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EXECUTIVE SUMMARY

1. Mary Ann Anderson and Marge Koblinsky visited Indonesia from March 1-13, 1993 in order to:
 - Monitor all MotherCare supported projects and discuss close out activities with each, including Final Report, publications and TAG participation.
 - Discuss a possible national seminar with policymakers, researchers and Mission staff to determine interest, possible agenda topics and participants, place time.

2. **Project Findings to Date**

Low Birthweight

- **LBW Project**: A draft report was commented on; final copy should be ready by mid-April. LBW ranged from 2-17% of newborns, the low end (which is very curious) is in Manado. PMR was high in Bali, Jogja and Aceh (35/1000), whereas it was very low in Manado (18/1000).
- **BV and LBW**: Enrollment has been slower than expected, with dropouts higher in Surabaya. A social worker was hired to follow up in Surabaya as of March 1. This appears to decrease the dropout rate dramatically. To date, 20% of antenatal cases have BV. The study will continue to follow women right through August. Ridwan will work with teams after MotherCare closes, to analyze and write up the data. He will report at that time directly to Mary Ann Anderson; report is due by end of November.

Anemia

- **Indramayu**: Three of four papers were presented and discussed in detail. The team has presented a seminar to the government and interested parties. It is anticipated that the MOH will distribute their new tablets via TBAs, and that they will adapt the IEC materials for their use. Village-based distribution, plus increased tablet supplies, significantly increased coverage and compliance. IEC did the same in the control area, but did not add significantly to the coverage and compliance in the treatment area. All achievements however, are well below levels required in an anemic population, as well as below the government's program of one tablet per day starting at when pregnancy is noticed. Unfortunately, neither woman nor the providers appear to understand the dangers of anemia or usefulness (?) of the tablets; this affects compliance, seemingly more than side-effect.
- **GDS**: The GDS tablet contains 50mg of iron that is designed to be absorbed better than the program tablets. The trials of both pregnant and non-pregnant women have been shortened (to entry and three visits for pregnant women, and 60 days for non-pregnant women). Enough capsules of one type are being prepared by Kimea Farma to add a third group to this non-pregnant women's study. We will send out two boxes of microcuvettes. Cook is expecting the first batch of samples by the end of March. The study should be completed with a report by the end of August.

Referral Projects

- **Safe Motherhood, East Java:** With an enormous amount of energy, Dr. Poedji and her team have prepared and implemented interventions and set up a surveillance system for this project. The implementation is impressive, not only to us, but to the provincial government who will provide Ministry officials with 500 million Rupiah to replicate the project provincially starting in April 1993. Questions remain as to how much can be done on cost-effectiveness. Data need yet to be transferred to the new computer system but analysis should be underway in April. A final report was drafted for presentation at the TAG. Final survey will be fielded in May or late June, depending on what the field officials can manage.
- **Regionalization Project:** The last intervention, IEC campaign, went into place at the end of November. It was decided to use the June 1992 sweep as baseline for PMR, and end the project with a sweep to also determine a post-PMR. Data discussions about referrals, use of services, costs, and deaths all revealed a need for greater oversight and a need for cross-fertilization to become useful. Instead of the seven papers originally described, I now propose three papers, in hopes of people working together on themes.

National Seminar

Government official, Mission staff and researchers proposed agenda topics and possible participants. However, given the close of MotherCare at the end of September, prior to all data analysis and write up being completed, the seminar is likely to be postponed to the new year.

Bacterial Vaginosis Study - R. S. Soetomo Hospital, Surabaya
March 3, 1993

Dr. Ridwan Josoef
Dr. Hanny Sumampow

1. Recruitment of women in Surabaya has reached 285 in the four clinics. They expect a total of 310-320 by the end of March when they plan to close the enrollment into the study (see Appendix 1).
2. A social worker, Mr. Bagus, has been hired (as of March 1) to follow up Surabaya clients with letters and home visits if necessary. Of the 40% (79) of clients who had not returned for delivery where expected, only 13 are now still missing and considered lost to follow-up. This system of follow-up appears necessary as deliveries are often outside of R.S. Soetomo Hospital. Mr. Bagus will remain with the project until the end of August.
3. The incidence of BV is about 20% in both Jakarta and Surabaya. The level of prematurity 14% (Jakarta) and 11.8% (Surabaya) (taken from general hospital data).
4. At the end of the project, they expect to have 750 births (320 Surabaya, 430 Jakarta) with a loss to follow up of 10-15%, bringing the number to 650. This will allow for an 80% statistical power which Ridwan thinks will be fine if prematurity is 10-15%.
5. In follow up meetings with Ridwan and Mary Jo, then with USAID staff, it was decided to have an interim analysis now, with the Treatment Effects Team (Drs. Sumarmo and Suryadi of Litbangkes) reviewing the data to determine any adverse effects of the cream. Mike Linnan, working with the UI data manager, Nanang, will test the data with confidence intervals to see if significance has already been reached. If so, the study will now be halted and a full analysis undertaken. If significance is not reached, the study will continue to follow the enrolled women and may continue to enroll women for ___ more months.
6. If the study needs to continue to enroll women for 2-4 weeks, follow up and analysis will extend beyond MotherCare's termination. Ridwan is convinced that this could happen; he is willing to take responsibility for the continued study, report writing and publication and will report to Mary Ann Anderson/USAID-Washington in November.
7. Ridwan is expecting to return in June and again at the end of the study (September/October) to assist with data analysis and write up. He will work with Mary Jo on the report to MotherCare in June. Mary Jo may be involved in the final report/publication writing/authorship; this needs to be clarified with Ridwan.
8. Other STDs have been screened and treated (with the exception of trichomoniasis, the drug for which (Metronidazole) could cause fetal damage if given in early weeks). There is < 1% syphilis; gonorrhea is also low. Chlamydia is often seen together with

BV and is at ___% level. Almost 5% of patients have trichomoniasis by wet mount (10% in States) and are untreated unless complain of problems (e.g. itching).

