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77 Qualitative Analysis of the Implementation of Neonatal Emergency Measures at the Puskesmas in the Working Area of the City Health Office in Manado Ellen Pesak\*, Agnes Montolalu\*, Bongakaraeng\*\* \*Midwifery Department of Manado Health Polytechnic Ministry Health \*\*Environmental Health Department of Manado Health Polytechnic Ministry Health Corresponding Author : First Author, Midwifery Department of Manado Health Polytechnic Ministry Health Email: indira.bonga@gmail.com ABSTRACT Health services Maternal and neonatal are wrong one element determining health status.health services Neonatal Are started before the baby is born, through health services provided to pregnant women especially, the growth and development of the neonatal period is **the most critical period** because it can cause infant pain and death. The research method used is qualitative which is presented descriptively exploratively.

The main informants were 6 people consisting of 5 Midwives and 1 Nurse. Triangulation informants were 6 heads of Puskesmas. Data collection was done through in-depth interviews (Independent Interview), observation using a checklist and demonstration. **The results showed that the implementation of measures emergency in the health center poned Manado City health workers can prepare patients before being given action, the availability of sufficient equipment available and sufficient needs in the room emergency while working procedures, there are still those who do not use SOP** (Standard Operational Procedure) in implementing action emergencies,there is no uniformity and different guides the implementation of emergency measures between puskesmas one with PHC other **health workers have not** all given training in basic emergency (implementation of Obstetrics Neonatal emergency Basis).

Suggested health Office of Manado City can monitor and re-evaluate the performance of health workers, especially the implementation of emergency emergency measures for

infants Neonatal and can provide opportunities to take part in training on Poned, Making SOPs (Standard Operational Procedure) that is not yet available, so that health workers **in the health center** can work uniformly according to the rules. For other researchers, it can identify the workload of health workers.

Keywords: Emergency Measures of Emergency, Guidance, Health Center

INTRODUCTION Health services Maternal and neonatal are one of the determinants of health status. health services Neonatal Are started before the baby is born, through health services provided to pregnant women especially, the growth and development of the neonatal period is **the most critical period** because it can cause morbidity and infant mortality, therefore the degree of health is neonatal important to pay attention (Rahmawati and Ningsih , 2016). The degree of health is neonatal strongly related to the level of health during pregnancy, delivery assistance and newborn care.

According to WHO (2015) each year **newborn or neonatal deaths** reach 37% of all deaths in children under five. Every 8,000 newborns in the world **die from preventable causes**. The main causes of newborn or neonatal deaths in the world include premature babies 29%, sepsis and pneumonia 25% and 23% are babies born **with Asphyxia and trauma**.

Data from the Manado City Health Office the number of infant deaths in 2017 is 246 with causes of asphyxia 57 (23%) infants, LBW 51 (21%) infants, pneumonia 10 (4%) infants, congenital abnormalities 21 (9%) and other causes 107 (43%). The most causes of deaths neonatal are asphyxia commoner other newborn problems so that midwives must have adequate abilities and skills regarding emergency measures, namely resuscitation of newborns and treatment of neonates ill, which is very important in an effort to reduce Infant Mortality.

The purpose **of this study was to** determine the implementation of actions emergency in the puskesmas working area of the Manado City Health Office, due to health workers in preparing patients, preparation of tools and procedures that were very influential in implementing emergency emergency measures neonatal at the puskesmas. MATERIALS AND METHODS This study uses a research design with a qualitative approach that is presented in descriptive explorative.

The approach 78 to data collection time is cross sectional. The sample of this study were 6 health officers and 6 puskesmas heads **in the health center poned** in Manado. **The data used in this** study are primary data, namely in-depth interviews (In Depth Interview) on the subject of research and secondary data through observation of facilities that support emergency actions and demonstrations.

Data collection through in-depth interviews conducted with the main informants, namely 6 people, consisting of 5 midwives and 1 nurse with a minimum of 2 years working period as health workers in Poned Puskesmas, and triangulation informants conducted to 6 heads of Puskesmas . Data analysis was processed according to the characteristics of content analysis, namely data collection, data reduction, verification presented in descriptive form, then drawing conclusions.

**RESULTS AND DISCUSSION** The results of the study showed that the number of main informants of 6 health workers consisted of 5 midwives and 1 nurse at the pond health center, namely IU1, IU2, IU3, IU4, IU5, IU6 with educational background, D.III Midwifery, and D.III Nursing, the average working period is between 27-40 years, all sexes are female.

