Advances in Health Sciences Research (AHSR), volume 14
1st International Conference on Inter-Professional Health Collaboration (ICIHC 2018)

Qualitative Study Of Asphyxia Baby Management In The Perinatology Room Of Dr. M. Yunus Hospital Bengkulu Year 2017

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Abstract - In the WHO's Reports (2010) explained that in Southeast Asia the causes of infant mortality are 28% caused by neonatal infection, 26% caused by LBW, 20% caused by asphyxia, 4% caused by congenital anomaly, 3% caused by diarrhea, 1% caused by tetanus and the rest by other causes. That numbers was giving contribution which is big enough to the morbidity and mortality of infant. The purpose of this study is to make a Qualitative Study of Asphyxia Infant Management in the Perinatology Room of RSUD dr. M. Yunus Bengkulu in 2017

The design of this study used a qualitative approach. The sample is a mother who had a premature baby, a postmature baby,and Gemely baby.Key informans group in this research are pediatrician and midwife in perinatology room of dr. M. Yunus Bengkulu. Data collection was carried out in the fourth week of May 2016, Data collection methods were conducted with Focus Group Discussions for the informant group and in-depth Interview (WM) for key informant groups, as well as observations.

The results of this study is the management of asphyxia already running based on procedure in the Perinatology Room of RSUD dr. M. Yunus Bengkulu. Deficiency on post resuscitation care in terms of giving the oxygen to each baby. Then, the obstacles that founded in the management of asphyxia are on referral administration, limited space for asphyxia management, distance access to services and fulfillment of medicines in asphyxia management.

It is necessary to coordinate between the hospital, government, and BPJS in the administration of referral administration especially on urgent. Furthermore, the hospital can coordinate with the Independent Midwife Practice for early detection of asphyxia so that it can be done optimal handling

Keywords: Asphyxia, Management

I. INTRODUCTION

WHO (2010) in its report explained that in Southeast Asia the cause of the disease Baby's attention is 28% due to neonatal infection, 26% caused by LBW, 20% due to asphyxia, 4% by congenital anomalies, 3% due to diarrhea, 1% due to tetanus and the rest by other causes. data of the Indonesian Demographic and Health Survey (IDHS) in 2012 AKB 32 per 1000 live births, while the cause of death was asphyxia (33.6%). This figure gives a significant contribution to the morbidity and mortality of

Bengkulu Province Health Profile Data (2014), IMR per 1000 live births in Bengkulu Province in the last three years experienced a rise and fall where in 2012 it reached 10.7 per 1000 live births. 2013 decreased to 3.1 per 1000 live births. In 2014, it rose again to 11 per 1000 live births. Therefore efforts to reduce the number of deaths need to pay great attention to efforts to save newborn babies. One of the causes of infant mortality is asphyxia.

Bengkulu City has 4 General Hospitals as the first referral hospital, namely RSUD dr. M. Yunus, Bhayangkara Hospital, DKT Hospital and City Hospital. The highest number of newborns (BBL) from 4 hospitals is RSUD dr. M. Yunus (in 2014 there were 793 BBL and in 2015 there were 693 BBL) and Bhayangkara Hospital (in 2014 there were 854 BBL and in 2015 there were 535 BBL). Number of asphyxia cases in dr. M. Yunus is still high, namely in 2014 as much as 46.9% and in 2015 as much as 36.9%, in Bhayangkara Hospital in 2014 as much as 1.1% and in 2015 as much as 2.2%.

Initial data obtained at RSUD dr. M. Yunus Bengkulu was obtained in 2014 from 372 asphyxial infants 16 (4.3%) babies died and in 2015 out of 254 infants with asphyxia 11 (4.3%) died. Based on preliminary observations in August 2016, the management of asphyxia in newborns in the Perinatology Room of RSUD dr. M. Yunus Bengkulu. Based on the description above, it is necessary to do research on "Qualitative Study of Management of Infant Asphyxia in the Perinatology Room of RSUD dr. M. Yunus Bengkulu in 2017 "

II. METHODS

The design of this study used a qualitative approach. The sample is a mother who had a premature baby, a postmature baby,and Gemely baby.Key informans group in this research are pediatrician and midwife in perinatology room of dr. M. Yunus Bengkulu. Data collection was carried out in the fourth week of May 2016, Data collection methods were conducted with Focus Group Discussions for the informant group and in-depth Interview (WM) for key informant groups, as well as observations.

