



Evaluation of Basic Emergency Obstetric and Newborn Care (BEMONC) Implementation

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Abstract

Maternal Mortality Rate is one indicator in describing the health status of people in a region. This study aimed to evaluate the implementation of Basic Emergency Obstetric and Newborn Care (BEMONC) at the Tegalrejo Yogyakarta Public Health Center with Basic Emergency Obstetric and Newborn Care. This research was qualitative with a case study design. The subjects were 5 BEMONC Core Team informants and 3 BEMONC patients. The instrument used in-depth interviews and checklists. The results of the Input: do not have nurses in the BEMONC core Team, due to a lack of nurses and not all BEMONC officers have received training. Infrastructure facilities were insufficient, but budget was enough. The BEMONC implementation went well but on holidays the doctors did not stand by and the shift was not evenly distributed. The implementation output reached the target and the service was satisfactory but found officers who were not friendly with the patient's family. Input is in accordance with the standard, but health personnel and training are not up to standard. The output reached the target and the service was satisfactory but one of the officers was not friendly. The Team must try to focus on customer satisfaction in a friendly manner so that the services provided meet patient expectations.

Abstrak

Angka Kematian Ibu merupakan salah satu indikator dalam menggambarkan derajat kesehatan masyarakat di suatu wilayah. Penelitian ini bertujuan untuk mengevaluasi pelaksanaan Pelayanan Obstetri Neonatal Emergensi Dasar (PONED) di Puskesmas PONED Tegalrejo Yogyakarta. Penelitian ini adalah kualitatif dengan rancangan studi kasus. Subyek sebanyak 5 informan Tim Inti PONED dan 3 pasien PONED. Instrumen menggunakan wawancara mendalam dan checklist. Hasil pada Input tidak terdapat perawat di dalam Tim inti PONED, disebabkan kurangnya perawat dan belum semua petugas PONED mendapatkan pelatihan. Sarana prasarana kurang tercukupi namun pendanaannya tercukupi. Pelaksanaan PONED berjalan baik namun pada hari-hari besar dokter tidak stand by dan pembagian shift kurang merata. Output pelaksanaan mencapai target dan pelayanannya memuaskan namun ditemukan petugas yang kurang ramah dengan keluarga pasien. Input sesuai dengan standar, namun tenaga kesehatan dan pelatihan tidak sesuai standar. Output mencapai target dan pelayanan yang memuaskan namun salah satu petugasnya kurang ramah. Sehingga Tim harus berusaha fokus terhadap kepuasan pelanggan secara ramah agar pelayanan yang diberikan memenuhi harapan pasien.

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INTRODUCTION

Maternal Mortality Rate (MMR) is one indicator in describing the health status of the people in a region. The risk of death for women in developing countries is 33 times higher than women in developed countries. The high Maternal Mortality Rate (MMR) requires great attention from many parties. The 2016 WHO data showed that in 2015 around 830 women died every day due to complications that occur during pregnancy and during labor.

In Indonesia every hour one woman dies during labor or because of causes related to pregnancy. The maternal mortality rate increased to 359 per 100,000 live births. This figure still had not reached Indonesia's MDG target of 102 per 100,000 live births (Ministry of Health, 2014). An increase in maternal mortality rates from 2014 to 2015, namely 45 to 125 per 100,000 live births. The causes of maternal death include 3 cases due to Tuberculosis (TB) and Human Immunodeficiency Virus (HIV) in pregnancy, 1 case caused by infection after childbirth. This figure has not yet reached the target when viewed from the target of the Yogyakarta City Medium-Term Development Plan (*Rencana Pembangunan Jangka Menengah Daerah/RPJMD*) in 2015 which is 113 per 100,000 live births.

Efforts to accelerate the reduction of MMR, IMR and NMR through Basic Emergency Obstetric and Newborn Care (BEMONC) at the Public Health Center. Public Health Center with Basic Emergency Obstetric and Newborn Care is expected to be a reference before going to the hospital to deal with emergencies that occur in pregnancy, childbirth and postpartum mothers. Public Health Center with Basic Emergency Obstetric and Newborn Care is an inpatient health center that can hold emergency obstetric and neonatal services or basic level complications 24 hours a day and 7 days a week (Ministry of Health, 2014).

