

## INTISARI

Dalam beberapa dekade terakhir prevalensi persalinan melalui bedah caesar di seluruh negara terus meningkat, baik di negara maju maupun berkembang. Persalinan secara bedah caesar memerlukan perencanaan yang tepat karena prosedur ini melibatkan biaya yang besar sehingga rumah sakit dapat mengelola anggaran dengan baik dan menghindari kerugian finansial. Penelitian ini bertujuan untuk mengetahui biaya medis langsung dan faktor yang mempengaruhi besar biaya pada pasien bedah caesar.

Rancangan penelitian ini merupakan penelitian observasional analitik dengan desain *cross sectional*. Pengambilan data dilakukan secara retrospektif menggunakan metode *consecutive sampling*. Subjek penelitian adalah pasien dengan tindakan bedah caesar baik elektif maupun emergensi di Rumah Sakit Mardi Rahayu Kudus tahun 2023. Data karakteristik pasien diambil dari data rekam medis pasien dan data biaya medis langsung diambil dari catatan *billing* rumah sakit. Analisis deskriptif dilakukan untuk mengetahui karakteristik pasien. Analisis statistik menggunakan Mann-Whitney U test dan Kruskal-Wallis H-test untuk mengetahui perbedaan biaya medis langsung dan mengetahui faktor yang mempengaruhi biaya medis langsung.

Hasil penelitian pada 94 pasien bedah caesar di Rumah Sakit Mardi Rahayu Kudus tahun 2023 didapatkan frekuensi tertinggi pada usia 20–35 tahun (63,83%), indikasi maternal-fetal (46,81%) dengan indikasi terbanyak adalah cephalopelvic disproportion (CPD) (24,47%), LOS  $\leq 3$  hari (67,02%), ruang perawatan kelas II (28,72%), tidak ada komplikasi pasca bedah (82,98%), dan tidak ada komorbid (60,64%). Total biaya medis langsung sebesar Rp873.118.836 dan rata-rata  $\pm$  SD biaya medis per pasien sebesar Rp9.288.498  $\pm$  6.196.172 dengan komponen biaya terbesarnya adalah biaya operasi (59,25%). Faktor yang mempengaruhi biaya medis langsung yaitu indikasi bedah caesar, *Length of Stay* (LOS), kelas perawatan, dan komorbid ( $p < 0,05$ ). Sedangkan faktor usia dan komplikasi pasca bedah tidak mempengaruhi biaya medis langsung ( $p > 0,05$ ).

**Kata kunci:** bedah caesar, analisis biaya, biaya medik langsung, faktor risiko

## **ABSTRACT**

*In the last few decades, the prevalence of delivery via caesarean section in all countries has continued to increase, both in developed and developing countries. Delivery by caesarean section requires proper planning because this procedure involves large costs so that hospitals can manage the budget well and avoid financial losses. This study aims to determine direct medical costs and factors that influence the costs for caesarean section patients.*

*The design of this research was an analytical observational study with a cross-sectional design. Data collection was carried out retrospectively using the consecutive sampling method. The research subjects were patients with caesarean sections, both elective and emergency, at Mardi Rahayu Kudus Hospital in 2023. Data on patient characteristics was taken from the patient's medical record data and medical cost data was taken directly from hospital billing records. Descriptive analysis was carried out to determine patient characteristics. Statistical analysis uses the Mann-Whitney U test and Kruskal-Wallis H-test to determine differences in direct medical costs and determine factors that influence direct medical costs.*

*The results of research on 94 caesarean section patients at Mardi Rahayu Kudus Hospital in 2023 showed that the highest frequency was at the age of 20–35 years (63.83%), maternal-fetal indications (46.81%) with the most frequent indication being cephalopelvic disproportion (CPD) (24.47%), LOS  $\leq 3$  days (67.02%), class II treatment room (28.72%), no post-surgical complications (82.98%), and no comorbidities (60.64%). The total direct medical costs were IDR 873,118,836 and the average  $\pm$  SD medical costs per patient were IDR 9,288,498  $\pm$  6.196.172 with the largest cost component being surgery costs (59.25%). Factors that influence direct medical costs are indication for caesarean section, Length of Stay (LOS), class of care, and comorbidities ( $p < 0.05$ ). Meanwhile, age and post-surgical complications did not affect direct medical costs ( $p > 0.05$ ).*

**Keywords:** *caesarean section, cost analysis, direct medical costs, risk factors*