9. Although it is desirable to look at chorioamnitis in the placenta, traditions are such that the placenta is returned to the family in all hospitals for ceremonial burial.
10. All women are to have sonograms to determine gestational age. This is done at the clinics except in Berdulmerisi and Tambakredjo where women must come the Polihamil I or II. Sonograms are available on ___% of women in Surabaya.
11. UNICEF scales are used by the midwives/doctors to determine birthweight if birth is at home. For the four deliveries by TBAs in Surabaya, there is no birthweight data.
12. Data from Surabaya are sent to UI for computer entry every two weeks. Mr. Kanat of HSR processes these data.
13. In the US, clindamycin cream and tablets are now available. Cream is well-tolerated, given 1x/day for 5 days. The tablets are stronger and more side effects are experienced (including colitis and death).
14. BV screening is cheap, approximately 50¢, but in the U.S. the cream is expensive (\$12/tube).
15. Causes of prematurity:
 - High proportion of placenta previa at R.S. Soetomo (300-400/5000 deliveries/year)
 - PROM

GDS Study - R.S. Soetomo Hospital, Surabaya
March 3, 1993

Dr. Marsianto

1. The criteria for enrollment into the study is anemia between 8-10.9 g/dl for both pregnant and non-pregnant women. As the WHO criteria for anemia in non-pregnant women is up to 11.9 g/dl, the log of patients was reviewed for anemia status in non-pregnancy. 168 women would be added, bringing the percent of anemic women in non-pregnancy to 47% (40% of pregnant women in the study are anemic).
2. The study began in October, 1992, when all equipment and tablets were received. Enrollment for the pregnant women is now closed with 300 women. Initially it was determined that they would be followed through a post-partum period of 30 days; because of the tablet supply, they will be followed through visit III expected around

delivery time, as shown in the protocol and progress report (Appendix 2A). Hence, the last bloods for pregnant women should be taken in late May.

3. Enrollment for non-pregnant women requires 100 more women, beyond the 200 already recruited. As women refuse to enter the study during Ramadan, new women will be recruited in April. It will require about two weeks to enroll the 100 anemic women (using the same cut-offs as previously). The last blood to be drawn from these women will be middle of June (given 60 days on the trial).
4. The number of women by pregnancy status and tablet type is shown in Appendix 2. In order to include a third group in the non-pregnancy category, Kimea Farma is now making up the tablets by emptying the GDS out, and inserting the new formulation. These should be ready for the new recruits in early April.
5. Mike has shipped by Fedex a batch of STD blood samples to CDC, packed in dry ice. He has received confirmation that they were received frozen. Dr. Marsianto's trial sample sent from Surabaya to Jakarta to join this shipment was problematic. It was decided that Dr. Marsianto or Mike would hand carry the frozen sample to Jakarta where Mike would ship it out.
6. Before shipment, however, the vials containing the sera, now kept well-frozen in a freezer (with back-up generator) will be vented and taped (pleiotape from NAMRU). Mike will bring the tape March 11; this procedure will take about a week after Mike trainees Dr. Marsianto who in turn will train his nurse. The first shipment should then be ready to go by March 20.
7. I called Jim Cook to alert him to the first shipment coming by end of March. This should include 700 bloods. Duplicates will be kept in Surabaya. I gave Mike Linnan Cook's shipping address and fax number.
8. Cook could visit the project in early June when he is in the Philippines for another study.
9. Microcuvettes were delivered to Dr. Marsianto by Mike while we visited. Two more boxes are needed (Mary King will order).
10. The compliance questionnaire (in English-see Appendix 2B) is given at each visit. This unfortunately is 30 days after the last visit-not 10 days follow up as would be desirable given the possible causes of drop-out (side-effects happen usually in the first days after taking a tablet and lessen over time).
11. A small educational booklet is given to each woman in the study (Appendix 2C). A calendar has also been prepared. The artist is Dr. Marsianto.
12. Request: Dr. Marsianto is to send us Hb levels per woman (over time).

**Indramayu Study - University of Indonesia, Jakarta
March 2, 1993**

Dr. Endang
Dr. Pandhu
Dr. M. J. Hansell
Ms. Carrie Hessler-Radelet

1. Three of the four papers were reviewed. Dr. Budi's draft has not been received by Dr. Endang yet.
2. Findings:
 - TBA distribution of iron folate tablets, plus adequate supplies, increases coverage and tablet use. Coverage was increased approximately 40%; compliance from 1 to 3 tablets per week with 40 more tablets taken on average throughout pregnancy.
 - IEC increased coverage and compliance in the control area similar to that of TBA distribution in the intervention area, but it did not significantly increase coverage or compliance above the levels experienced with TBA distribution only. The message stressed was "take 1 tablet/day throughout pregnancy (no mention of 90 tablets was made).
 - While the government program specifies 1 tablet per day in the last trimester (they now specify "when you know you're pregnant, start taking tablets"), the interventions only reached half (?) of government recommended tablets. Unfortunately, the mandate is now aimed at prophylaxis, whereas the need is for treatment of anemia. The recommended dosage should be two tablets per day in the last half of pregnancy. Hence, women are getting about ___ of what is needed, even with the intervention. This was later discussed with Dr. Fasli of Bappenas, who felt the women may not tolerate 2 tablets/day due to side effects, but that this should be tested. (The Indian program has a 120 mg tablet rather than a 60 mg tablet.)
 - Side effects did not seem to be the problem with women not taking tablets. They stated they forgot, it wasn't important, etc. No messages were aimed at "why" women need to take tablets. Providers also seem to be a problem - either by only giving packets of 10 tablets or not counseling women when and why needed. Future IEC efforts should explore the issue of "why" take tablets with both women and providers in the future. (These reasons were found among the major compliance issues in the Indian National Program evaluation as well as in the GTZ-Jakarta study).
3. While the government is now in the process of supplying a new tablet made by Kemea Farma (red iron-folate tablet with film coating), they are interested in using

the IEC materials developed for Indramayu (modified to reflect the new pill), and they have agreed to implement TBA distribution of tablets in their program. Training of TBAs requires ? days by Puskesmas staff; materials for training include ?.

4. To try to sort out the supply issue (the project provided 240,000 tablets to Gebus Swetan but not to Sliyeg), Carrie and Teguh will do focus groups with bidans in the control area to ensure there was an adequate supply and that all pregnant women who came to the Puskesmas for antenatal care did receive tablets. The social marketing paper has not been written yet, but will include quantitative as well as qualitative information. Date for first draft ?.
5. The counseling cards are expensive; it may be more useful to put information in the hands of women rather than concentrate on providers informing women.
6. Staff will seek publishers for their papers. Acknowledgement of USAID support will be given. Dr. Alex later mentioned that DDS would be putting out a semiannual journal. Perhaps, all four papers could be put together in a monograph from Indramayu. Shortened abstracts or summaries should definitely be made available to policy makers, donors, researchers to widely publicize the results of this exciting project.
7. With CHN3 funding, the SRS (minus the Pregnancy module) will continue in Indramayu. I suggested broadening the geographical coverage of the SRS (now concentrated in a small part of a Kecamatan) and decreasing the 50% sample of HHs to ?. They do expect to simplify the modules used. What questions will they pursue? (CHN3 is also funding population labs in Jogja and NTT - both followed by Gadjah Madah University (M. Dibbley involved).
8. Hemocues and Hb:
 - One Hemocue was faulty - a test of the same blood in 2 Hemocues revealed that one Hemocue was off by 2 grm.
 - Only 23% of women had Hb taken -33% in Gebus Wetan, and 16% in Sliyeg.
 - Perhaps we should have tried the filter paper method and should in the future with groups which do not emphasize measurement.
9. Dr. Dini of the Nutrition Unit (MOH) is in charge of an anemia project in South Sulawesi and West Java where Hb is measured by the Cyano method. The UI/Indramayu group will assist with the info system.

