



Abstrak

Latar Belakang : RSUD Muhammadiyah Bantul sudah memiliki formulir rekam kesehatan antenatal, namun tidak digunakan sejak lebih dari sepuluh tahun yang lalu. Berdasarkan SDKI periode 1991-2007 angka kematian ibu mengalami penurunan dari 390 menjadi 228 per 100.000 kelahiran hidup. Pada SDKI 2012 angka kematian ibu naik menjadi 359 per 100.000 kelahiran hidup, sedangkan target MDGs 2015 adalah 102 per 100.000 kelahiran hidup. Beberapa faktor penyebab kematian ibu adalah riwayat penyakit dan infeksi yang diderita. Perancangan formulir rekam kesehatan antenatal diharapkan dapat membantu dalam mengurangi angka kematian ibu.

Tujuan : Mengetahui *item* apa saja yang harus ada pada formulir rekam kesehatan antenatal dan merancang formulir rekam kesehatan antenatal sesuai dengan aspek fisik, aspek anatomik, dan aspek isi.

Metode : Pembuatan rancangan diawali dengan analisis kebutuhan, perancangan, dan pembuatan.

Hasil : Formulir rekam kesehatan antenatal dan formulir kunjungan antenatal yang sesuai dengan aspek fisik, aspek anatomik, dan aspek isi.

Kesimpulan : *Item* yang ada dalam formulir rekam kesehatan antenatal meliputi: Identitas pasien (nama pasien, nama suami/ayah bayi, tanggal lahir, Alamat), kontak darurat (nama, alamat, hubungan, telepon), GPA (gravida, paritas, abortus), haid terakhir, HPL (hari perkiraan lahir), kontrasepsi, riwayat kehamilan sebelumnya, lingkaran lengan atas, tinggi badan, status imunisasi TT, alergi, riwayat penyakit, riwayat penyakit keluarga, infeksi, dan SOAP (*subjective, objective, assessment, planning*). Formulir rekam kesehatan antenatal telah dirancang sesuai dengan kebutuhan bidan klinik kandungan di RSUD Muhammadiyah Bantul dan sesuai dengan aspek fisik, aspek anatomik dan aspek isi.

Kata Kunci : Rancangan formulir, formulir antenatal, rekam kesehatan antenatal



Abstract

Background : RSUD Muhammadiyah Bantul had antenatal health record form, but not in use since more than ten years ago. Based on SDKI from the period 1991-2007 the maternal mortality rate has fallen from 390 to 228 per 100,000 live births. SDKI 2012 on maternal mortality rate increased to 359 per 100,000 live births, while the MDGs targets in 2015 was 102 per 100,000 live births. Some factors contributing to maternal mortality is a history of diseases and infections suffered. The design of antenatal health record form expected to assist in reducing maternal mortality.

Objective : Knowing what items should be in the form of antenatal health record and medical record form antenatal designing in accordance with the physical aspects, anatomical aspects, and content aspects.

Methods : Design manufacture begins with needs analysis, design, construction, and then the last is a trial.

Results : Antenatal health record form with three alternative designs and antenatal visits form in accordance with the physical aspects, anatomical aspects, and content aspects.

Conclusion : The items in the antenatal health record form include: Identification of the patient (patient's name, the name of the husband/father of the baby, date of birth, address), emergency contact (name, address, relationship, phone), GPA (gravida, parity, abortion), last menstruation, HPL (approximate day of birth), contraception, history of previous pregnancies, upper arm circumference, height, TT immunization status, allergies, medical history, family history of disease, infection, and SOAP (subjective, objective, assessment, planning). Antenatal health record form has been designed according to the needs of midwives in antenatal clinics in RSUD Muhammadiyah Bantul and in accordance with the physical aspect, anatomic aspect and content aspect.

Keywords : Design form, antenatal form, antenatal health record