

RINGKASAN

**PENGARUH SKRINING ANTENATAL MENGGUNAKAN
"KARTU SKOR POEDJI ROCHJATI (KSPR)" TERHADAP
RUJUKAN TERENCANA**

**SUATU STUDI PENGGUNAAN KSPR PADA BIDAN DI
PUSKESMAS TANGKILING DAN PUSKESMAS BERENG BENGKEL
KOTA PALANGKA RAYA**

MARIA JULIN RAROME

Kematian ibu di Indonesia masih merupakan masalah besar yang disebabkan oleh perdarahan. Pre eklamsi / eklamsi, infeksi. Semua ini dipicu oleh rendahnya pemanfaatan sarana kesehatan oleh masyarakat Indonesia yang disebabkan oleh Empat keterlambatan yaitu terlambat dalam: 1) Mengenali tanda bahaya risiko tinggi, 2) Mengambil keputusan, 3) Pengiriman ke tempat rujukan, 4) Penanganan yang adekuat di Rumah sakit.

"Kartu Skor Poedji Rochjati (KSPR)" merupakan salah satu alat yang tepat guna dan hasil guna untuk skrining antenatal, perencanaan persalinan aman, bila disertai KIE yang berulang kali dengan baik mampu mengatasi empat keterlambatan tadi. Kartu ini telah diperkenalkan oleh Poedji Rochjati sejak tahun 1990 di seluruh propinsi Jawa Timur namun ternyata belum banyak yang mengenal di propinsi lain termasuk di Propinsi Kalimantan Tengah.

Penelitian ini bertujuan mempelajari pengaruh skrining antenatal dengan menggunakan KSPR terhadap perencanaan persalinan aman dan rujukan terencana dengan desain penelitian Quasi Experimental dan rancangan penelitiannya "The Non Randomized Control Group Pre-Post Test Design" sampel yang dipilih adalah bidan yang bertugas di Puskesmas Tangkiling sebanyak 12 Orang sebagai kelompok perlakuan dan bidan yang bertugas di Puskesmas Bareng Bengkel sebanyak 12 Orang sebagai kelompok pembanding. Penelitian ini dilakukan selama 3 bulan yaitu bulan Mei sampai Agustus 2004.

Analisis data menggunakan uji Fisher's Exact untuk uji homogenitas responden, serta uji t untuk melihat pengaruh intervensi skrining antenatal menggunakan KSPR dan Mann - Whitney test untuk melihat pengaruh hasil skrining antenatal terhadap rujukan terencana dengan alpha 0,05.

Hasil analisis pada pre-test diperoleh pengetahuan $p = 0,165$ sikap $p = 0,409$ dan motivasi $p = 0,165$ artinya kelompok perlakuan homogen dengan kelompok pembanding.

Setelah dilakukan intervensi dilihat perbedaan pengetahuan pada kelompok perlakuan $p = 0,000$, pada kelompok pembanding $p = 0,000$. Artinya ada peningkatan pengetahuan pada kedua kelompok, dan pada sikap kelompok perlakuan diperoleh $p = 0,006$, pada kelompok pembanding $p = 0,002$ artinya ada peningkatan sikap pada kedua kelompok.

Pengaruh metode intervensi skrining antenatal menggunakan KSPR diperoleh hasil $p = 0,001$ artinya ada pengaruh metode intervensi terhadap peningkatan pengetahuan, sikap $p = 0,333$ artinya tidak ada pengaruh metode intervensi terhadap sikap, keterampilan $p =$ tidak dapat dianalisis karena nilai dari kedua kelompok sama yaitu semua memperoleh nilai baik, perencanaan persalinan aman $p = 0,749$ dan rujukan terencana $p = 0,167$ artinya tidak ada pengaruh metode intervensi terhadap perencanaan persalinan aman dan rujukan terencana.

Pada semua bidan baik pada kelompok perlakuan maupun kelompok pembandingan ada perencanaan persalinan aman berdasarkan jumlah ibu hamil yang ada di wilayah kerjanya.

