

## ABSTRACT

The decrease maternal mortality rate in very area have not been evenly distributed. While the number of deaths in Surabaya is decreasing, in Klaten it is not adequate. Efforts to prevent maternal mortality can be done by pre-marital health service to for pregnancy preparation, during pregnancy to monitor antenatal maternal health including.

The problem in this research is each region has their respective policies in the implementation of maternal mortality prevention, which cause variations in the implementation of maternal mortality prevention and result. The aim of this study was to identify the factors that affect the implementation of maternal mortality prevention in Klaten and Surabaya.

Method used in this study was qualitative descriptive method. Data collection technique used in this study was in-depth interview with an interview guide. Informants in this study as many as 22 people.

The results of this study indicated that input factors such as human resource including midwives role that not met applicable standard including home visits and provision of preconception IEC; the under standard number of midwives in which Klaten was still lack of rural community midwives and inpatient public health centers midwife shortage in Surabaya; the role of obsgyn Surabaya that consistent with standard were ultrasound and clinic development; the role of obsgyn that not met corresponding standard in Klaten was public health centers development; Obsgyn Surabaya had been appropriate with applicable standard by making regular visits, whereas in Klaten did not met the standard yet. Input factors such as material/logistics resources, drug availability that had not been standardized in Surabaya including uterotonic drug shortages and MgSO<sub>4</sub> shortage in Klaten. Input factors such as fund resources that had been standardized in Surabaya were JKN to increase the knowledge of health professional human resources and local government budget for cadre fee, whereas in Klaten it was not available yet. Input factors such as policies, Surabaya had regional policies that was PENAKIB; policy in the Klaten that not in accordance with standard was JKN and there was no regional policies. Process factors such as primary prevention that was not in accordance with standard was premarital health service; implementation of secondary prevention in Surabaya in accordance with local standards were early detection of preeclampsia by MAP, ROT, BMI measurement; barriers to referral in Surabaya were family consent and the lack of knowledge of pregnant women; barriers to referral in Klaten were family consent and fund limitations; tertiary prevention that was in accordance with standard were postnatal visits and examination.

In conclusion, midvifes and obsgyn role, drug availability, fund resources, policies and barriers to referral that affect the implementation of maternal mortality prevention in Klaten and Surabaya.

Keywords: human resources, logistics resources/materials, fund resources, policies, processes, prevention of maternal mortality.