East Java Safe Motherhood Project, March 4-6, 1993

Dr. Poedji Rochjati
Dr. Agus Abadi
Dr. Benny Soegianto
Dr. Wasis Budianto
Dr. Slamet Rahadi

1. Presentations by each of the above were made in Surabaya followed by a one day field trip to Probolinggo with visits with the Bupati and his staff, Dakabu-Dr. Hirop, Provincial MCH doctor, hospital Ob/Gyn and bidans from the district and municipal hospital cadre and PKK officials in Mayangan; cadre TBAs and bidans, plus PKK officials and MOH staff in Maron, an intervention Kecamatan, a visit to a Puskesmas and to the district referral hospital (Type C).
2. See projects Second Progress Report (Appendix ___)
3. Interventions in all 27 Kecamatans of Probolinggo include (see Progress Report, Table i for time schedule of project):
 - One day training of District, followed by one day training of all Puskesmas staff. Total number trained = _____. (See Progress Report Tables for numbers trained)
 - One day training of 329 PKK and 278 TBAs followed by monthly supervisory/training meetings with the bidan. In January 1993 a further 173 cadres were trained. (Total of 502 cadre or 3/desa).
 - Radios at Puskesmas and hospital levels.
 - Materials available (see list of IEC materials, Appendix 3C):
 - Refined risk score card to be held by PKK and filled in for each pregnant woman (see Appendix 3B)
 - Posters on each antenatal risk factor and calendars for Puskesmas
 - Manual leaflets on each risk factor and calendars for PKKs to use
 - Games for Mother Awareness Groups at Posyandu (brought by Puskesmas bidan?)
 - Radio spots are also provided (not clear how often or what the messages are (requested))

NOTE: There are no materials available to take home for women and their families. Poedji is considering this.

There is no special obstetrical training provided to any level of provider. (Is this also true of TBAs?) Protocols from R.S. Soetomo Hospital are used throughout. When asked, the district hospital Ob/Gyn stated the partograph was not in use at the hospital because "staff are too few and it takes too much time."

4. Interventions in Six Kecamatan (in place in October, 1992):

- Transport subsidy - funds are provided to each of 10 participating Puskesmas in a lump sum (approximately Rp 150,000) for emergency and high risk transport to reimburse the woman. She has a red card from the Puskesmas that must be filled in order for her to receive this money. The Puskesmas staff advertise about the transport reimbursement. (How well is this done? By what means?) (More detail is needed on exactly how much is allotted, who gives funds out, what is total cost, etc.) (Questions: Must a woman be referred from the HC in order to get reimbursement or can she go directly to the hospital from her home?)

5. Evaluation:

- Baseline health and economics survey - fielded in Probolinggo (12 Kecamatan) and in control area, Pasaruan (6 Kecamatan) in August 1992 (See Appendix 3D for revised English version). Total of 15,928 women who had been pregnant and delivered between August, 1991 and July, 1992 interviewed by the Puskesmas staff and other locals, supervised by University Public Health students. This survey (with a few extra economic questions, according to M. Linnan) will be repeated in late May or June; the midwives will interview and be supervised by the HC doctors. It takes approximately one month to collect, and 1-2 months to enter and clean the data. As yet, no data have been run, due to the need to transfer all data to the newly installed computer system (M. Linnan states this transfer will be done in the next two weeks by Nanang of UI).
- Longitudinal surveillance of pregnancies in the intervention area is made via the Risk score cards, 2102 cards have been retrieved to date via PKK→bidan→research team.
- Death follow up for maternal and perinatal deaths was initiated in _____. The research team under Dr. Agus follows all maternal and perinatal deaths in the intervention areas.
- Referral forms are available and used in the hospital and HC to track the reasons for and costs (?) of referral (see Appendix 3F for Bahasa referral forms and Dr. Benny's report).

- A recall survey was fielded in February for 608 women between 4 months and 42 days postpartum (See Appendix 3G for the overall cost study outline, the English translation of this survey and Glenn Melnick's report and proposed survey from December 1992). The midwives carried out the survey with Puskesmas doctors providing the supervision (?). To determine time costs, figures have been used from the Labor Department (?).
- Institutional costs are being compiled through forms distributed to HC/hospitals for filling in. Started in March, this is expected to be completed by the end of April.

6. Results:

- Health/Economic Baseline: Data awaiting transfer to newly installed computers.
- Risk score cards collected--data to be entered in March 1993.
- Death follow-up:

When a death occurs, the HC staff is alerted by the cadre. A bidan is to verify the death within 2 days. The study team is alerted and a senior resident goes to the village.

There have been 10 maternal mortalities (MMR=4.88/1000 births), 6 bleeding (4-retained placenta; pph-2), 3-eclampsia, 1-infection. The risk status of these women is not known yet. Eight had deliveries at home with a TBA, 1 with a midwife at her home and 1 with a doctor at the hospital. Only one of the 10 was an instrumental delivery (Presentation showed 2??). Four were referred (2 to a midwife, 2 to the hospital(?)). All but 3 had some ANC (in the presentation-2 had not had ANC - please check). See Appendix _____ for presentation. Note that while antenatal care is provided by midwives, TBAs continue to do most of the births.

Perinatal mortality (Rate=37.1) (75 deaths = 40 SB, 38 END). Risk factors (in order of importance) = none, malpresentation, past poor obstetric history, twins, young primip, grand multip. Seventeen had had no ANC, but the majority (59) had seen a midwife, 2 had seen a doctor. Deliveries were primarily with the TBA (30-SB; 31-END), with a few seeing a midwife (5-SB; 6-END) or a doctor (3-SB; 1-END). Two delivered SB alone. Most (36) were $\geq 2,500$ gr. Fifteen of the 78 were referred--11 to a midwife, 4 to the hospital.

Comment: Most deliveries are carried out by TBAs, complications noted are few, and referrals are low. Are the TBAs trained well enough to know when

to refer? Are mothers/families educated about the dangers of labor/delivery during ANC and know where to go in case of emergency?

