

PENGARUH PEMBERIAN EDUKASI MODEL RENCANA PEMULANGAN TERINTEGRASI (RELASI) TERHADAP KESIAPAN IBU SAAT PEMULANGAN BAYI BERAT LAHIR RENDAH (BBLR) DI RUANG NICU

Siti Arifah¹, Lely Lusmilasari², Sri Hartini³

¹Magister Keperawatan, Fakultas Kedokteran, Kesehatan Masyarakat, dan Keperawatan, ^{2,3}Departemen Keperawatan Anak dan Maternitas Fakultas Kedokteran, Kesehatan Masyarakat, dan Keperawatan Universitas Gadjah Mada

ABSTRAK

Latar belakang: BBLR berisiko tinggi mengalami masalah kesehatan yang terjadi sejak lahir, selama di rumah sakit, dan berlanjut sampai setelah pulang. Kesiapan adalah kewaspadaan, kecemasan, kemampuan ibu dalam berespon secara fisik dan psikis terhadap kebutuhan bayi. Kesiapan ibu saat pemulangan BBLR masih kurang dalam pengetahuan mempertahankan suhu, emosional ibu, kepercayaan diri ibu. Kesiapan ibu di Indonesia lebih rendah di bandingkan negara lain. Sehingga kesiapan ibu sangat penting dipersiapkan untuk mencegah dampak yang berkelanjutan. Tujuan penelitian untuk mengetahui pengaruh pemberian edukasi model RELASI terhadap kesiapan ibu.

Metode: Penelitian kuantitatif menggunakan rancangan *quasi-experimental pretest-posttest with control group* di ruang NICU RS KU Muhammadiyah Yogyakarta sebagai kelompok intervensi dan NICU RS PKU Muhammadiyah Gamping kelompok kontrol. Responden penelitian adalah 60 ibu yang merupakan kelompok intervensi= 30 dan kontrol= 30. Kelompok intervensi diberikan edukasi model RELASI terdiri dari dukungan psikologis, pendidikan kesehatan, pemberdayaan orang tua dan koordinasi perawatan, dilakukan sejak bayi lahir sampai sebelum pulang. Kelompok kontrol diberikan edukasi perawatan BBLR sesuai SPO rumah sakit yaitu obat-obatan, nutrisi, termoregulasi, kebersihan, infeksi, pijat bayi dan tanda-tanda bayi sakit, yang dilakukan 2-4 hari sebelum bayi di pulangkan. Kesiapan diukur menggunakan kuesioner RHDS terdiri 22 item pertanyaan. Penelitian dimulai tanggal 12 Mei-28 Juli 2022. Analisa perbedaan skor kesiapan kelompok intervensi dengan uji *Paired t-test*, kelompok kontrol dengan uji *Wilcoxon*. Perbedaan selisih skor kesiapan kedua kelompok dengan uji *Independent sample t-test*. Analisis multivariat dengan uji regresi *Linear*.

Hasil: Terdapat perbedaan bermakna skor kesiapan ibu kelompok intervensi $p=0,000$ dan kelompok kontrol $p=0,002$. Adanya perbedaan selisih skor kesiapan ibu yang signifikan antara kelompok intervensi ($39,30 \pm 25,349$) dan kontrol ($16,23 \pm 23,654$), nilai $p=0,001$, perbedaan rata-rata= 23,067, CI= 10,396-35,737. Terdapat hubungan antara pengalaman merawat dan edukasi model RELASI dengan kesiapan. Tidak ada hubungan antara usia dan paritas ibu dengan kesiapan. Terdapat pengaruh edukasi model RELASI terhadap kesiapan, edukasi model RELASI menunjukkan *effect size* besar ($d=0,92$). Edukasi model RELASI merupakan faktor dominan yang memengaruhi kesiapan ibu.

Kesimpulan: Edukasi model RELASI dapat meningkatkan kesiapan ibu saat pemulangan BBLR. Faktor yang paling dominan memengaruhi kesiapan ibu saat pemulangan adalah pemberian edukasi model RELASI.

Kata kunci: Edukasi model RELASI, kesiapan ibu, BBLR, NICU.

THE IMPACTS OF INTEGRATED DISCHARGE PLAN (RELASI) MODEL EDUCATION ON MOTHER'S READINESS AT RETURN OF LOW BIRTH WEIGHT (LBW) INFANTS IN THE NICU

Siti Arifah¹, Lely Lusmilasari², Sri Hartini³

¹Master in Nursing, Faculty of Medicine, Public Health, and Nursing.

^{2,3} Department of Pediatric and Maternity Nursing, Faculty of Medicine, Public Health,
and Nursing, Universitas Gadjah Mada

ABSTRACT

Background: LBW is high risk of experiencing health problems that occur from birth, during hospitalization, and continue until after returning home. Readiness is vigilance, anxiety, the mother's ability to respond physically and psychologically to the baby's needs. Mother's readiness when returning LBW is still lacking in terms of knowledge of maintaining temperature, mother's emotionality, mother's level of confidence. Mother's readiness in Indonesia has lower readiness compared to other countries. So it is very important to prepare the mother to be prepared to prevent a sustainable impact. The purpose of this study was to determine the effect of providing education on the RELASI model on maternal readiness.

Methods: Quantitative research using a quasi-experimental pretest-posttest design with control group in the NICU room of PKU Muhammadiyah Yogyakarta Hospital as the intervention group and the NICU of PKU Muhammadiyah Gamping Hospital as the control group. Research respondents were 60 mothers who were in the intervention group = 30 and the control group = 30. The intervention group was given RELASI model education which consisted of psychological support, health education, parental empowerment and simple care coordination, which was carried out from the baby was born until before going home. The control group was given education on LBW care according to hospital's procedure like medicines, nutrition, thermoregulation, hygiene, infection, baby massage and signs of sick babies, which were carried out 2-4 days before the baby was sent home. Readiness was measured using the RHDS questionnaire consisting 22 question items. The research started on 12 May-28 July 2022. Analysis of the difference in readiness scores for the intervention group is the Paired t-test, the control group using the Wilcoxon test. The difference in the readiness scores of the two groups is the Independent sample t-test. Multivariate analysis is linear regression test.

Results: There was a significant difference in maternal readiness scores in the intervention group $p = 0,000$ and in the control group $p = 0.002$. Significant difference in maternal readiness scores between the intervention group ($39,30 \pm 25,349$) and control ($16,23 \pm 23,654$), p value = 0.001, the average difference = 23,067, CI = 10,396-35,737. There is a relationship between the experience of caring for and education in the RELASI model with readiness. There is no relationship between maternal age and parity with readiness. There is an effect of education on the RELASI model on maternal readiness. The RELASI model education showed clinical effects size in a large ($d = 0,92$). The RELASI model education is the dominant factor that affects the mother's readiness.

Conclusion: The RELASI model education can increase the mother's readiness when returning LBW. The most dominant factor influencing mother's readiness for discharge is the provision of RELASI model education.

Keywords: RELASI model education, mother's readiness, LBW, NICU