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DECREASING MOTHER'S DEATH RATE PROGRAM IN BATANG REGENCY: AN ELABORATIVE APPROACH TO ACCELERATING THE MOTHER'S DEATH ZERO

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ABSTRACT

Introduction: In 2015 in Batang district, the number of maternal deaths was 103.26 per 100,000 live births (13 cases) and in 2016 there was an increase of 127.61 (16 cases) (Batang District Health Office, 2016). This condition shows that the figure is still above the target of the fourth 2015 Millennium Development Goals (MDGs) of 102 per 100,000 live births. health status is influenced by environmental factors, behavior, genetic and quality health services. The program to reduce maternal mortality in Batang District has been implemented since 2011 with a variety of different programs, it is important to conduct an evaluation to determine the assessment of the effectiveness and implementation of the sustainability program . The objective is to find out and provide an overview of the elaboration of the program to reduce maternal mortality in Batang District. **Method:** The method uses a qualitative approach with a case study approach with the main informants from the elements of the Health Service and Regional General Hospital of Batang District as PONEK Hospital, using in-depth interview guidelines, and field notes with source triangulation efforts. **Results:** The results of the DHO have carried out the accelerated decline in MMR & IMR, which breathes community empowerment, through classes of pregnant women even though its implementation is constrained by administrative issues. Programs such as EMAS and MPS have not been optimally implemented. the most effective and evasive program is the class of pregnant women. The general problem of the program is lack of stakeholder commitment. The Health Office has attempted to establish cross-sector cooperation in accelerating the reduction of MMR & IMR with several OPDs, such as: Bapermades, Ministry of Religion, Dindik, PU but not yet optimal. Batang's BLUD Hospital has provided optimal services in referring cases of emergency neonatal obstetric emergencies in a comprehensive manner, despite the fact that there are some technical obstacles that hinder the service process. **Conclusion:** Suggestions for strengthening the referral system through halo midwives, and utilization of social media. PONEK Puskesmas and PONEK Hospital through intense communication between referral and referral sites, repair of referred hand over patients so that adequate treatment can be given as soon as possible.

Keywords: Program, Mother Mortality Rate

Introduction

Sustainable development (SDGs) 2015-2030 officially replaced the Millennium Development Goals (MDGs) 2000-2015. However, in the 8 millennium development goals that have 63 MDG indicators, 13 indicators have been achieved, 36 indicators are in the achievement process, while 14 indicators have not been reached. Some indicators that were not achieved in the MDGs related to the health sector included a reduction in maternal mortality (MMR), infant mortality (IMR), neonatal mortality (AKN), HIV / AIDS, TB and malaria, access to reproductive health services, family planning, and coverage of drinking water and sanitation.

According to WHO maternal mortality is death during pregnancy or within a period of 42 days after the end of pregnancy, due to all causes related to or aggravated by pregnancy or treatment, but not due to accident / injury. Based on the Indonesian Demographic and Health Survey (IDHS) in 2012, the maternal mortality rate in Indonesia is still high at 359 per 100,000

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live births. This figure when compared with the achievement of the MDGs which targets being able to reduce maternal mortality to 102 per 100,000 live births is off track, meaning that it cannot be achieved and requires serious effort and hard work to achieve it.

The government and the community are responsible for ensuring that every mother has access to quality maternal health services, starting from pregnancy, childbirth assistance by trained health personnel, and post-natal care for mothers and babies, special care and referrals for complications, and access against family planning. Besides that, it is also important to intervene towards upstream, namely to adolescents and young adults in an effort to accelerate the reduction of MMR. Based on the 2015 Central Java Health Profile, there were 13 cases of maternal mortality (MMR) in Batang District. Maternal deaths usually occur because they do not have access to quality maternal health services, especially timely emergency services that are motivated by the late recognition of danger signs and in making decisions, late reaching health facilities, and late getting services at health facilities. In addition, the cause of maternal death is also inseparable from the condition of the mother herself and is one of the criteria 4 "too", which is too old at delivery (> 35 years), too young at delivery (<20 years), too much child (> 4 children), too close birth interval / parity (<2 years). In 2015 in Batang district, the number of maternal deaths was 103.26 per 100,000 live births (13 cases) and in 2016 there was an increase of 127.61 (16 cases) (Batang District Health Office, 2016). This condition shows that the figure is still above the target of the fourth 2015 Millennium Development Goals (MDGs) of 102 per 100,000 live births. health status is influenced by environmental factors, behavior, genetic and quality health services. The program to reduce maternal mortality in Batang District has been implemented since 2011 with a variety of different programs, it is important to conduct an evaluation to determine the assessment of the effectiveness and implementation of the sustainability program. The objective of this research is to find out and provide an overview of the elaboration of the program to reduce maternal mortality in Batang District.

