ABSTRAK

Latar Belakang : Program Perencanaan Persalinan dan Pencegahan Komplikasi (P4K) memiliki tujuan menurunkan Angka Kematian Ibu (AKI). Pada 2022, terdapat tiga kasus kematian ibu di Puskesmas Simpang Limbur. Penelitian ini bertujuan untuk mengetahui implementasi program P4K di Puskesmas Simpang Limbur Kabupaten Merangin .

Metode: Penelitian kualitatif dilaksanakan pada April 2024- selesai di Puskesmas Simpang Limbur menggunakan bantuan software Nvivo.

Hasil: Pada aspek input, Ketersediaan tenaga dan sarana P4K sudah cukup, tetapi pelatihan belum dilakukan. Orientasi P4K di tingkat Kabupaten tidak dilaksanakan sejak 2017, sementara di Puskesmas setahun sekali. Sosialisasi juga setahun sekali, dan pengisian stiker P4K belum tercapai. Pendataan ibu hamil dilakukan oleh Bidan dan Kader, serta pemilihan donor darah mencari minimal dua pendonor. Transportasi persalinan menggunakan alat pribadi dan ambulans, tidak semua desa memiliki ambulans Desa. Kunjungan tenaga kesehatan kerumah hanya untuk ibu hamil yang berisiko tinggi. Ibu hamil memiliki buku KIA, tidak ada penandatanganan amanat persalinan. Sebagian besar melahirkan di fasilitas kesehatan, IMD dilakukan satu jam setelah melahirkan, dan kunjungan ibu nifas dilakukan tiga sampai empat kali.

Kesimpulan : Pada aspek input program P4K di Puskesmas Simpang Limbur sudah sesuai standar, tetapi aspek prosesnya pada poin operasional masih ada beberapa yang belum terlaksana. Diharapkan pihak Puskesmas melaksanakan program P4K sesuai dengan pedoman standarisasi P4K.

Kata Kunci: Persalinan , P4K, Kematian Ibu

ABSTRACT

Background : The Childbirth Planning and Complication Prevention (P4K) program aims to reduce the Maternal Mortality Rate (MMR). In 2022, there will be three cases of maternal death at Simpang Limbur Community Health Center. This research aims to determine the implementation of the P4K program at the Simpang Limbur Community Health Center, Merangin Regency.

Method: Qualitative research was carried out in April 2024- completed at Simpang Limbur Community Health Center using the help of Nvivo software.

Results: In the input aspect, the availability of P4K personnel and facilities is sufficient, but training has not been carried out. P4K orientation at the district level has not been carried out since 2017, while at the Puskesmas it is once a year. Socialization is also once a year, and P4K sticker filling has not yet been achieved. Data collection on pregnant women is carried out by midwives and cadres, as well as selecting blood donors by looking for a minimum of two donors. Delivery transportation uses private equipment and ambulances, not all villages have a village ambulance. Home visits by health workers are only for high-risk pregnant women. Pregnant women have a KIA book, no birth order signing. Most people give birth in health facilities, IMD is carried out one hour after giving birth, and the postpartum mother visits three to four times.

Conclusion: In the input aspect of the P4K program at the Simpang Limbur Community Health Center it is in accordance with standards, but there are still several aspects of the process at operational points that have not been implemented. It is hoped that the Community Health Center will implement the P4K program in accordance with the P4K standardization guidelines.

Keywords: Childbirth, P4K, Maternal Mortality