alur penanganan rujukan kasus asfiksia BBL di RS dan kualitas pelayanan di RS rujukan Kabupaten Cirebon. Untuk itu, digunakan pendekatan kualitatif dengan metode studi kasus. Hasil penelitian menunjukkan BbD sudah menangani asfiksia BBL dengan benar, tetapi rujukan sering terlambat karena adanya faktor penghambat dari keluarga (ekonomi dan keputusan merujuk harus melibatkan keluarga besar) dan faktor lingkungan (transportasi di desa terpencil sulit terutama pada malam hari).

Disamping, karena penanganan rujukan asfiksia BBL di RS belum optimal, karena masih kurangnya keterampilan petugas bagian UGD dalam manajemen asfiksia BBL dan tidak tersedianya alat resusitasi neonatus di bagian UGD, padahal prosedur penanganan kasus rujukan pertama kali di bagian UGD.

In Cirebon district (2005) research on village midwives's experience in managing birth asphyxia showed mortality of newborns with asphyxia who were referred to the hospitals were still high. This research was aimed to assess referral process, management procedure of referral birth asphyxia cases and quality of care given in the referral hospitals. This study was conducted using qualitative approach focusing on case study method. The result of this study showed that village midwives managed birth asphyxia correctly, but referral of newborn cases was often delayed, because of community factors (finance and delayed decision making by whole family to refer the newborn to the hospitals) and environmental factor (transportation in remote villages was difficult, especially at night. Besides that, referral hospitals were not yet providing adequate emergency care for referral cases of birth asphyxia. These were primarily due to lack of skills in management of birth asphyxia and unavailability of resuscitation device in emergency room.