

Pengaruh Tempat dan Penolong Persalinan terhadap Kematian Neonatal Dini di Indonesia (Analisa Data SDKI 2007, 2012, dan 2017) = Effect of Place and Birth Attendant on Early Neonatal Mortality (Analysis of the 2007, 2012, and 2017 IDHS data)

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Abstrak

Diestimasikan sekitar 73% kematian neonatal terjadi pada periode neonatal dini. Penyebab kematian neonatal dini umumnya dapat dicegah dan ditangani pada bayi baru lahir, salah satunya dengan persalinan oleh tenaga kesehatan. Namun, studi-studi terdahulu belum melaporkan asosiasi yang konsisten antara tempat dan penolong persalinan terhadap kematian neonatal dini. Sehingga, studi ini bertujuan untuk mengetahui pengaruh tempat dan penolong persalinan (di fasilitas pelayanan kesehatan/fasyankes, di rumah dengan tenaga kesehatan, dan di rumah tanpa tenaga kesehatan) terhadap kematian neonatal dini di Indonesia. Studi ini menggunakan desain cross-sectional dengan sumber data SDKI tahun 2007, 2012, dan 2017. Sampel adalah seluruh responden/wanita usia subur yang melahirkan bayi lahir hidup anak terakhir. Hasil studi mendapatkan angka kematian neonatal dini yaitu sebesar 8,40 per 1000 kelahiran hidup. Persalinan di fasyankes, atau di rumah dengan tenaga kesehatan, pada studi ini tidak menurunkan angka kematian neonatal dini dibandingkan persalinan di rumah tanpa tenaga kesehatan. Asosiasi pada persalinan di fasyankes sebesar 1,95 (95% CI 0,83-4,51), sedangkan pada persalinan di rumah dengan tenaga kesehatan sebesar 1,97 (95% CI 0,99-3,90). Upaya untuk menurunkan angka kematian neonatal dini perlu mempertimbangkan rujukan terencana, kualitas fasyankes dan kompetensi tenaga kesehatan, serta sinerginya dengan program lain seperti pemeriksaan kehamilan dan postnatal

.....It is estimated that about 73% of neonatal mortalities occur in the early neonatal period. Commonly, the cause of early neonatal mortalities could be prevented and treated in newborns, one of the approach is by giving birth with skilled birth attendants. However, previous studies reported inconsistent results regarding the association between place and birth attendant on early neonatal mortality. Therefore, this study aims to determine the effect of place and birth attendants (health facility birth, home birth with skilled birth attendants, and home birth without skilled birth attendants) on early neonatal mortality in Indonesia. The study used a cross-sectional design and analyzed 2007, 2012, and 2017 IDHS data. The samples were all respondents/women of reproductive age who gave birth to their last live-born baby. The results of the study found that the early neonatal mortality rate was 8.40 per 1000 live births. Delivery at the health facility, or at home with skilled birth attendants, did not reduce early neonatal mortality compared to delivery at home without skilled birth attendants. The association for delivery at health facility was 1.95 (95% CI 0.83-4.51), while delivery at home with skilled birth attendants was 1.97 (95% CI 0.99-3.90). Efforts to reduce early neonatal mortality need to consider planned referrals, the quality of health facilities, the competency of health workers, also synergies with other programs such as prenatal and postnatal checks.