III. RESULT

However, there is informant who already knew about asphyxia as quoted from the following interview:

"informasi yang pernah saya dengar, katonyo asfiksia itu ditandai bayinyo idak nangis, trus dak benapas" (based on information that I ever heard , asphyxia is marked by a baby who did not cry and did not breath) (Informan 2).

The results of this interview are perceptions about asphyxia compared to the results of maternal perception of premature, postmature and gameli. Some of them already know about it, like the following interview quote:

"prematur tu kato bidannyo bayi lahir idak cukup bulan, nah bayi aku ni lahir umur 8 bulan" (the midwife said the baby was born not enough months, my baby was 8 months pregnant) (Informan 1)

Asphyxia Management at the Hospital

The results of interviews obtained from 3 informants found that asphyxia management was good enough, according to the following interview quote:

"*bayi aku ditangani lah baik, dikasih bantuan napas pakai selang oksigen, tapi sayangnyo orang tuo belum boleh masuk saat anak aku dikasih tindakan tu*" (My baby has been handled properly, first my baby was given breath assistance using an oxygen hose, but I am not allowed as a parent when my child was given an action) (Informan 1,2).

The results of interviews with specialists that we do asphyxia management based on the state of the baby. Full-term babies are different from babies who are less months. Furthermore, administration of oxygen and chest compressions is also given after an assessment, in accordance with the requirements

1. Results of asphyxia handling

Interview results from 3 informants found that after handling asphyxia by health workers all babies immediately cried as the following interview quoted:

" alhamdulillah, pas anak aku dikasih tindakan, langsung ado suaro dio, kalau sebelum itu dak nangis dio, tapi sekarang masih dipakaikan selang dihidungnyo" (alhamdulillah, after the action was taken from the hospital, my child had a sound coming out, before it my baby is not cried at all, but now the hose was still used) (Informan 1, 3).

" *bayi langsung nangis, habis tu tinggal ditengok ulang ajo ke dokter, dak ado alat yang dipasang*" (the baby immediately cried, after that only re-observed with the doctor and no tools were installed (Informan 2).

Obstacles encountered while in hospital Interview results from 3 informants found that the obstacles encountered in the hospital were different as quoted from the following interview:

"kalau kami ni hambatannyo yang pertamo jauh ndak kesini kami dari lebong soalnya, trus sampai disini kami kesulitan ngurusi biaya untuk berobat anak kami ni, walaupun kami lah pakai BPJS kami jugo harus nak ngurus surat rujukan ulang setiap 3 hari, obat-obat kek sewa pelayanan di dalam ruangan tu dak segalo ditanggung BPJS, kami jugo sulit nak nemui anak karena diruang bayi tu dak boleh banyak yang nengok dan harus pakai baju khusus ndak masuk tu (the obstacles encountered were too far, the cost of medical expenses was difficult, even though we had used BPJS every three days we took care of the referral letter, the medicines were not all borne by the BPJS, access to meet children was rather difficult to use special clothes to enter the room (Informant 3)

Pediatricians said that the problem that often occurs is the problem of financing, this financing becomes a vulnerable problem which sometimes becomes a barrier. Babies who are cared for in the perinatology room mostly have special needs so that not all costs are borne by the BPJS. For us, it is necessary to coordinate between the hospital, government and BPJS in solving this problem in order to reduce neonatal mortality due to asphyxia. Then, the obstacles that are often encountered relate to the condition of the baby referred to in an emergency situation and this needs to be coordinated between the hospital and the Mandiri Midwife to make early detection of asphyxia so that optimal treatment can be done

"*bagi kami lah sesuailah, yang penting bayi kami sehat"* (for us it depend on the procedure ,the most importan our baby is healthy) ((Informan 1).

2. Obstacles encountered while in hospital

Interview results from 3 informants found that the obstacles encountered in the hospital were different as quoted from the following interview:

"kalau kami ni hambatannyo yang pertamo jauh ndak kesini kami dari lebong soalnya, trus sampai disini kami kesulitan ngurusi biaya untuk berobat anak kami ni, walaupun kami lah pakai BPJS kami jugo harus nak ngurus surat rujukan ulang setiap 3 hari, obat-obat kek sewa pelayanan di dalam ruangan tu dak segalo ditanggung BPJS,

(for us it depend on the procedure ,the most importan our baby is healthy) ((Informan 1).