The results of a preliminary study conducted with the implementing midwife at the Public Health Center with Basic Emergency Obstetric and Newborn Care in Tegalrejo Yogyakarta in May 2017 stated that Basic Emergency Obstetric and Newborn Care implementation still had several disadvantages such as not finding nurses in Basic Emergency Obstetric and Newborn Care implementation, while in the core executive Team there are at least Doctors, Midwives and Nurses, and must be ready (on side) for 24 hours / day and 7 days / week. There are also a number of tools provided in more numbers, and not all midwives are trained as midwives capable of BEMONC, while in the core Team the implementers have been trained in BEMONC, and measures to deal with medical emergencies generally in order to condition emergency patients/comp-

lications are ready to be referred to in stable conditions. If the infrastructure is adequate, yet untrained Human Resources (HR) can cause ineffectiveness and efficiency so that implementation cannot be maximized. This study aimed to evaluate the implementation of BEMONC in Public Health Center with Basic Emergency Obstetric and Newborn Care in Tegalrejo Yogyakarta.

METHOD

This research was conducted at the Public Health Center with Basic Emergency Obstetric and Newborn Care in Tegalrejo Yogyakarta by using a type of qualitative research with a descriptive approach (explanatory research). The subjects in this study were 5 informants from the BEMONC core team (consisting of the head of the Public Health Center, doctors, midwives), and 3 BEMONC patients. This study used a research instrument in the form of an interview guide and checklist. Triangulation was carried out by comparing the results of interviews with existing documents.

RESULTS AND DISCUSSION

Input

(1). Human Resources (HR)

Based on research conducted at Public Health Center with Basic Emergency Obstetric and Newborn Care in Tegalrejo Yogyakarta, medical human resources (HR) consists of medical personnel, namely 4 general practitioners, 1 of whom has retired and 6 midwives, 4 people Civil servant midwives, while 2 of them assisting midwives, Medical staff in Basic Emergency Obstetric and Newborn Care implementation are not up to standard because the Public Health Center is able to do BEMONC in minimum requirements as the core team of Public Health Center is able to do BEMONC where general practitioners (1 person), the midwife is at least college level (1 person), and the nurse is at least college level (1 person). From the HR data, no nurses were found in the BEMONC core team. The absence of nurses in the Team was caused by a lack of nurses at the Tegalrejo Public Health Center in Yogyakarta.

The absence of nurses in the BEMONC core team had been maximized by the addition of midwives who are adjusted to the job analysis from the City Government. The task of nurses is to provide maternal and neonatal emergency first aid. The BEMONC Team midwives also received training related to obstetric and neonatal first aid, so Midwives felt that the absence of nurses did not hinder the provision of treatment to patients.

The research results of Saputra et al (2015)

stated that sufficient quantity of human resources is needed to maximize existing health services. This is also in accordance with the research of Fai & Ludji (2017) which stated that there was a significant effect of the aspect of HR on the quality of service for neonates Public Health Center with Basic Emergency Obstetric and Newborn Care . Job analysis can be carried out optimally so that it can contribute performance positively with the support of good working environment conditions (Meryance, 2014). The research results of Rejeki et al (2016) stated that the quality of Human Resources can be improved through training to improve knowledge and skills. To improve work discipline, a training program and HR development are needed (Sulaefi, 2017).

(2). Facilities and Infrastructure

Based on the results of the BEMONC supporting equipment checklist, it was quite complete, but it was found that there were some tools that were empty and currently in the procurement process. Existing facilities and infrastructure have been fulfilled by the Health Office. The facilities consist of a staff workroom, patient care room, emergency room, kitchen, laundry room, ambulance, communication equipment and a room that includes a large waiting room and a clean and well-maintained bathroom. The excess of the equipment had happened, and the public health center managed it by reporting and returning it to the City government and then managed by the City government.

Infrastructure facilities owned by public health center in Basic Emergency Obstetric and Newborn Care implementation are sufficient and are classified as complete according to inpatient facilities. The provision of health services is not absolutely based on the ability of the medical staff but supporting factors such as facilities and infrastructure are also important points where there must be continuity between the efforts of the medical staff to carry out their duties and the availability of adequate tools (Azwary, 2013). If medical facilities and health support facilities are incomplete, the process of diagnosing patients can be disrupted and this causes health workers to refer patients to hospitals so that it can have an impact on the increasing use of health services in hospitals (Faulina et al, 2016). Availability of facilities and infrastructures should be in accordance with the needs and ready to use. The facilities for supporting infrastructure are always fulfilled by the central government and there is even an excess of equipment. The handling way of public health center is by reporting and returning it to the city government.

