

## ABSTRAK

**Latar Belakang** : Derajat Kesehatan Ibu dan Anak (KIA) masih menjadi masalah utama pembangunan kesehatan di Indonesia. Salah satu permasalahan kesehatan yang harus diselesaikan bagi negara berkembang seperti yang tertuang di dalam *Sustainable Development Goal* (SDGs) adalah penurunan Angka Kematian Ibu (AKI). Di Kabupaten Boyolali kasus kematian ibu termasuk masih tinggi. Tahun 2018 jumlah kematian ibu sejumlah 15 orang. Program rujukan terencana maternal risiko tinggi merupakan salah satu program pemerintah untuk menurunkan angka kematian ibu. Meskipun sudah tersedia fasilitas puskesmas PONED, Rumah Tunggu Kelahiran (RTK) dan rumah sakit PONEK.

**Tujuan** : Penelitian ini untuk mengetahui efektifitas pelaksanaan rujukan maternal risiko tinggi serta pemanfaatan Rumah Tunggu Kelahiran (RTK) dalam rangka penurunan kasus kematian ibu di Kabupaten Boyolali, Provinsi Jawa Tengah.

**Metode penelitian** : Penelitian ini bersifat kualitatif dengan desain studi kasus di RSUD Pandan Arang, Rumah Tunggu Kelahiran (RTK) Boyolali dan di Puskesmas Ngemplak, dengan metode dan analisis *exploratory*. Instrumen penelitian menggunakan panduan wawancara mendalam (*indepth interview*) dengan bantuan alat perekam elektronik, kamera, dan buku catatan. Analisis data kualitatif dapat dijelaskan ke dalam tiga proses yang saling terkait yaitu reduksi data, penyajian data, dan pengambilan keputusan.

**Hasil** : Pemanfaatan PONEK RSUD Pandan Arang belum maksimal, Rumah Tunggu tidak efektif digunakan, koordinasi dan pengawasan belum berjalan baik, pola rujukan *multiple*, puskesmas PONED dan RSUD PONEK sudah memiliki SOP dan dijalankan, tenaga kesehatan yang ikut pelatihan PONED masih terbatas dan tenaga kesehatan di PONEK belum mengikuti pelatihan, alat kesehatan di PONEK masih terdapat kekurangan, pembiayaan rujukan berasal dari BPJS dan jampersal, Sistem komunikasi sudah tersedia melalui *call center* 119 namun belum optimal, ketersediaan alat transportasi rujukan sudah baik.

**Kesimpulan** : Efektifitas program rujukan terencana maternal risiko tinggi serta pemanfaatan Rumah Tunggu Kelahiran (RTK) tidak tercapai, persyaratan rujukan maternal sebagian besar belum ideal. Hanya SOP dan transportasi yang sudah memenuhi standar PONEK dan PONEK.

Kata Kunci : evaluasi, rujukan terencana, maternal risiko tinggi, rumah tunggu kelahiran

## ABSTRACT

**Background:** The degree of Maternal and Child Health (MCH) is still a major problem in health development in Indonesia. One of the health problems that must be agreed upon for developing countries as stated in the Sustainable Development Goals (SDGs) is the reduction in Maternal Mortality Rate (MMR). In Boyolali Regency maternal deaths included high. In 2018 the number of maternal deaths was 15 people. The planned high-risk maternal referral program is one of the government's programs to reduce maternal mortality. Although basic EmOC health center facilities, Birth Waiting Home (RTK) and comprehensive EmOC hospital are available.

**Objective:** This study is to describe the implementation of high-risk maternal referrals and the use of Birth Waiting Home (RTK) in order to reduce maternal mortality cases in Boyolali District, Central Java Province.

**Research method:** This study is qualitative with a case study design at Pandan Arang Hospital, Boyolali Birth Waiting Home (RTK) and at Ngemplak Health Center, with exploratory methods and analysis. The research instrument used an in-depth interview guide with the help of electronic recording devices, cameras and notebooks. Analysis of qualitative data can be explained in three interrelated processes, namely data reduction, data presentation, and decision making.

**Results:** The utilization comprehensive EmOC of Pandan Arang Hospital has not been maximal, Wait House has not been effectively used, coordination and supervision have not gone well, multiple referral patterns, basic EmOC health centers and comprehensive EmOC hospitals have SOPs, health workers participating in basic EmOC training are still limited and health workers at comprehensive EmOC following the training, there were still shortages of medical devices at basic EmOC, funding for referrals from BPJS and jampersal, communication systems already existed through *call center* 119 but were not optimal, the availability of referral transportation equipment was good.

**Conclusion:** The implementation of a high-risk planned maternal referral program and utilization of the Birth Waiting Home (RTK) have not been effective, most of them have not met the basic EmOC and comprehensive EmOC standards. Only SOPs and transportation have met basic EmOC and comprehensive EmOC standards.

Keywords: evaluation, planned referral, high-risk maternal, birth waiting home