

Kesiapan tim resusitasi neonatus dalam pengelolaan kegawatan napas bayi baru lahir di puskesmas kecamatan wilayah DKI Jakarta = Readiness of the neonate resuscitation team in the management of emergency newborn breath in the district health center of DKI Jakarta region

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Abstrak

Latar Belakang: Resusitasi Neonatus merupakan tindakan medis terpenting dalam pertolongan gawat napas pada bayi baru lahir. Setiap praktisi kesehatan yang membantu persalinan bayi wajib mempunyai kemampuan resusitasi neonatus sesuai standar yang berlaku. Jakarta sebagai ibu kota Indonesia, dengan permasalahan dan kelebihanannya, diharapkan Puskesmas Kecamatan memiliki kemampuan yang handal dalam menangani persalinan, dan mempunyai Tim Resusitasi Neonatus yang siap setiap saat dibutuhkan sesuai standar yang berlaku. Meskipun pelatihan Resusitasi Neonatus sudah dilakukan, belum pernah ada evaluasi kesiapan Tim Resusitasi Neonatus.

Tujuan: Mengetahui kesiapan Tim Resusitasi Neonatus dalam penanganan kegawatan napas pada bayi lahir di Puskesmas Kecamatan Wilayah DKI Jakarta dan faktor – faktor yang berhubungan.

Metode: Metode yang digunakan dalam penelitian ini adalah penelitian kualitatif dan kuantitatif (mixed metode). Metode kualitatif dilakukan dengan wawancara terhadap sistem kesehatan mikro (dokter, perawat dan bidan menggunakan Focus Group Discussion (FGD)), sistem kesehatan meso (Kepala Puskesmas dengan cara wawancara mendalam (depth interview), dan sistem kesehatan makro (Dinas Kesehatan dan SuDinkes) dengan cara wawancara mendalam (depth interview). Laporan program Puskesmas terkait hasil capaian dalam pengelolaan asfiksia neonatorum akan dibandingkan dengan standar dari IDAI dengan metode evaluasi program dan kuantitatif dilakukan untuk melihat pengetahuan masyarakat, dokter, perawat dan bidan. Untuk mengidentifikasi akar masalah digunakan analisis tulang ikan (fish bone ishikawa) dan dilakukan wawancara dan Focus Group Discussion. Untuk memprioritaskan akar masalah ini digunakan metode USG (Urgency, Serious, and Growth). Metode untuk alternatif solusi adalah Mc. Namara.

Hasil: Berdasarkan evaluasi kualitatif didapatkan adanya keterbatasan sumber daya manusia dan kurangnya kualitas pelatihan. Berdasarkan evaluasi kuantitatif didapatkan pengetahuan pada dokter sebesar 62,9 %, bidan 35% dan perawat 12,1%. Bidan sebagai ujung tombak pelayanan resusitasi neonatus. Terdapat korelasi antara pengetahuan Tim resusitasi Neonatus tiap Puskesmas dengan pembahasan kasus dalam FGD di tiap Puskesmas, menunjukkan hubungan yang signifikan (p value 0,001) dan hubungannya sangat kuat serta berpola positif (nilai r korelasi = 0,813). Artinya semakin tinggi pengetahuan semakin tinggi skor kasus.

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Background: Neonatal resuscitation is the most important medical treatment in relief of respiratory emergencies in newborns. Thus, every health care practitioners (HCP) who help delivering babies is required to have standardized competencies in neonatal resuscitation. DKI Jakarta as the capital city of Indonesia, with various problems and advantages, is expected to have good neonatal resuscitation team at Primary Health Cares. The team should be ready at any time they are needed according to applicable standards.

Although the Neonatal Resuscitation training has been conducted, but the neonatal resuscitation team's readiness has never been evaluated

Objective: To investigate the readiness of the neonatal resuscitation team in handling respiratory emergencies in infants born in Jakarta Primary Health Care and its affecting factors.

Method: This is a qualitative and quantitative research (mixed methods). Qualitative method for looking at phenomena in the field are based on interviews with: The microenvironment, namely to doctors, nurses and midwives using focus group discussion (FGD); Meso environment: The Head of Primary Health Care by depth interviews, Macro Environment: Office of Health and the Office of Health by means of depth interviews. Reports of Primary Health Care programs related to the results of achievements in the management of asphyxia neonatorum will be compared with the standards of Indonesian Pediatric Society (IPS) with program evaluation and quantitative methods are carried out to see the knowledge of the community, doctors, nurses and midwives. To identify the root of the problem, fish bone analysis (fish bone Ishikawa), conducted interviews and focus group discussion are used. To prioritize the root of this problem the USG (Urgency, Serious, and Growth) method is used. The method for alternative solutions is Mc.

Namara Result: The limitation of human resources and the lack of the latest training qualifications are the most common problems. Based on quantitative evaluations, the knowledge of the health care practitioners based on minimal passing grade are doctors by 62.9%, midwives by 35% and nurses by 12,1%. There is a strong correlation between the knowledge of the HCP and their ability to do case based discussion comprehensively during FGD at each Primary Health Care (p value 0.001). The relationship is very strong as well and has a positive pattern (correlation r value = 0.813). This means that the higher the knowledge the higher the case based discussion score.