3). SOP and Policy

The SOP and Policy referred to in this study include the guidelines used in Basic Emergency Obstetric and Newborn Care implementation at the Tegalrejo Public Health Center in Yogyakarta. Basic Emergency Obstetric and Newborn Care implementation has an SOP and reference manual. The SOP of Public Health Center with Basic Emergency Obstetric and Newborn Care in Tegalrejo relates to neonatal maternal emergencies and SOPs related to actions. The making of Tegalrejo Public Health Center BEMONC SOP was made based on the results of discussions between doctors and midwives and consulted with the Indonesian Gynecology Obstetrics Association (*POGI*) and the local Indonesian Pediatrician Association (*IDAI*) and signed by the head of the Tegalrejo Health Center. The policies used in Basic Emergency Obstetric and Newborn Care implementation of the Tegalrejo Public Health Center are based on Governor Regulations, Mayor's decisions, and Health Center Decrees.

Based on interviews, the policies and guidelines used by the Public Health Center (*Puskesmas*) in implementing BEMONC refer to the DIY governor regulation No. 59 of 2012 regarding guidelines for implementing the health service referral system, from the Yogyakarta Mayor's Decree regarding CE-ONC and BEMONC hospitals, and from mayor regulation number 26 of 2013 related to the quick response guideline in dealing with pregnancy emergency and SK number 001 / VII in 2016 regarding the provision of clinical services and decisions of the head of the Yogyakarta Tegalrejo Health Center number 024 / VII in 2016 regarding the establishment of the Tegalrejo Public Health Center BEMONC Team.

(4). Availability of Budget

The budget referred to in this study is the operational costs used in the Basic Emergency Obstetric and Newborn Care implementation at the Tegalrejo Public Health Center in Yogyakarta. Tegalrejo Public Health Center funds come from *BLUD* and *APBD*. The budget obtained by the Yogyakarta Tegalrejo Health Center is for the overall operation of the Public Health Center (*Puskesmas*). The budget is divided based on the proposal of each part. The amount of the budget in Emergency Obstetric Neonatal Care at the Basic Service Implementation level depends on the plan. In the event of a lack of funds, a budget revision will then be fulfilled by the treasurer of the "pass" system that has been implemented by the Tegalrejo Public Health Center so that the budget for the 2016 BEMONC needs was sufficient. The use of a "pass" system can minimize the incidence of lack of budget. If the occurrence of a lack of budget occurs, the Public Health Center submits a

request for additional budget to the district treasurer and can be fulfilled because the funding from the center is classified as flexible, adjusting the needs of each health center.

The results of this study are in line with Rejeki et al (2016) research, which stated that Public Health Center budget with Basic Emergency Obstetric and Newborn Care comes from Public Health Center receipts from retribution, JKN, program budget, and *BLUD*. The results of Wijaya's research (2012) stated that the obstacle in the preparation of the Public Health Center with Basic Emergency Obstetric and Newborn Care is the absence of budget, human resources and infrastructure that do not meet the standards. Allocation of budget specifically for the BEMONC program is also an important factor.

Process

Basic Emergency Obstetric and Newborn Care implementation itself is in the form of handling normal labor, handling obstetric and neonatal emergencies. Cases outside the authority of the BEMONC Team, referrals are needed. The services provided by the Yogyakarta Tegalrejo Health Center are in accordance with standards that include normal delivery services, obstetric and neonatal emergency services. Emergency services include treatment of asphyxia, treatment of patients not yet in labor, ab- imminence, treatment of low birth weight (LBW), treatment of severe pre-eclampsia, jaundice associated with emergency pregnancy, labor and postpartum.

The Emergency Obstetric Neonatal Care process at the Basic Service Level implementation includes routine guidance from the Health Office and CEONC Hospital to review and refresh the officers' ability to provide treatment and audit every treatment. If there are cases of death, a Maternal Perinatal Audit (MPA) is conducted. MPA is carried out when there are cases of death in both mother and baby. The MPA is conducted in turns at each Public Health Center with Basic Emergency Obstetric and Newborn Care of the City of Yogyakarta. The higher the understanding of MPA the more obedient the midwives are in the implementation of Active Management III (Suwanti et al, 2013). BEMONC technical guidance is routinely conducted 2-3 times a year by the CEONC Hospital with the District Health Office, namely reviewing and refreshing the Team's ability to handle obstetrics and neonates. However, there are still some obstacles in Basic Emergency Obstetric and Newborn Care, namely lack of human resources and if there is a conditional illness, not necessarily in one shift there are trained BEMONC midwives.

The officer has adjusted it to the SOP in

implementing the BEMONC handling. If it is beyond the authority or ability, the Public Health Center (*Puskesmas*) will immediately refer to the CEONC Hospital in accordance with the provisions of the Memorandum of Understanding (MoU). The referral system implementation mechanism will be carried out through an initial examination by the Public Health Center Doctor, if the patient cannot be handled by the Public Health Center Doctor, the patient will be referred after the patient completes the administrative process and doctor's commitment in referring patients according to the referral implementation procedure (Ramah, 2014).