- **Transport Subsidy:**

33 referrals have been recorded (out of 2,102 births) and reimbursed (were all reimbursed or only the 8 very high risk births?), the majority for bleeding. Eight of the 33 had been rated very high risk. The two who delivered in their homes with a TBA had retained placenta and were referred after delivery. The majority referred were managed by a doctor (23) with eight having a C-section and nine with instrumental delivery. While all mothers lived, 6 of the babies died. Fourteen were referred via HC ambulance, 12 with public transport, and 7 by tricycle. (About 90% of the HCs have ambulances.)

7. Comments

- While the transport subsidy is useful, the team feels that costs of the hospital are still a major barrier. Local hospital costs are posted and determined by district legislation. Only about 10% of a birth resulting in a C section (500,000 Rp) would be attributable to transport.
- Referral costs totaled 404,00 Rp as of January, 1993.
- The PKK in Probolinggo have far lower education than in Poedji's pilot area. Another difference is decrease number of midwives/population. The pilot area was flat whereas Probolinggo is quite mountainous in parts. Probolinggo is one of the most difficult Kabupatans in East Java.
- Through the Ministry of Women's Affairs, the provincial government, specifically the Vice Governor who is in charge of Women's Affairs, has given 500 million Rp to further/extend the Safe Motherhood activities in 1993 (starts April 1). Dr. Slamet will be in charge.
- At the District Hospital, 250 births have taken place between August 1992 and February 1993, with 67 referrals. One resulted in an eclamptic death, one C-section and 9 PM. If the family cannot pay, a note from the Kecamatan must verify their SES status.
- There are only 3 Ob/Gyn in Probolinggo, and 12 midwives in the two hospitals rotating on 3 shifts.
- District Hospital has 6 midwives (3 trained, 3 nurses), no surgeon. Manpower is a serious problem.
- Cadres gave presentations in both Mayangen and Moron. Between 3 and 50 women were in the care of each one who spoke. They detect pregnant women

by asking the Desa Wisma head (10 HH) and the TBAs. Risk factors, such as age, shortness and parity are easy to detect, but medical complications (high blood pressure) are difficult and seem to go undetected. Even bidans related that they had seen few medical problems.

- A major problem is that women deemed to have a high risk status continue to deliver by the TBA. However, since most of the risks determined appear to be age/parity/height related, these may seem of little consequence to women.
- The initial contact with women was difficult for the PKK as their credibility was questioned. However, after about three visits, the women appeared to rely more on them.
- * • Most deaths are caused by hemorrhage or prolonged labor. How much education has the TBA and women received about complications of labor and delivery such that they might respond appropriately? Most of the education from PKK to the woman is aimed at the antenatal period and no risks are noted for labor/delivery. Poedji stated that she had trained the TBA in recognition and referral of risks during labor/delivery (How often? How much follow-up?)
- * • The risk status of pregnant women will only be known prospectively in the intervention area from the risk score cards--with scores provided by bidans/PKK. Will the survey have enough information to provide such a risk assessment retrospectively from women's self report?
- The Puskesmas bidan fills in a Ibu Karte form for assessing risk. This is distinct from the Risk Score Card, and unless a cadre is with the woman, the bidan may have no idea about each woman's risk status/score. Dr. Poedji is proposing that each woman be given the color code card from the previous pilot study to carry with her to Posyandu, Puskesmas or hospital to inform these providers of her risk score (See Appendix 3H).

8. Evaluation Framework:

- * • In post-survey, questions about contact with PKK, color code, referral by whom during pregnancy, labor/delivery, and postpartum, and reasons for decision to use which birth site/attendant would give us knowledge of PKK coverage and contact, and knowledge of where supposed to deliver, and why she did or did not deliver where color code suggests.
- * • PKK has register book of each pregnant woman, her score, where delivered and outcome for both her and baby. Is there a referral book at each HC and hospital in the intervention areas?
- * • How will we know percent of women with emergencies in labor?

- * • How are we going to link questionnaires with score cards and referral registers? Is there a unique identifying number for each woman, and does she/could she give it to all providers when seen (or is it too late for this?)?
- * • How will information of "appropriate referral-identification and use" be compared with the control area? Could you assign risk status from the retrospective information? ("Risks" as questioned in the interview are the same as those listed on card.) Could we do a small subsample comparison of cards and interview data to see if prospective and retrospective information are at all comparable.
- Dr. Poedji would like to do training of TBAs in understanding of color code form as so many TBAs delivering high and very high risk women would. Would this actually be effective in East Java?
- In Probolinggo there are 24 (27?) Kecamatan, 12 of which are the intervention Kecamatans. There are too few midwives: 31; Bidan di desa: 58; Nurses: 15; Health Centers: 32; Doctors at HC: 35.

Regionalization Project - University of Padjadjaran, Bandung
March 8 - 10, 1993

Drs. Anna, James, Hedy, Swandari, Sutedja, Minh
Mr. Hadyana, Yusril
Mary Jo Hansell
Carrie Hessler-Radelet

1. We visited the field (two Polindes and the District Hospital) on Monday, March 8 to view the antenatal care given and a perinatal audit. Both were extremely exciting. Antenatal visits have obviously increased at these two Polindes and reportedly at all, since the Hari Polindes Day at the end of November. The Perinatal Audit was given by Dr. Effendi (Ob/Gyn), Drs. Fatima and Susanto (Pediatricians), and Dr. Hedy re: verbal autopsy at community level. The four cases discussed are in Appendix 4A.
2. Outstanding issues/impressions from the Audit:
 - The audit is a superb way to bring together community, Puskesmas and hospital personnel. They have to talk across organizational lines and begin to understand the roots of the maternal problems.
 - According to Dr. Effendi, only one case had been made with radio contact. Typically radio contact must be made with the hospital via a Polindes located on the highest hill in the cadre's home. Not easy.
 - Plasma expanders are not part of the program at Health Center level.

