

# Faktor resiko kematian maternal berdasar otopsi verbal program audit maternal perinatal (AMP) di Kabupaten Karawang Provinsi Jawa Barat = The risk factors of maternal mortality based on verbal autopsy of maternal perinatal audit program (AMP) in Karawang West Java Province

Raharni, author

Deskripsi Lengkap: <https://lib.ui.ac.id/detail?id=20350863&lokasi=lokal>

---

## Abstrak

Salah satu sasaran pembangunan millenium adalah meningkatkan kesehatan ibu dengan target pada th 2015 menurunkan kematian maternal sebesar 75% antara th 1990-2015. Kematian maternal mencakup kematian wanita selama kehamilan, melahirkan dan selama 42 hari setelah melahirkan, masih merupakan masalah dan tantangan bagi kesehatan. Selain faktor obstetrik, kematian maternal juga disebabkan 3 faktor keterlambatan dan 4 terlalu yaitu muda, terlalu tua, terlalu sering dan terlalu rapat jarak melahirkan. Penelitian ini bertujuan mengidentifikasi secara diskriptif karakteristik kematian maternal dan mengidentifikasi faktor resiko kematian maternal, berdasarkan variabel utama penolong persalinan.

Desain penelitian adalah kasus kontrol, analisis data dengan univariat, bivariat dengan uji Chi Square dan multivariat dengan uji regresi logistik ganda. Lokasi penelitian di Kabupaten Karawang dengan subyek penelitian sebanyak 324 responden terdiri dari 108 kasus kematian maternal dan 216 kontrol.

Diperoleh hasil kematian maternal sebagian besar termasuk kelompok ibu umur resiko tinggi <20 th dan &#8805; 35 th, dengan paritas 1kali, dan berpendidikan rendah. Faktor resiko yang berperan terhadap kematian maternal adalah ibu yang terlambat mengenal tanda bahaya dan mencari pertolongan mempunyai resiko kematian maternal 7,51 (CI 2,551-22,124), komplikasi kehamilan/persalinan resiko 5,59 (CI 2,634-11,148), Ibu yang terlambat mencapai fasilitas kesehatan mempunyai resiko kematian maternal 5,59 (CI 2,634-11,856), rujukan mempunyai resiko 3,12 (CI 1,330-7,344), umur ibu mempunyai resiko 2,33 (CI 1,185-4,603). Kematian maternal pada ibu yang penolong persalinan awal oleh non nakes tidak menunjukkan hubungan yang signifikan dengan kematian maternal.

Berdasarkan hasil penelitian, disarankan kepada pengelola program untuk optimalisasi implementasi kebijakan yang telah ditetapkan pemerintah dalam menekan kematian maternal seperti program KB, preventif dengan Program P4K, serta intervensi pada faktor keterlambatan mengenal tanda bahaya/mencari pertolongan dan terlambat mencapai faskes, dengan mendekatkan akses ke faskes termasuk menjamin transportasinya, serta meningkatkan kualitas tenaga kesehatan.

<hr>

One of the millennium development goals is to improve maternal health by reducing the target three fourth of the maternal mortality between 1990-2015. Maternal mortality which includes deaths of women during pregnancy, childbirth and for 42 days after childbirth, is still a problem and a challenge for health. In addition to obstetric factors, maternal mortality are also caused by 3 delays factors and 4 too much, too early or too late for giving birth, and too frequent give birth and to many children. The objective of the study was to

identify the descriptive characteristics of maternal mortality and identify risk factors of maternal mortality, and measure the probability of maternal mortality based on the main variables of the birth attendant.

The study design was a case-control study. We used Chi Square test for bivariate analysis and multiple logistic regression for multivariate analysis. The study was performed toward 324 respondents, consisted of 108 cases of maternal deaths and 216 controls in Karawang district.

The result showed that maternal mortality mostly were in high risk groups of women aged <20 years and >35 years old, parity with 1 child or >4 and lower education. Other factors that had significant correlation with maternal mortality were mother who late in recognizing the danger, signs and late in seeking help with an OR = 7,51 (CI 2,551 - 22,124), women aged had an OR 2,33 (CI 1,185-4,603), complications of pregnancy/ childbirth had an OR 5,62 (CI 2,838-11,148), mothers who late in reaching health facilities had an OR= 5.58 (CI 2.624 - 11.856), referral had an OR 3,12 (CI 1,330-7,344). Birth attendants by non health workers had no significant association with maternal mortality.

Based on our finding, it is suggested to optimize the implementation of policies that have been regulated by the government in suppressing the maternal mortality, such as family planning, preventive program P4K, as well as interventions in the delay factors which are recognizing danger signs/ seek help and not late reaching health facility with nearer access to facility including transportation, as well as improving the quality of health personnel.