Pengaruh hasil skrining antenatal menggunakan KSPR terhadap rujukan terencana diperoleh hasil $p = 0,000$ artinya ada pengaruh hasil skrining antenatal menggunakan KSPR terhadap rujukan terencana.

Kesimpulan:

Skrining antenatal menggunakan KSPR mempunyai pengaruh terhadap perencanaan persalinan aman dan rujukan terencana

Disarankan agar bidan menggunakan KSPR dan penjelasannya cukup secara sederhana, tidak diperlukan intervensi khusus yang membutuhkan waktu, tenaga dan biaya yang mahal.



SUMMARY

**THE INFLUENCE OF ANTENATAL SCREENING USING "POEDJI
ROCHJATI SCORE CARD" (PRSC) ON PLANNED REFERRAL**

**A Study on the Use of PRSC by the Midwives in Tangkiling and Bereng Bengkel
Community Health Centers, Palangka Raya**

Maria Julin Rarome

Maternal deaths in Indonesia remain a serious problem, which may result from bleeding, preeclampsia, eclampsia, and infection. These problems are due to the lower rate of health facilities utilization by Indonesian people, as reflected from four delays, i.e., delay in: 1) recognizing hazard and high risk, 2) decision making, 3) transfer to referred sites, and 4) adequate treatment in hospital.

"Pudji Rochjati Score Card" (PRSC) is an effective and efficient instrument for antenatal screening and safe delivery planning. If it is used properly and frequently with KIE, it may overcome those delays. The card was introduced by Poedji Rochjati in 1990 to whole area of East Java Province. However, PRSC has not been well-recognized in other provinces, including Central Kalimantan.

This study was aimed to investigate the effect of antenatal screening using PRSC on safe delivery planning and planned referral employing quasi-experimental non-randomized control group pre- and post-test design. Samples involved in this study were 12 midwives in Tangkiling Community Health Center as treatment group, and 12 midwives in Bereng Bengkel Community Health Center as control group. This study was carried out for 3 months, from May to August 2004.

Data analysis was carried out using Fisher's Exact test for respondent homogeneity test, and t test to find the effect of antenatal screening intervention using PRSC, and Mann-Whitney test to find the effect of antenatal screening results on planned referral with alpha 0.05. Analysis of pretest results revealed knowledge $p = 0.165$, attitude $p = 0.409$, and motivation $p = 0.165$. This indicated that treatment group was homogeneous with control group.

After intervention, the difference of knowledge in treatment group had $p = 0.000$ and in control group $p = 0.000$, indicating knowledge improvement in both groups, while attitude in treatment group had $p = 0.006$, and control group $p = 0.002$, showing an improvement of attitude in both groups. The influence of antenatal screening intervention using PRSC was $p = 0.001$, showing the influence of intervention method on the improvement of knowledge, attitude showed $p = 0.333$, indicating no influence of intervention method on attitude, skill could not be analyzed since both groups had similar good value, safe delivery planning showed $p = 0.749$ and planned referral showed $p = 0.167$, indicating no influence of intervention method on safe delivery planning and planned referral. All midwives in both groups had made a safe delivery planning based on total pregnant women in their working area. The influence of antenatal screening using PRSC on planned

referral showed $p = 0.000$, indicating the presence of the influence of antenatal screening using PRSC on planned referral.

In conclusion, antenatal screening using PRSC has influence on safe delivery planning and planned referral. It is recommended that midwives should use PRSC, and the elaboration of this card should be made simple, so that special intervention requiring enormous time, energy, and cost can be prevented.



ABSTRACT**THE INFLUENCE OF ANTENATAL SCREENING USING "POEDJI ROCHJATI SCORE CARD" (PRSC) ON PLANNED REFERRAL****A Study on the Use of PRSC by the Midwives in Tangkiling and Bereng Bengkel Community Health Centers, Palangka Raya****Maria Julin Rarome**

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Keywords: *antenatal screening, Poedji Rochjati Score Card, high risk pregnancy, safe delivery planning, planned referral.*