- Misinformation continues to be a problem. For example, Dr. Quinn understood that only women coming to the Polindes could use the ambulance, and not if she sent a messenger to make the contact via the Polindes, but she remained home.
3. Anna wrote up the project timeline. See Appendix 4B.
 4. Given that all services interventions were in place by September 1992, it was decided to use post-September as the intervention period. IEC interventions were in place by December 1992. The Pregnancy Cohort (all those 28 weeks pregnant or less) began January 1992, with Birth Cohort starting in March 1992. A sweep was conducted in June 1992 to validate the previous 6 months (see Appendix 4C for Mr. Hadyana's sweep report).
 5. It was decided to use the June sweep as a baseline for perinatal mortality, since the other data available compare government census data in the control area, Cisalek, with RAS information from Tanjungsari (Appendix 4D). The sample size needed for significant changes in PMR is 5,891 births which is not going to happen by the time the project ends data collection (July 29, 1993) (see Appendix 4E for sample size calculation). Hence we will only be able to look at the trend over time. Even so, I recommend, and Anna agrees, that we have an expert look at the perinatal data since there has been confusion around the rates given/expected. Terry Hull or Andy Cantner were suggested names. Every six months, there should be about 1,000 births in Tanjungsari and 500 in Cisalek. From the two sweeps (June, December 1992), we know the NMR for Cisalek seemed to go from 53 to 31, and in Tanjungsari from 54 to 47. What is wrong with these data? (One thing is that both include deaths from babies through 42 days, instead of 28.) Hadyana will attempt to visit all HH where an "infant" death occurred between January-June 1992, to ascertain day of death, so that a perinatal mortality rate can be calculated. How good will these data be over one year later in some cases? How do interviewers probe for such data? According to staff report, the interviewers have no probing questions written down for the sweep (see sweep questionnaire in Hadyana's report-Appendix 4C). Could we not use information collected from the pregnancy questionnaire, although not all perinatal deaths are included (only those in pregnancy cohort would be included)? (In the sweep information, these are also the only ones included!)
 6. Referral:

Dr. Swandari provided the information in Appendix 4F. From her Table 1, it appears that about one third of pregnant women are coming to the Polindes for ANC; women can also get ANC from the GHS, Posyandu and HC. Such information may be available from the HH questionnaires and cost survey. It was decided Dr. Swandari needed two columns per Polindes to record new and repeat visits.

Her Table 2 provides numbers of emergency referrals from HC to hospitals for ANC/Birth/PP/Neonatal care. Forty referrals have been made from Polindes to

(where? - Puskesmas or Hospital - not clear.). From Table 3, it appears that nearly all referrals use radio communication (only included if contact is made - yet the antenna for the hospital went into place December 1992, so we are probably seeing Polindes-Puskesmas communication in this table and in the previous table (?). From Table 4, it appears most Polindes referrals are made by the ambulance.

Table 5, numbers of HC referrals, is misleading as these data include all people, not just pregnant women and neonates, to all places (Hasan Didikan, Alambu and District Hospital). These data need to be sorted out for pregnant women and neonates.

While Dr. Swandari has a lot of information on each Polindes' referral, she has no information as yet about referrals in the control area.

Other sources for referral information:

- **HH Questionnaire** - this is limited because it asks only about TBA referral, and we expect Bidan di desa and Bidans to be making substantial referrals as well.
- **Cost survey** - asks in-depth about last ANC visit (at 28th week) and if referred, by whom, and did they comply, why not, etc. This is repeated at 42 days for Delivery - who referred, did you deliver there (why not, or if did not comply, why not?) (only ask why about first place sought care or why not sought care in case of newborn check-up).
- **Carrie** stated she could follow up social marketing with focus groups/in depth questions (which?) on pregnant women and those already delivered who had been referred, and why or why did they not comply (4 groups). This would be most useful as little ideas about compliance with referral advice anywhere.

It was decided to hire a consultant to assist Anna to pull together all pieces of information on referral to determine areas needing further research and to follow up as directed (e.g., assist with IEC focus groups, look into referral patterns in the control areas). We met Claudia Williams on March 10 and with Anna's request, I'll proceed with the paper work.

7. **IEC:** A baseline was carried out in November in the intervention area only, monitoring continues monthly with exit interviews and Polindes' observations. As there is no information on the knowledge of danger signs in the control area, we talked of carrying out a post-survey (?) there. There has been a national Posyandu poster campaign on the 5Ts (weight, BP, TT, fundal height, iron tablets) that could possibly signal danger signs in some women. Carrie will follow up with Kim.
8. **Cost Study:** Dr. Yusril presented the institutional costs of the Polindes (Appendix 4G). Not included in these costs are major inputs, such as use of ambulance, bidan/doctor salaries, radios and drugs. Some drugs may be included in the

bidan/doctor charges, but the TBAs have no drugs. As seen in Appendix 4G the fixed and variable costs vary depending on whether the Polindes is in a TBAs, cadre's or other's home.

The bottom line is cost/birth. I am not sure if this is really cost/birth that takes place in the Polindes or cost/pregnant women who comes to the Polindes. Obviously the Polindes offer a greater benefit than just berthing, such as immunizations, first aid, and prenatal care. These should be built into the benefits (or denominator) side of the equation, with appropriate inputs into the numerator. This would be a fairer picture of what the Polindes are worth.

The second page of Appendix 4E presents the costs charged per Polindes per provider, plus the maintenance charge. There is wide variation quoted by the provider and these may be even broader if women were asked what was charged. It is not clear to me how the costs shown would be used in the cost study, if at all.

In the 28 week cost survey fielded, 662 women from both the control and intervention areas have been interviewed. The 42 day cost survey will be fielded in the end of April with data analysis in May. Yusril and Mary Jo are working on these data.

9. Death Data: Dr. Minh presented the death reports from the control and intervention areas (Appendix 4H). Not all deaths have been followed up in Cisalek but they will be. These data are from March 1992 - February 1993. They are available by month, which is useful since the intervention went in at different times per village.

The MM Ratio appears lower in the intervention area but the numbers are small. The RAS had a MMR of ? The PMRs did not include all deaths in Ciselak, nor all births (only live births). When all SB and ENDs are included, the PMRs are 45.5 and 44.7 for the intervention and control areas respectively. (Please send me the calculations from the PMR, as not clear what denominators were used.) In the Table, entitled "Distribution of Causes of Stillbirth by mother's Condition," it appears that most asphyxia deaths would not be classified by maternal conditions, or secondly were unrelated to maternal conditions. It turns out that included in the 760 category is hypertension, which may be related to maternal condition. More supervision is required of this work, as is true of most work presented. Anna suggested that all causes of SB and END be related to maternal condition. Also that the PMR CSB and END be presented by birthweight and the SBs by macerated condition.

10. Utilization of Services: Dr. Sutedja presented the use of services information for the Tanjungsari Puskesmas and Posyandu (Polindes' data are included in the Posyandu data) based on the Puskesmas Integrated Official Monthly Reports (Jan - Dec 1992, Appendix 4-i). No comparable data were presented from the control areas, but is needed for comparison. (Summarized in the following Tables 1 - 3.)