For triangulation informants, there were 6 people as Head of Community Health Center, namely those called IT1, IT2, IT3, IT4, IT5, IT6, with ages between 32-44 years old, S1 medical education, gender for 4 women, 2 men. Health workers prepare patients to provide emergency measures for infants neonatal Information you want to get from in-depth interviews about preparing psychology or mental patients in terms of parents of neonatal infants, among others, anxiety, patient concerns before neonatal emergency care is carried out as follows: Based on in-depth interviews with the main informants namely midwives and nurses about patient preparation in emergency action, all said that the patient's parents were given a clear explanation of the emergency treatment and were given informed consent. This can be seen in box 1 below: Box 1 "...

how come someone is watching to take care of the action to know **the number of people** in front of the city asking for approval of the action first ..." (IU1) "... we keep an explanation first so that my parents will be worried ... "(IU2) " ... huh ... if io no bu must say that someone mo is holding an emergency because depe mama panako ... "(IU3) " ... Oh ...

how come someone really so **you have to know** that you need to know that **you have to know** someone must know too ... "(IU4)Must " ...no one should know so that I know that this must be dealt with **as soon as possible** due to fetal distress ... "(IU5) " ... yes ma'am at the puskesmas so that people are busy mar people must explain the explanation of the baby about fetal distress ... "(IU6)Every time " ...emergency measures are given, the patient's parents are clearly explained in advance about the action to be taken so that the baby's parents do not feeling anxious and understanding the seriousness of the disease rat ... "(IU1, IU2, IU3.IU4, IU5, IU6).

From the description above, it can be explained that all the main informants of midwives and nurses before carrying out emergency procedures for parents of patients are given a clear explanation and provide informed consent. The statement above was also conveyed by Triangulation Informants, namely the Head of the Community Health Center said that before being given emergency care the patient's parents were given an explanation and gave informed consent. This can be seen in box 2 below: 79 Box 2 "...

oh yes ma'am, it is true that the midwife before resuscitation is guarding the case for the patient's explanation being prepared bae-bae ..." (IT1) "... but the patient's mother is told first parents, my mother also means ... "(IT2) " ... I need to know that io no bu because if anything happens don't be a target ... "(IT3) " ... Yes, it's true that when you take action you have to say depe mama ...

"(IT4) " ... Oh .... I have a guard number, I know the family members, in this case the patient's parents ... "(IT5) " ... Yes, we are very close, guardian midwife says that it is baby mama is very responding .... "(IT6) " ... All emergency measures before the patient's family or parents take action are clearly explained and ask their parents to sign consent information (IT1, IT2, IT3, IT4, IT5, IT6).

From the description above, it can be explained that all the main informants and triangulation informants said that in preparation patient in the implementation of emergency action before being given the patient's family action or the patient's parents are given an explanation in advance and provide informed consent. . Monitoring and reevaluating the implementation of preparations before the action is taken, the patient is given an explanation as clearly as possible because with explanations or precise and clear information will give a sense of comfort to the parents of patients so that they feel self-confidence and there is attention from health care workers in providing explanations firstgiven informed consent was.

According to Susiloningsih 2016 in his research on **the implementation of work procedures for the implementation of resuscitation**, it was concluded **that the implementation of** patient preparation before medical action is something that is very important and should be mandatory to reduce the sense of concern for the parents of patients who will take resuscitation measures.

The Jowari 2017 study concluded that preparing patients before medical treatment can reduce patient anxiety so that patients feel protected and cared for. The Health Officer prepares the tool to provide emergency measures in Infants Neonatal Information you want to get from in-depth interviews about preparation of tools in the implementation of emergency actions include, how to prepare tools, what tools are needed, obstacles,

expectations and benefits of tool preparation, and availability of tools, can be seen from the results of in-depth interviews with informants main and triangulation informants, in box 3 below: Box 3 "...

For equipment that is no longer suitable for use, we do this every year to evaluate the need for tools at the Puskesmas ....." (IT1). "... If the tools in our monitoring are indeed complete, and have supported every practice ..." (IT2) "... If things are actually equipment that supports every practice, ..." (IT3) "... If there is a tool for the action of a damaged omelet it is reported for replacement.

(IT4) if there is a problem with the device, there is a problem, all available (IT5) "... If the tool for the action of the radar shows there is a complete problem, ma'am (IT6) " ... Preparation of tools for emergency emergency actions are all available, if some are damaged or no longer suitable to be used, repairs or replacements for new equipment ...