Midwifery in the Perinatology Room also said that we work in accordance with the existing procedures, because we have responsibility to institutions and professions to work according to the rules

IV. Discussion

The results of the interview above can be seen that many mothers do not know about asphyxia. The lack of mother's knowledge about asphyxia can be caused by maternal age. Maternal age is mostly <20 years. Age <20 years is not psychologically ready to face pregnancy so things that are blessed about the danger signs of pregnancy and complications that occur at the time of delivery are not yet known (1). Although, most mothers have completed high school education.

The mother's level of education affects the understanding and awareness of pregnant women about the importance of health in a general way or during pregnancy and childbirth. Supposedly, mothers who have completed high school education can receive information, if the willingness to learn is also very lacking, then the process of changing the attitudes and behavior of a person or group of people to seek information about the dangers that may arise in the baby who is in his and he will difficult (2).

Handling given at Dr. M. Yunus Hospital, namely by pediatricians and midwives in the handling of asphyxial infants, is in accordance with the procedure. Handling is done to deal with asphyxia in accordance with the theory put forward by Sudarti (2013) that the first step taken is to assess whether the baby is full-term or not, amniotic fluid, crying or not and muscle tone. After this assessment is carried out, resuscitation measures for infants who do not meet the assessment are carried out.

The thing that should be a concern in the management of asphyxia in newborns is post-treatment care. The results of observations conducted by the researchers showed that the administration of oxygen through nasal almost equalized to all conditions of the baby was not differentiated between premature babies and term infants, whereas the working capacity of the baby's lungs was different.

Another thing that is also of concern is the layout of resuscitation equipment that is not structured ergonomically so that it will affect the performance of midwives in resuscitation. The results of this observation are also supported by the opinion expressed by Pediatricians that the tools for asphyxia treatment are still limited. So, if the instrument is not ergonomically arranged, it can cause difficulties in finding the instrument when there is more than 1 case of asphyxia emergency cases.

Family involvement is also needed in asphyxia management, because based on information from informants that they as parents are not allowed to enter when their children are given action. In fact, psychological support from parents is needed for their baby. This should be a concern for the Hospital to prepare a wider baby room so that every action taken is family involvement.

Barriers encountered in the management of infants with asphyxia are related to costs, management of referral letters, distance of access to services and medicines. This is consistent with the research of Zahtamal (2011) that the factors related to maternal and child health service problems are the way of health payment, accessibility to health facilities, the influence of people who decide in the search for health services, respondents' knowledge of maternal health and maternal attitudes toward health services during pregnancy, childbirth, and postpartum.

The ease of access to health care facilities relates to the distance of residence to health services. This affects the utilization of the community towards health care facilities. Ideally the reach of the community (distance) to health care facilities should be as easy as possible so as to facilitate the community in obtaining health services.

The results of research conducted by Mengesha (2017), which states that there is a significant relationship between the distance of the house to primary health care and neonatal mortality.Access to this service is very influential on the management of asphyxia, this is supported by the results of observations of researchers that every baby who is carried out asphyxia management is already in severe asphyxia, so the risk of death is greater. The hospital needs to work together with

the Mandiri Practical Midwives to be able to do early detection of mothers who are likely to have asphyxia potential immediately to refer more quickly so as not to cause complications in infants.

Referral is the transfer of responsibility from one health service to another health service. The referral system for obstetric services is a devolution of reciprocal responsibility for the occurrence of obstetric cases, the purpose of a good referral system is expected to be able to help patients to get the best care and help both in getting professional medical personnel and more complete medical equipment adequate so as to reduce the rate of morbidity and mortality (Indrawarti, 2014).

The referral service complained by the informants is that they have to take care of it every 3 days. Coordination between hospital staff and BPJS needs to be done with referral system services with emergency so that optimal treatment can be done.

V. Conclusion

The conclusion that can be drawn from this study regarding the management of asphyxia of newborns in the perinatology room of RSUD dr. M. Yunus Bengkulu, namely asphyxia management has run according to the procedures in the Perinatology room of RSUD dr. M. Yunus Bengkulu, the disadvantage lies in post resuscitation care in terms of giving the amount of oxygen to each baby.

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