In Basic Emergency Obstetric and Newborn Care implementation there are obstacles, namely doctors who cannot always stand by at the Public Health Center (*Puskesmas*) especially on major days. This is not in accordance with the standards that the BEMONC Implementing Core Team personnel must be on-line 24 hours / day and 7 days / week. But the Doctor is always on standby by coordinating consultation via telephone to the authority limits of the Tegalrejo Public Health Center BEMONC Team's ability. Another obstacle related to the shift is the lack of BEMONC midwives. If the midwife is conditionally sick, in the BEMONC Team there are only 6 midwives, for a day shift is divided into 3, which in one shift consists of 3-4 people if the midwife is conditionally not necessarily in one shift there is a trained BEMONC midwife. The availability of health human resources greatly influences the success of health development and is needed to maximize existing health services (Paruntu *et al*, 2015; Khariza, 2015).

Output

In Basic Emergency Obstetric and Newborn Care implementation there are no cases of deaths both mother and neonate. From the results of the 2016 target, the Public Health Center with Basic Emergency Obstetric and Newborn Care in Tegalrejo is considered to be the target because it has implemented risk screening, absence of death cases, no delay in treatment and also the absence of late referrals is also the success of the program.

The service quality delivered by patients from the reliability aspect shows fast service if their patients need help. The assurance aspect that includes staff competency, friendliness, politeness, and trust shows that the officers are friendly and kind but found an unfriendly midwife. The tangible aspects provided by the Public Health Center are classified as good. The empathy aspect in providing information shows that when the officer provides information that is easily accepted by the patient, it is easily understood so that the patient feels comfortable. The

responsiveness aspect of staff in helping and serving patients shows that officers are always alert when needed to help patients.

Based on the results of the study there were no deaths that occurred at the Tegalrejo Health Center. This shows the success of achieving targets from BEMONC, where the goal is the mortality rate of 0 (zero). Other achievements are also indicated by the early screening of complications that can occur in pregnant women according to the standard that some complications can be life-threatening, but most complications can be prevented and dealt with if: (1) mothers immediately seek help from health workers, (2) Health workers carry out appropriate handling procedures, including the use of partographs to monitor the progress of labor, and the implementation of AM III to prevent postpartum bleeding, (3) health workers are able to carry out early identification of complications, (4) if complications occur, health workers can provide assistance first and take action to stabilize patients before making referrals, (5) effective referral process, (6) services in hospitals that are fast and effective. Other achievements are the absence of maternal and neonatal deaths, no delay in treatment, and no delay in referring.

Services at the Public Health Center can be declared have good quality, if the service can provide satisfaction to its users. The output obtained from the patient shows good results from the responsiveness aspect as evidenced by the midwife who comes immediately if the patient needs help. In line with Muliani's research, the attitude of health workers in providing services is fast and responsive to the community (Muliani, 2017). The service provider assurance aspect that includes staff competency, friendliness, politeness, and trust shows that the officers are friendly and kind. However, one of the respondents complained about officers who were less friendly to the patient's family. Politeness and friendliness make patients feel valued and give happiness and satisfaction to clients of independent practice midwives (BPM) so that attract clients to make a repeat visit to BPM (Fita, 2016).

The tangible aspect of the infrastructure provided by the public health center is classified as good as indicated by the availability of waiting rooms, treatment rooms, clean and well-maintained bathrooms. The reliable aspect of the officer in providing information also shows that when the officers provide information that is classified as good because it is easily accepted by patients and their families. The ability of health workers to provide health services appropriately and in accordance with service procedures at Occupational Health and Industrial Hygiene Clinic (*Klinik Hiperkes*) in providing ser-

vices to patients is not only seen from the existing facilities themselves, but also from the ability of health workers to provide services (Jurpina, 2016). From the empathy aspect, the officers in helping and serving patients are classified as good, based on the results obtained, indicating that officers are always alert when needed to help patients and officers are always there when needed. In line with Muliani's research (2017), health workers at the Sempaja Health Center, they always strive to provide good service by understanding the needs of the community by listening to complaints of pain that people feel when they go to the Sempaja Health Center. Politeness and friendliness make patients feel valued and give happiness and satisfaction so that attract to make repeat visit to independent practice midwives (*Bidan Praktek Mandiri/BPM*)

CONCLUSION

The input was in accordance with the standard, but health personnel and training were not up to standard. Basic Emergency Obstetric and Newborn Care implementation had run according to the standards, but the presence of doctors was not up to standard and shifts were not evenly distributed. The output reached the target and the service was satisfactory but one of the officers is not friendly. The Team must try to focus on customer satisfaction in a friendly manner so that the services provided meet patient expectations.

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