"(IT1, IT2, IT3, IT4, IT5, IT6) The statement above according to Rekawati (2016) says that for the availability of tools is something that is committed from the leadership to fulfill the necessary facilities, especially in the service room for children. According to Winarno in George C Edward's theory that the achievement of an objective of implementing activities must be supported by the availability of tools or infrastructure. Without tools or infrastructure, tasks cannot be carried out, and objectives cannot be resolved properly.

In this study **it can be concluded** as a whole that the preparation of tools in the implementation of emergency measures is that from the availability of sufficiently available tools there is no problem. Health Officers perform Work Procedures in emergency measures in infants Neonatal The information you want to get in depth interviews about the procedure is how to do an emergency procedure by giving an action of resuscitation or CPR (Lung Heart Resuscitation), cleaning the airway or helping to give the airway.

Based on in-depth interviews with the main informants namely midwives and nurses about work procedures in 80 emergency actions, all said that the SOP had not all been used and there was no uniformity in providing emergency procedures. This can be seen in box 4 below: Box 4 "... Yes, the person in the work procedure is immediately given SOP action. There is only resuscitation in the baby (IU1) " ...

The procedure works **when a patient is** aware of the immediate action and SOP but only one thing is Resuscitation in infants (IU1) "... no bu works according to the knowledge gained for Neonatal SOPs (IU2). "... We work **in accordance with the** disciplines and there

is no Neonatal SOP (IU2) " .... Oh yes, the procedure for taking care of using baby resuscitation measures (IU3) "...

Working procedures for the gadar action using infant resus citation (IU3) " ... The SOP for Neonatal Session is available but people keep on guarding themselves. Look at the SOP (IU4). "... Neonatal SOP is available but every time giving action to the infants neonatal does not use SOP (IU4) " ... Yes, the SOP is incomplete. maternal "(IU5) " ... For Neonatal SOPs are incomplete but for Maternal SOPs already exist (IU5)for SOPs there is a "....new emergency plan to plan for the mouners (IU6) " ... A new radar action SOP will be prepared ( IU6) "...

Overall, the neonatal gadar action procedure is a work procedure on emergency emergency measures that has not all used SOPs (IU1, IU2, IU3, IU4, IU5, IU6). In relation to work procedures each puskesmas is different. there are emergency services that use SOP and **there are still those who** have not maximally used the neonatal emergency SOP.

A similar statement from the results of in-depth interviews with triangulation informants of the Head of the Health Center, said that the SOP for neonatal emergency care had not been maximized. From the description above, **it can be concluded that** not all Poned puskesmas have performed emergency care appropriately according to work procedures.

According to Mutiara (2017) research, states **that the implementation of** actions must be in accordance with work procedures or standard operational procedure (SOP), so that all activities can **be carried out in accordance with the** rules so that there is no doubt to act because it is in accordance with regulations. CONCLUSION 1. Patient Preparation. **Health workers can prepare patients before being given** emergency care. 2. Tools preparation.

Availability of tools is quite available, and can meet the needs in the Emergency room. 3. Work Procedure Most health workers carry out emergency measures in infants Neonatal not yet using SOP Neonatal and there is no uniformity of guidelines among puskesmas one with other puskesmas, different guidelines, **health workers have not** all been given training about poned. SUGGESTION 1. For the Manado City Health Service.

It is expected **to be able to** monitor and reevaluate the performance of health workers, especially the implementation of emergency emergency measures for infants Neonatal and can provide opportunities for training about Poned. 2. For Puskesmas. 81 Making an SOP (Standard Operating Procedure) that is not yet available, so that health workers **in the health center** can work uniformly according to the rules, because there are work

guidelines that are the same as perceptions and have a legal basis in carrying out actions emergency at the puskesmas. 3.

For Other Researchers So that there are other researchers who examine the analysis of workload in the implementation of emergency action emergency neonatal in the clinic. SOURCE OF FUNDING DIPA HEALTH OF MANADO MINISTRY OF HEALTH POLYTECH REFERENCES 1. Atkinson, R. et al. 2013. Introduction to Psychology. Jakarta: Erlangga. 2. Bouwhuizen, M. 2014. Nursing. Interpreting: Moelia Radja Siregar. Jakarta: EGC. 3. Dep. Republic of Indonesia Kes. 2016. Diknakes Magazine. Jakarta: Healthy Development. 2011.

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