

INTISARI

Latar Belakang: *Postpartum Depression* (PPD) adalah salah satu penyulit pasca persalinan yang sering terjadi. PPD pada ibu menunjukkan banyak dampak negatif bagi kesehatan ibu. Banyak kasus PPD yang tidak terdeteksi sehingga dampak buruk terus terjadi dan mempengaruhi kesehatan ibu dan anak di seluruh dunia. Deteksi awal atau skrining idealnya dilakukan di layanan primer karena layanan primer merupakan gerbang pertama dan titik perawatan berkelanjutan untuk pasien. Namun, alat skrining yang saat ini tersedia masih memiliki beberapa kekurangan. *Edinburgh Postnatal Depression Scale* (EPDS) memiliki spesifisitas yang tinggi namun sensitivitas yang masih cukup rendah, sementara *Whooley Question* memiliki sensitivitas yang tinggi namun spesifisitasnya lebih rendah dari EPDS. Potensi e-skrining sebagai pendekatan skrining yang efektif belum banyak berkembang di Indonesia, khususnya untuk kasus PPD. Puskesmas sebagai garda depan fasilitas kesehatan di Indonesia belum memiliki Standar Operasional Prosedur (SOP) mengenai skrining kasus PPD.

Tujuan: Mengembangkan SOP e-skrining kasus PPD di layanan primer di layanan primer..

Metode: Pada penelitian ini, peneliti menggunakan rancangan penelitian metode campuran (*mixed methods*) sequential explanatory. Jenis penelitian quasi eksperimental dilakukan untuk mengetahui perbedaan uji skrining antara ketiga kelompok yang dipilih secara acak, yaitu kelompok perlakuan dan dua kelompok kontrol, sedangkan metode kualitatif pada penelitian ini menggunakan wawancara mendalam, observasi, dan pengumpulan dokumen rekam medis untuk mengetahui persepsi dan minat pelaksanaan e-skrining baik dari tenaga kesehatan maupun pasien. Penelitian ini terdiri dari tiga tahapan yaitu pengembangan SOP, uji skrining, dan mengetahui persepsi dan minat responden terhadap pelaksanaan e-skrining.

Hasil: Pengembangan SOP e-skrining dihasilkan dari proses *Hierarchical Steps*. SOP e-skrining pada kasus PPD bersifat *personal* dan *confidential*. Prevalensi kasus PPD di layanan primer di Daerah Istimewa Yogyakarta (DIY) adalah 12%. Profil hasil uji skrining kuesioner EPDS adalah sensitivitas: 66,67%; spesifisitas: 88,89 %; akurasi = 87,56%. Profil hasil uji skrining kuesioner Whooley adalah sensitivitas: 75%; spesifisitas: 100 %; akurasi = 97,50%. Profil hasil uji skrining e-skrining (Whooley → EPDS) adalah sensitivitas: 75%; spesifisitas: 96,15 %; akurasi = 94,04%. Persepsi dan minat tenaga kesehatan dan pasien mengenai pelaksanaan e-skrining kasus depresi postpartum di layanan primer adalah keefektifan e-skrining akan lebih terjamin pada ibu postpartum usia remaja akhir dan dewasa awal karena tingginya pemahaman akan teknologi, namun pelaksanaannya harus dimulai dengan pembuatan SOP yang melibatkan berbagai kalangan serta sosialisasi secara mendetail.

Simpulan: SOP e-skrining masih perlu dikembangkan dan evaluasi spesifik pada akurasi. Spesifisitas kuesioner Whooley lebih tinggi daripada EpdS dan e-skrining. Sedangkan sensitivitas Whooley dan e-skrining lebih tinggi daripada

EpdS. Pelaksanaan e-skrining akan efektif pada kelompok usia muda dan reproduksi sehat dengan diawali pelaksanaan sosialisasi pada berbagai kalangan.

Kata Kunci: Fasilitas Kesehatan Tingkat Primer, Kesehatan jiwa, *Mobile Health Application*, *Postpartum Depression*, *Self care*, Skrining, SOP.

ABSTRACT

Background: Postpartum Depression (PPD) is one of the most common postpartum complications. PPD in the mother shows many negative effects on the mother's health. Many cases of PPD are undetected so the adverse effects continue to occur and affect the health of mothers and children around the world. Early detection or screening is ideally done in primary care as primary health care is the first gateway and point of continuous care for patients. However, the screening tools that are currently available still have some shortcomings. The Edinburgh Postnatal Depression Scale (EPDS) has a high specificity but a relatively low sensitivity, whereas the whooley question has a higher sensibility but is less specific than the EPDS. The potential of e-screening as an effective screening approach is not much developed in Indonesia, especially for PPD cases. Puskesmas as the front guard of health facilities in Indonesia does not have Standard Operational Procedure (SOP) regarding PPD screening cases.

Objective: To develop SOP e-screening PPD cases in primary services in the primary service

Method: In this study, the researchers used the mixed methods sequential explanatory. With a quasi-experimental design for quantitative methods, while the qualitative method on this research uses in-depth interviews, observation and collection of medical record documents. It is carried out to know the screening test differences between three randomly selected groups, namely the treatment group and two control groups as well as to know perceptions and interests of e-screening implementation both from healthcare professionals and patients.

Result: The development of the e-screening SOP resulted from the Hierarchical Steps process. The SOP for e-screening in PPD cases is personal and confidential. Prevalence of PPD cases in primary services in the province of Daerah Istimewa Yogyakarta (DIY) is 12%. The EPDS screening test results profile is sensitivity: 66.67%; specificity: 88.89%; accuracy = 87.56%. The Whooley screening test results profile is sensitivity: 75%; specificity: 100%; accuracy = 97.50%. The profile of the screening results of e-screening (Whooley → EPDS) is sensitivity: 75%; specificity: 96.15%; NDP (positive assumption value): 68.42%; accuracy = 94.04%. The perception and interest of healthcare professionals and patients regarding the implementation of e-screening of postpartum depression cases in the primary service is that the effectiveness of the e-screening will be more guaranteed in the postpartum mothers of late adolescent age and early adulthood due to the high understanding of technology, but its implementation must begin with the creation of SOPs carried out by various groups as well as socialization in detail.

Conclusion: SOP for e-screening still needs to be developed and specific evaluation on its accuracy. The specificity of the Whooley questionnaire is higher than that of the EPDS and e-screening. Meanwhile, the sensitivity of Whooley and e-screening is higher than EPDS. Implementation of e-screening will be effective in young age

groups and healthy reproduction by starting with the implementation of outreach to various groups.

Keywords: Mental Health, Postpartum Depression, Primary Level Health Facilities, Screening, Self care, SOP.