

Pengelompokan Kategori Keamanan Obat Ibu Hamil dan Ibu Menyusui di Puskesmas Kecamatan Jatinegara = Drug Safety Category Grouping of Pregnant Women and Breastfeeding Women at Jatinegara District Public Health Center

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Abstrak

Kegiatan pemantauan terapi obat di Puskesmas Jatinegara bertujuan memastikan efek terapi obat tercapai dan meminimalisir efek samping obat. Pasien hamil dan menyusui termasuk dalam kriteria pemantauan karena adanya resiko penggunaan obat tertentu yang berpengaruh pada kesehatan ibu, janin atau bayi. Petugas farmasi perlu mengkaji keamanan obat terlebih dahulu sebelum melakukan penyerahan obat, sehingga untuk meningkatkan efisiensi dan efektivitas pelayanan dilakukan pengelompokan kategori keamanan obat ibu hamil dan menyusui. Metode penyelesaian dilakukan pengumpulan, penyeleksian, pengkajian daftar obat oral dari formularium puskesmas sesuai kategori keamanan obat ibu hamil dan menyusui, serta membuat dan memberi penandaan kategori obat ibu hamil menurut acuan Food Drug Administration (1979).

Berdasarkan hasil penggolongan, persentase kategori keamanan obat ibu hamil di Puskesmas Jatinegara diperoleh 4,04% kategori A; 19,19% kategori B; 65,65 kategori C; 8,08% kategori D; dan 7,07% kategori X. Sedangkan keamanan obat ibu menyusui didapatkan persentase 5,35% kompatibel dengan menyusui; 14,14% kompatibel dengan menyusui dan perlu diperhatikan efek samping pada bayi; 22,22% hindari jika memungkinkan dan perhatikan efek samping pada bayi; 3,03% hindari jika memungkinkan dan dapat menghambat laktasi; dan 13,13% kontraindikasi. Kegiatan penandaan label kategori keamanan obat A, B, C, D, dan X ibu hamil dilakukan di rak obat Puskesmas Jatinegara.

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Monitoring drug therapy at Jatinegara Public Health aims to ensure the therapeutic effects of drugs are achieved and minimize the side effects of drugs. Pregnant and breastfeeding patients are included in the monitoring criteria because of the risk of using certain drugs that affect the health of the mother, fetus or baby. Pharmacy officers need to assess drug safety first before dispensing drugs, so that to increase the efficiency and effectiveness of services, drug safety categories for pregnant and breastfeeding mothers are grouped. The method was to collect, select, review the list of oral drugs from the formulary of public health according to the drug safety category of pregnant and lactating women, and make and mark the category of drugs for pregnant women according to Food Drug Administration (1979). Based on the classification, the percentage of drug safety categories for pregnant women at the Jatinegara Public Health obtained 4.04% category A; 19.19% category B; 65.65 category C; 8.08% category D; and 7.07% category X. The safety of drugs for breastfeeding obtained 5.35% compatible with breastfeeding; 14.14% compatible with breastfeeding and need to pay attention to side effects on the baby; 22.22% avoid if possible and pay attention to side effects on the baby; 3.03% avoid if possible and can inhibit lactation; and 13.13% contraindications. Labeling drug safety categories A, B, C, D, and X for pregnant women was carried out at Jatinegara Public Health drug shelf.