Method

The design of this study is descriptive analytic uses a qualitative approach with a case study approach with the main informants from the elements of the Health Service and Regional General Hospital of Batang District as PONEK Hospital, using in-depth interview guidelines, and field notes with source triangulation efforts.

Results and Discussion

Of the DHO have carried out the accelerated decline in MMR & IMR, which breathes community empowerment, through classes of pregnant women even though its implementation is constrained by administrative issues. Programs such as EMAS and MPS have not been optimally implemented. the most effective and evasive program is the class of pregnant women. The general problem of the program is lack of stakeholder commitment. The Health Office has attempted to establish cross-sector cooperation in accelerating the reduction of MMR & MMR with several OPDs, such as: Bapermades, Ministry of Religion, Dindik, PU but Not yet optimal. Batang's BLUD Hospital has provided optimal services in referring cases of emergency neonatal obstetric emergencies in a comprehensive manner, despite the fact that there are some technical obstacles that hinder the service process.

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Description of efforts or programs for reducing MMR & IMR in Batang Regency based on Triangulation in the related OPD.

Descriptions of efforts or programs to reduce MMR & IMR in Batang District are needed to obtain an evaluation of the effectiveness and efficiency of the program through a single program approach with a SWOT analysis approach to determine existing internal conditions that include Strength, Weakness, and conditions. existing external which includes Opportunity and Threat (Treath). In addition, the assessment of the accelerated reduction in MMR & IMR programs is intended as a basis for the preparation of recommendations for action plans to accelerate the reduction of MMR & IMR in the stem districts.

The description of the program and the efforts that have been made by the Regional Organizational Organization (OPD) are related which in this case an interview with the Provider in charge of the problem has been obtained as follows:

a. Development of AKI & AKB in Batang Regency

In-depth interviews regarding the development of AKI & AKB in Batang Regency obtained the following results:

Until August 2017 there have been 13 cases of maternal deaths, the number 12 cause of death is eclampsia, of which number 13 has the HIV AIDS virus. The direct cause of maternal mortality in Batang Regency is still due to bleeding, eclampsia and prolonged infection and delivery while the direct cause of infant mortality is aspixia, complications in infants Low Birth Weight (LBW) and infection. While the indirect and fundamental causes that affect AKI and AKB are environmental, behavioral, genetic factors. Fundamental causes that can affect AKI and AKB in Batang Regency are regional traditions and culture, namely the assumption that girls are better married quickly and have children, the economics of poor families, late knowing danger signs and deciding referrals.

The results of the interview excerpt can be concluded that in 2017, when compared to the previous year, up to December 2016, where MMR was 16 cases, there is still a possibility that it would exceed that number considering the mapping of pregnant women in the working areas of the Puskesmas spread over Batang Regency is very large in number and quite sporadic with its spread with risk factors that vary greatly from the age of pregnant women who are at risk (<20 and> 35 years), nutritional status of SEZ pregnant women, anemia and a history of complications in labor.

b. The program that has been pursued by the Batang District Health Office in accelerating the decline in MMR / IMR in Batang Regency.