Table 1 Birth Site in Tanjungsari Kecamatan

Area	Births (#)	Home	Pounds	Puskesmas	Hospital
Tanjungsari	897	78.3	2.5	5.6	13.7
Sukasari	352	85.8	7.1	0.9	6.3
Cilembu	310	85.8	10.3	0.3	3.5

As we move away from the 20 bed Puskesmas of Tanjungsari more deliveries take place in the Polindes and with TBAs and fewer in the Puskesmas and hospital with trained health personnel.

Table 2 Birth Attendant, Tanjungsari Kecamatan (%), March-Dec 1992

Area	Births (no.)	TBA	Health Staff
Tanjungsari	897	76.5	23.5
Sukasari	352	87.2	12.8
Cilembu	310	90.6	9.4

Table 3 Other Care Provided at Polindes and Puskesmas (absolute numbers), Tanjungsari Kecamatan, Jan 1 - Dec 31, 1992.

Area	ANC		Infant Care		Infant Weighing	
	Pus	Pol	Pus	Pol	Pus	Pol
Tanjungsari	730	573	427	644	400	600
(%)	56	44	40	60	40	60
Sukasari	136	479	279	424		267
(%)	22	78	40	60		100
Cilembu	351	76	19	417		270
(%)	82	18	4	96		100

As can be seen in Table 3, most of the ANC is provided at the Puskesmas level, probably because the Puskesmas at Tanjungsari and Cilembu (Dr. Quinn) are particularly active. The IEC campaign publicizing the Polindes happened in late November. From the monthly records, at the Polindes we saw that the numbers attending since then for ANC have increased dramatically.

To make the above information useful for a paper, we need:

- comparable information from the central area
- coverage (how many total pregnant women, infants, actually reaching
- data available from sweeps, HH questionnaires
- data split by before/after intervention

You will then have two comparisons - before/after in Tanjungsari and control/intervention.

11. Scoring of Pregnant Women

Appendix 4J presents the score system at the Polindes. The cadres have been trained (by Dr. James/Hedy??) to do the scoring with the bidans (?). The score has been added to the Ibu Hamil card retained by the mother. A stamp on the Puskesmas screening form allows for this score to be added to the Bidan's form. (Is this true? When did the risk score, training of cadre, bidans, and risk score stamp on Puskesmas ANC form go into effect?)

12. Comments

- Anna presented Dr. Nardho with a proposal for \$36,000 to continue monitoring the project areas until Dec 1993 - 1 year following the IEC intervention. This would be extremely useful to do given the extensive inputs into the project. Nardho's response was that he would discuss it with the provincial officials.
- The project was presented to the West Java provincial officials last September, and although it seemed to be well-received, no info/discussions about future directions are available, except that the officials seem to want to build Polindes in many places. Anna/James are stressing on the need for IEC. It is not clear to me what the bottom line is on Polindes - are they cost-effective (for what?); are they useful for the bidan di desa (of which the project has 5 but they do not seem to remain at Polindes which continue to provide ANC with bidans only on a weekly basis (true?)).
- The project has a number of staff member following up on various themes aimed at the six or seven papers detailed in Barbara Kwast's last trip report (TR #9). I suggest strongly that the number of papers be reduced to two or three, and the various themes being followed be better supervised such that they directly relate to the two or three papers. The three papers I suggest are:

Dr. Anna's: Do Transport and Communications Improve Accessibility of Maternity Services and Reduce Perinatal Mortality?

Themes incorporated would be the RAS tables (which I would like to see), referral data (as discussed with you, Carrie, and Mary Jo, bringing in Dr.

Swandaris information. I await your conceptual framework on referral patterns); social marketing information from Suzanne and Carrie re: baseline and post evaluation in both the control and intervention areas and useful insights from the monitoring data. "Improving accessibility" could come from the type of data presented by Dr. Sutedja, but again you need information from the control area, or will you take this information for the HH questionnaires? Perinatal mortality data should be pre/post as determined by the sweeps with trend information by month since the services and IEC interventions have gone into place. I would appreciate seeing as soon as possible, an outline for this paper, dummy tables, and comparative baseline information from the control and intervention areas, as requested in my memo to Anna of _____.

James: Does the Provision of Maternity Services Closer to the People Improve use of services per se.

Please translate your outline and dummy tables for me soonest (Bahasa version - Appendix 4K). It was very unfortunate we did not get to discuss this paper and I apologize.

Yusril/MJH/Hedy: Does the Intervention of Village-based Maternity Care Improve Use of Services? Is it Sustainable and Replicable?

This would draw together the three papers listed for Yusril, Mary Jo and Dr. Hedy. Although you haven't worked together on it, a major factor in replicability and usefulness to other Kecamatans of this intervention is the cost. Please discuss whether it is useful to combine these ideas/papers into one outline and get back to me with individual or a combined outline(s) with dummy tables.

Because of the July 29th stop date for all papers, work on your papers needs to begin immediately. Let me know soonest what you think of the above suggested.

Low Birthweight Project - University of Padjadjaran, Bandung

Dr. Anna Alisjahbana

A second draft of a report was handed to us for review. MAA gave extensive comments to Anna on her first draft (which are not included in the second draft as this was given to us prior to receiving comments). A final version is expected in April!

Government Meetings - Jakarta, March 1, 11, 12, 1993

Prof. Sumarmo, LitBangKes

Dr. Fazli, BAPPENAS

Dr. Nardho Gunawan, MOH (met two times)

1. **The Government's interest in Safe Motherhood is obvious. They have already trained and deployed a few thousand bidan di desas, who receive salary from the government, but no housing and only a midwifery kit. What drugs are available to her is not clear to me. What one charges may be determined locally, given the experience cited in Tanjungsari. Supervision and coordination with Puskesmas staff are still being researched through the MOH/LitBangkes (?). They anticipate training a bidan di desa for all 67,000 villages throughout Indonesia.**

The training of one year post three years of nursing was criticized by researchers as too little. Previously midwives had three years obstetrics training; this was held up as the gold standard. Where training is done is also discussed widely as it seems many of the midwifery training sites were closed at one point.

2. **CHN3, the new World Bank loan being implemented in 1994 (?), charges five provinces with developing their own Safe Motherhood programs. The five provinces are West Java, Central Java, Moluccas, Irian Jaya and NTT. Anna has already made a presentation to the West Java provincial officials, but there has been no follow-up. Dr. Nardho stated he would discuss her proposal for continuing monitoring the project with the Kanweal in charge.**
3. **There was a National Household Health Survey carried out in 1992, with 66,000 HH's covered in the 27 provinces, including 2000 pregnant women. Fifty-eight percent of pregnant women are anemic; as diagnosed by the filter paper, cyano method. In Bali and North Sunatra, 80% of pregnant women are anemic. The survey was carried out by the doctors of the Puskesmas. (?)**

From the PhD dissertation work of Dr. Adidiko of UI, FKM, 43% of pregnant women were found anemic, with 16% LBW.

