

ABSTRAK

Latar Belakang: Situasi kesehatan ibu dan bayi di Indonesia secara keseluruhan masih memprihatinkan.. Data SDKI tahun 2012 menunjukkan Angka Kematian Ibu (AKI) melonjak signifikan dari 228 per 100.000 kelahiran hidup pada tahun 2007 menjadi 359 per 100.000 kelahiran hidup. Peningkatan kematian ibu dan bayi juga terjadi di fasilitas kesehatan seperti Rumah Sakit. Penyebab kematian *maternal* secara langsung yang terjadi masih saja seputar komplikasi perdarahan (*post-partum* dan *ante-partum*), eklamsia dan infeksi. Penyebab kematian berulang tersebut diduga karena adanya kegagalan dalam pelaksanaan AMP. Kegagalan tersebut dilihat dari rekomendasi yang dihasilkan dalam setiap pelaksanaannya. Rekomendasi tersebut sering tidak atau terlambat untuk ditindak lanjuti.

Tujuan Penelitian: Mengetahui tindak lanjut rekomendasi AMP yang dilihat dari tindak lanjut segera dan tindak lanjut terencana, serta mengetahui proses pelaksanaan AMP di RSUD Panembahan Senopati Bantul dan RSUD Wonosari di DIY dilihat dari segi sumber daya, koordinasi, struktur birokrasi dan hubungan pola birokrasi, dan disposisi/sikap pelaksana.

Metode: Penelitian ini adalah penelitian kualitatif dengan desain studi kasus. Subyek penelitian terdiri dari 12 orang yang memahami mengenai Audit Maternal Perinatal dan dipilih dengan *purposive sampling*. Instrumen penelitian menggunakan panduan wawancara mendalam dan *checklist* observasi, serta pendukung lainnya seperti alat perekam, dan kamera untuk dokumentasi.

Hasil: Tindak lanjut dari rekomendasi AMP di RSUD Panembahan Senopati Bantul dan RSUD Wonosari belum semuanya bisa dilaksanakan, baik segera maupun secara terencana. Alasan klasik mengenai keterbatasan dana, kurangnya komitmen dokter obsgyn, tidak adanya sanksi tegas dari Direktur dan Komite Medis dalam melaksanakan tindak lanjut segera juga menjadi penghambat tindak lanjut tersebut bisa dilaksanakan. Waktu pelaksanaan audit di kedua RSUD tersebut belum sesuai dengan pedoman WHO dan Depkes RI, Pelaksanaan AMP perinatal di RSUD Panembahan Senopati Bantul tidak pernah melibatkan tim pengkaji eksternal.

Kesimpulan: Pelaksanaan AMP di RSUD Panembahan Senopati Bantul dan RSUD Wonosari belum mampu menurunkan jumlah kematian ibu akibat perdarahan. Hal ini juga disebabkan karena kedua RSUD belum sepenuhnya menerapkan prinsip *surveilans respon*. Hal tersebut terlihat dari ada rekomendasi AMP yang tidak direspon segera maupun direspon terencana.

Kata Kunci : Audit, Kematian *maternal/perinatal*, Implementasi Kebijakan, Tindak lanjut, Pengawasan, Komitmen, Fasilitas Kesehatan

ABSTRACT

Background In general, maternal and neonatal health situation in Indonesia are still need a serious concern. IDHS in 2012 indicates that Maternal Mortality Rate (MMR) increased significantly from 228 per 100.000 live births in 2007 to 359 per 100.000 live births. MMR increment also occurred in health facilities such as Hospital. The common and direct causes of maternal deaths are dominant by hemorrhage cases (post-partum and ante-partum), eclampsia, pre-eclampsia and infections. These conditions are repeatedly year after year due to the failure assumption in the implementation process of AMP. It was clearly describe by recommendations result in each implementation. Recommendations are frequently have not implemented or delayed to followed up.

Objective: To inquire the follow-up recommendations of AMP being obeyed in the follow-up immediately and follow-up planned, as well as monitoring the implementation process of AMP in Panembahan Senopati Bantul and Wonosari Public Hospital in Jogjakarta. In terms of resources, coordination, structure and relationship of bureaucratic, and disposition/attitude of implementor

Methods: This study is a qualitative study, which use case study design. The subjects consists of 12 people who understanding of Maternal Perinatal Audit. They were selected by purposive sampling. This study uses in-depth interview guidelines and observation checklists as instrument, additional support are tape recorder and camera for documentation.

Result: Follow-up of the recommendations in AMP have not implemented all, both immediate response nor planned response. Classical excused of limited funds, lack of commitment from the obsgyn, absence of strict punishment from the President Director and Medical Committee in implementing the follow up immediately as well become follow-up hassle in the process of the implementation. The audit timing in both RSUD is not in accordance with WHO guidelines and MOH, perinatal of AMP implementation in RSUD Panembahan Senopati Bantul are also never engage the external review team.

Conclusion: The Implementation of AMP in RSUD Panembahan Senopati Bantul and RSUD Wonosari are not yet capable to reduce maternal and neonatal death. Both of them were not entirely applying the principle of surveilans respon's principle optimally. It shown by the lack of immedate and planned response. This is as a result of false commitment, operator failure and the weakness spot of culture of supervision.

Keyword : Audit, maternal/perinatal death, Policy Implementation, Follow-up, Supervision, Commitment, Hospital Based