In-depth interviews with the DHO of the Regional Health Office regarding the program that has been pursued by the Batang District Health Office in accelerating the reduction of MMR / IMR in Batang Regency have the following results:

According to the Batang District Health Office, one of the accelerated activities to reduce the MMR / IMR in Batang Regency is community empowerment, the mother class has been implemented since 2011 with APBD I funds that cover the number of pregnant women 1706, 2012 175 pregnant women who are at high risk with APBD funds I , in 2013 pregnant women 945 with APBD 2, 2014 some 945 pregnant women, in 2015 there were 945 pregnant women, every class there were 10 pregnant women in 200 villages, in 2017 there were 37 classes. As for the obstacle of class programs for pregnant women, among them are administrative issues. Making Pregnancy Saver has been implemented, for the Gold program the focus is on the administrative aspects that are done, using role models with comparative studies with advanced hospitals, there should be assistance so that there is sustainability, the obstacles to bringing specialists are also difficult and high costs

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have been implemented even though not so maximal. Making Prenacy Saver has been held since 2010 until 2013, even now it is still being implemented.

The results of the in-depth interview above, it can be concluded that actually the DHO of the Health Office has accelerated the decline in MMR & IMR, which breathes community empowerment, through the class of pregnant women even though the implementation is constrained by administrative issues. While some programs such as EMAS and MPS have not been optimally implemented.

- c. The effectiveness and efficiency of the program to accelerate the reduction of MMR & IMR in the Regency of Batang.

In-depth interviews regarding the effectiveness and efficiency of the accelerated decline in MMR & IMR programs in the District of Kabupaten have the following results:

According to the source of the program the acceleration of the decline in MMR & IMR in Batang, the most effective quality and quantity is the mother class because it involves pregnant women directly and husbands also participate, because husbands are important factors in this case, because wives must and always ask permission from their husbands before deciding, other than that which is a hindrance is a false myth in society such as pregnant women not being able to get out of bed, not eating fish.

These results can be concluded that from the various acceleration programs for the reduction of MMR & IMR in Batang District, the most effective and revision class is pregnant women because it is in accordance with L.Green's behavioral change theory which states that the form of adoption of health behavior is one of the aspects of reinforcing or the driver wherein the pregnant women class is generally delivered and supported by their husbands, although there are mythical constraints in the implementation of the activities that do not support the adoption of the program properly.

- d. Common constraints faced by OPD in the acceleration of the decline in MMR & IMR in Batang Regency.

In-depth interviews with the DHO of the DHO related to the general constraints faced by OPDs in accelerating the decline in MMR & IMR in the District of the Regency to get the following results:

The general obstacle faced by OPD in accelerating the decline in MMR & IMR in Batang Regency is a Stakeholder problem, stakeholders have not cared so much about AKI / AKB, for the Fund is not a problem because the Batang government supports it, the problem is HR

Excerpts of the interview results above can be concluded that the general obstacle faced by OPD in decreasing the MMR & IMR in Batang Regency is the commitment of stakeholders in supporting the decline in Batang Regency's AKI & AKB. Bearing in mind that stakeholder support will have a strategic impact on the success of a program.

- e. Cross-Sector Collaboration with Batang Health Office regarding accelerated reduction in MMR & IMR programs.

In-depth interviews on Cross-Sector Cooperation with the Batang Health Office regarding the accelerated decline in AKI & AKB programs get the following results:

Collaboration between the DHO Health Office is cross-sectoral in order to accelerate the reduction of MMR & AKB including among others the Regional Government Office that handles Village Funds, Berpermas, should be KB in this case Bapermas but not collaboration, DidikPora provides beautiful vitamins to reduce anemia, PU should also be referred, Ministry of Religion in this case Family Planning.

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Excerpts of the in-depth interview can be concluded that the Health Office has tried to establish cross-sectoral cooperation in accelerating the decline in MMR & AKB with several OPDs, such as: Bapermades, Ministry of Religion, Dindik, PU but not yet optimal. Actually AKI & AKB in Batang Regency will be optimal if there is a harmonious synergy between OPD and of course supported by related stakeholders.

f. Triangulation Results at Referral Hospital as PONEK service providers

Hospital as a secondary level health care provider institution as a reference place to handle maternal, perinatal and neonatal conditions has a large role in providing adequate action and therapy so as to reduce maternal and infant mortality. As a hospital whose role is to provide Comprehensive Emergency Obstetric Neonatus Services (PONEK), the Batang Hospital BLUD was chosen as one of the speakers in exploring all information related to referrals from PONEK (Basic Essential Neonatal Obstetric Services) which in this case the Puskesmas which acts as PONEK . Some things that can be presented in this report are as follows:

1. Services provided at referral for neonatal obstetric care

In-depth interviews conducted with the Batang BLUD Hospital regarding the services provided at the referral of the neonatal obstetric staff are as follows:

In relation to the services given to the referral of the neonatal obstetric staff conducted by the Batang Hospital, we have always been doing the best service and treatment, considering the condition of emergency obstetric emergency care units need to get adequate treatment and therapy. However, some technical issues, such as the process of Hand over patients from the referral provider are not yet complete, the availability of beds for patients who have not met the community served, technical constraints related to administration, is one of the inhibiting factors for RSUD services in providing PONEK services with optimal.

Excerpts of the results of the in-depth interview mean that, so far, the Batang BLUD Hospital has provided optimal service in the comprehensive reference of obstetric emergency neonatal emergency cases, although in reality there are several technical obstacles that hinder the service process. Among them are the process of Hand over patients from the referral provider is not sufficiently complete, the availability of beds for patients who have not met the ratio with the community served, technical constraints related to administration, which are still the main obstacles in the process of providing adequate handling and therapy in the neonatal obstetric emergency.

2. Constraints in the referral process

Some important things related to the referral process as a whole are as follows:

There are several obstacles faced by the Batang BLUD Hospital in carrying out its role as PONEK Hospital, among which are:

- *Hand over patient process from the referral provider is not complete enough. This happens because, less complete information from the referral regarding the patient's condition. So that it results in increasing the speed of handling the emergency given.*
- *Not yet intense information provided by the referral before referring to the hospital. This needs to be considered and followed up through an adequate information system between the patient's family, the Village midwife, the PONEK Midwife, and the PONEK Hospital.*
- *the availability of patient beds that have not met the ratio with the people served, is one of the obstacles felt by the Batang BLUD to provide excellent service. This has been done by referring to hospitals in Pekalongan residency, considering that the geographical condition of Batang Regency is quite wide, so that not all obstetric neonatal emergency services are referred to the*

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Batang Hospital, and so far the hospitals around Batang Hospital have sufficient networks. good at providing referral services.

- *technical problems related to administration*
- *the administrative technical constraints referred to in this case do not only refer to the neonatal obstetric emergency, but to all services. That condition.*
- *Differences in perceptions of "emergency emergency" between health providers and the community.*
- *In general, the community has the perception that someone who goes to hospital means that they are in emergency condition. Even though this is not the case, in hospitals referred patients must enter the emergency department (IGD) first, where in the emergency room patients will be treated according to the triage and emergency level of each patient, so that this will cause differences in perception between the community and health providers.*
- *There is still a widespread perception of the community regarding the differences in the quality of services between general patients and JKN participants.*

The description of the results of matching the patterns of answers with the resource person at the Kalisari Batang Hospital above, concludes that some of the constraints in the referral process are: the incomplete hand over process in transferring patients, the lack of intense information conveyed to referrers to referral recipients, availability of place ratios sleeping with a number of underserved people is not sufficient, some technical constraints related to administration, perceptions that are not yet appropriate regarding emergency emergencies, as well as differences in the quality of services for general patients and JKN participants.

3. Efforts of the Batang General Hospital BLUD in optimizing neonatal maternal referral services.

In order to overcome the obstacles encountered above, the Kalisari Hospital BLUD made efforts to optimize the neonatal maternal referral service, appearing in the description of the interview results as follows :

Some of the efforts made by the Batang Hospital in optimizing health services, including: Continuous improvement in the quality and quality of services provided through: improved service speed, online registration and completion of a whole series of quality-based health service work and standard procedures that prioritize patient speed and satisfaction. In addition, the Batang Hospital has collaborated with the District Health Office in an effort to improve the early detection of the risks of pregnancy and childbirth and the handling pattern so that the introduction of the risks of pregnancy and childbirth is expected as early as possible.

Conclusion

For strengthening the referral system through halo midwives, and utilization of social media. PONEK Puskesmas and PONEK Hospital through intense communication between referral and referral sites, repair of referred hand over patients so that adequate treatment can be given as soon as possible.

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