An Executive Summary of the National HH Survey is available and will be sent via the Mission to MAA (?)

4. **Potential National Seminar**

To publicize lessons learned from the MotherCare projects, we discussed the possibility of a national seminar with all officials, researchers and the USAID Mission staff. According to government officials, it is best to hold it after data analysis and write up are complete, before next April which is the next planning round, and preferably before Lebaran next year (February).

Participants suggested include:

- all Kanweals
- CHN3 researchers - Dr. Alex, UI; Dr. Hakimi, Gadjah Mahla
- Dr Adidiko, UIFKM (interests-anemia, LBW)
- Dr. Subagio, LitBangKes, Surabaya
- Dr. Vijayanti, Ambon (SEARO Funded to experiment with TBA training in hospital for two weeks on neonatal care vs traditional training.)
- Coordinating Task Force for Safe Motherhood chaired by Dr. Nardho
- Steve Robertson - PCI in Moluccas (TBA training)
- NGOs: SCF, PCI, YIS, YKB, PATH; World Vision (Dr. Mary - UI/FKM), PKBE (FP/STDs)
- Other: PerinAsia (Delivery position in Eastern Islands), IBI, Med Associ., Nursing Assoc.
- Government: Ministry of Women's Affairs, Ministry of Civil Works (re transport), Ministry of Agriculture (re: nutrition)

4. The Ministry of Women's Affairs is crucial to Safe Motherhood. The Rp 500 million available to extend Poedje's project throughout East Java is through the Vice Governor who holds these funds from the Ministry of Women's affairs. (Is this true of all provinces?) Contacts are Bu Aki Luhulina and Bu Fatima; Pak Sapardon is Assistant to the Minister. We need to make contact with them to publicize MotherCare's work.

5. The Bidan training is mandated in a Presidential Decree, that is all sectors must work together on it. Other Safe Motherhood activities may need to go via this route.

6. A National Situational Analysis, written by Dr. Fazli and UNICEF should be available soon.

7. Themes Suggested for Seminar

- Productive roles of women and impact on maternal health
- Behavioral change re site/attendant of delivery
- Costs of maternal health
- District team problem solving - Puskesmas level teams (? need more info)
- How to reach targets from UNICEF
 - Three targets deal directly with women:
 - MMR
 - Anemia
 - Nutritional status
- Monitoring/evaluation of programs
(build on BVSZIA-local monitoring of MCH)

USAID Mission Meeting - Jakarta, March 1, 11, 1993

Ken Farr
Bu Ratna
Mike Linnan

1. The need for consultants for the various projects was discussed:
 - Surabaya - Barbara Kwast, Glenn Melnick
I will send their time availability to Mike who will follow up with Poedje
 - Regionalization - Terry Hull, Andy Kantnor - perinatal mortality
- Claudia Williams - data on referral
2. National Seminar - It was discussed when this could be held - end of September or after the New Year. While it would be best for MotherCare that it be held in September, this is not possible due to the termination of MotherCare by September 31, 1993. As three of the projects will also not have data analyzed yet, it is better to hold it when the data are available.
3. Carry-over Activities

East Java Safe Motherhood data and analysis of Regionalization April-July Data will be carried forward in the next project. Analysis and write-up of the BV data will also be carried out by November by Dr. Ridivan. The GDS write-up is exactly on the cut-off timing due to the time needed for analysis of samples in Kansas.
4. Mission plans for the future are for two bilateral health-related projects: Financing and Policy (title ?), and AIDS/STDs. While maternal concerns could be followed up in both, replication of MotherCare pilots on a larger scale is not being planned. Hence, it becomes even more important to dialogue and link with MOH, Ministry of Women's Affairs, BAPPENAS, the World Bank and ADB, so have lessons learned utilized.

Follow-up Activities

1. Letters to Drs. Poedje and Anna re: evaluation frameworks, final report, publications and TAG presentations.
2. Short, glossy, documents of projects in English and Bahasa for distribution in Indonesia. Mary Jo may assist.
3. Continue to think about/plan for national seminar; tentative agenda topics and possible participants.

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DRAFT

APPENDIX 1

BV Project Presentation

March 3, 1993

**Dr. Ridwan Joseof
Dr. Hanny Sumampow**

Mar 3, 1993 BV Project

Expd: 354 at beginning

310-320 est. in reality - end of Mar.

Deliveries - by end Aug 93

2x/mo. send data to UT, end of Mar data collected/entered

Mar 31 data collected; Jkt+Surab. - ~350 b. This by time of report MC.

Table 1: Number of Enrollment, Delivery, and Home Visit by Clinic Bacterial Vaginosis Study--Surabaya (As of Feb. 20, 93)

Clinic	Enrollment		Delivery		Home Visit
		Not Yet	In Clinic	Outside Clinic	
Bendulmerisi	32	6	18	8 (31%)	8
Tambakrejo	98	44	30	24 (44%)	18
Polihamil I	110	41	31	33 (55%)	33
Polihamil II	45	21	15	9 (38%)	7
Total	285	112	94 ¹¹ <i>not all delivered</i>	79 (46%)	66

Percent of Delivery Outside of the Clinic = 46%
 Percent of Home Visit = 84%

At end of proj. - 750 births / 900 desired initially
 loss to fu = 650 out of total
 80% power (11 no. of) 10-15% prematurity

Incidence of BV = 20% (with placebo)

BV often w/ pharyngitis - treat w/ chlan.

often w/ trich - do not treat w/ trich.
 ~50% w/ trich (wet mount)
 10% in state

Dr. Henry
 Dr. Warsanto
 Dr. Bagus - Sec. Under follow up.
 Start ~~Mar~~ Mar 1 - Aug '93

Placenta given to P for burial - (hosp / Jkt / Surab.)

Table 2: Number of Patients by Results of Home Visit and Clinic

Clinic	Home Visit	Delivery		Loss of Follow-up	
		In Clinic	Outside Clinic		
			Doctor/ Midwife	Traditional* Midwife	
Bendulmerisi	8	0	6	1	1 (13%)
Tambakrejo	18	2	8	1	7 (39%)
Polihamil I	33	14	13	1	5 (15%)
Polihamil II	7	1	5	1	0 (0%)
Total	66	17	32	4	13 (20%)

* No information on infant birth weight

¹⁴¹
Of the 160 deliveries, 13 (8%) were lost to follow-up

Unicef scales used by midwives

Kenal (UT-HSR) - anal & date
 MSH - write mc report.

Redwan & June
 Sept/Oct } return

Causes of prematurity

- 300-400 placenta previa/yr. in hosp among 5000 del.
 causing much prematurity

- PROM

< 2500 gr - do Dubowitz. (otherwise on LMP)
 If > 2500 gr. no Dubowitz.

APPENDIX 2A

**GDS Progress Report
March 1993**

**Dr. Marsianto's Presentation
March 3, 1993**

MARJORIE A.KOBLINSKY, Ph.D.
MOTHERCARE PROJECT DIRECTOR
JONH SNOW, INS.
1616 N. FORT MYER DRIVE, 11th FLOOR
ARLINGTON, VIRGINIA 22209

Dear Dr.Koblinsky

We submit the Progress Report from GDS Trial on February 28th, 1993.

This Progress Report covers the period from June 1992 to February 28th, 1993.

As we have mentioned on the Progress Report I date on November 15, 1992 there were some changes of the study schedule due to the logistical problems so the revised time table are under the following section :

- A. Preparation activity : January 1992 - June 1992
- B. Materialization of equipment : 15 days (September 1992)
- C. Training : 15 days (October 1992)
- D. Enrollment : 90 days (october 1992 -
(December 1992)
- E. Data Entry and cleaning :
 - Trial 1 : 120 days (January 1993 - April 1993)
 - Trial 2 : 90 days (January 1993 - March 1993)
- F. Data Analysis : 60 days (May - June 1993)
- G. Report and Writing : 15 days (July 1993)

SECTION A : PREPARATION ACTIVITY

See Progress Report I

SECTION B : MATERIALIZATION OF EQUIPMENT

See Progress Report I

SECTION C : TRAINING

See Progress Report I

SECTION D : ENROLLMENT

Study I.

We have enrolled 310 pregnant women to participate this study from 746 pregnant women attending Dr. Soetomo antenatal clinic Unit I and Unit II. A prevalence about 41,5 %. The microcuvete needed are 746 pieces (about 4 boxes)

Study II.

The enrollment of study 2 began two weeks after study I start. We could only enroll 200 non pregnant women because the prevalence of anemia among non pregnant women is only 20 %. We had screened 816 women from Mojo village to get 200 anemia women. The microcuvete needed are 816 pieces (4 boxes) We can not enroll more because the rest of microcuvete left had been used for follow up mother in study I , and for training.

PROBLEM ABOUT DRUGS ALLOCATION DURING ENROLLMENT

We received 12 boxes of drugs consist of 6 boxes of GDS, 2 boxes GDS - 1420 , 2 boxes GDS 6925 and 2 boxes GDS 3163. Since we assumed that our proposal is accepted (double blind and all the drugs are provided from USA) so we distributed this drugs as follow :

Study I (Pregnant women)

Unit I : GDS and GDS 1420

Unit II : GDS and GDS 6925

Study II (Non pregnant women) : GDS and GDS 3163

SECTION E : DATA ENTRY

STUDY I PREGNANT WOMEN :

Until February 28th, we had accomplished the enrollment (310 anemic pregnant mother), and the drugs distribution are as follow :

Unit I : 254 mother (126 took GDS, 128 took GDS 1420)

Unit II : 56 mother (27 took GDS, 29 took GDS 6925)

Pregnant mother came 4 times (120 days treatment) are 53 women consist of :

Unit I : 39 mother (20 took GDS , 19 took GDS 1420)

Unit II : 14 mother (6 took GDS , 8 took GDS 6925)

Pregnant mother came 3 times (90 days treatment) are 140 women consist of :

Unit I : 62 mother (33 took GDS , 29 took GDS 1420)

Unit II : 25 mother (12 took GDS , 13 took GDS 6925)

Pregnant mother came 2 times (30 days treatment) are 57 women consist of :

Unit I : 40 mother (22 took GDS , 18 took GDS 1420)
Unit II : 17 mother (9 took GDS , 8 took GDS 6925)

Pregnant mother came 1 times (enrollment) are 24 women all from Unit I : 11 took GDS , 13 took GDS 1420.
Until February 28 th, 1993 there are 221 pregnant women accomplished the follow up according to the time schedule.
There are 89 pregnant women failed to accomplished the follow up schedule (the drop rate is $89/310 \times 100 \% = 28,7 \%$)

STUDY II : NON PREGNANT MOTHER

Until February 28 th, 1993 we enrolled 200 non pregnant anemic women whose 100 women took GDS and the rest took GDS 3163. Women came 3 times (60 days treatment) total are 41, whose 22 took GDS and 19 took GDS 3163.
Women came 2 times (30 days treatment) total are 131, whose 64 took GDS and 67 took GDS 3163.
Until February 28 th, 1993 there are 172 non pregnant anemic women accomplished the follow up according the time schedule.
There are 28 women failed to accomplished the follow up schedule (the drop rate is $28/200 \times 100 \% = 14 \%$)

PROBLEM DURING DATA ENTRY

1. Drugs problem

Since we did not use local drugs as control instead using GDS 1420 and GDS 6925 as control on pregnant women but there are no more supply from USA than we need more GDS 1420 and another kind of drugs to substitute the GDS 1420 for non pregnant women.

2. Microcuvete problem

Due to misprediction of the prevalence of anemia among non pregnant mother we need more microcuvete than we plan.

SUGGESTION

Base on the physiology of anemia treatment, the result of Fe supplementation will appear after the 60 days treatment on non pregnant women and 90 days treatment on pregnant women, we suggest to end study I after 90 days treatment and study II after 60 days treatment.

If we revised as above , the need of drugs are as follow :

GDS 1420 : 44 boxes (stock available are 70 boxes, exess 36)
GDS 6925 : 29 boxes (stock available are 127 boxes, exess 98)
GDS 3163 : 44 boxes (stock available are 91 boxes, exess 47)
GDS : 120 boxes (stock available are 180 boxes, exess 60)
Total exess : 241 boxes

The need of microcuvete with such arangement above are :

Study I : 241 pieces

Study II : 134 pieces

Total need are 375 pieces, available stock are 4 boxes (800 pieces) exess stock are 425 pieces (2 boxes)

If we want to add 100 non pregnant anemic women more , the drugs we need are 2×100 boxes = 200 boxes (stock available are 241 boxes , the exess are 41 boxes).

The microcuvete we need to add 100 cases more are :

Enrollment (28,7 % prevalence) = 400 pieces (2 boxes)

Follow up : $2 \times 100 = 200$ (1 boxes)

Total microcuvete we need are 3 boxes, available stock are 2 boxes , than we need 1 box of microcuvete more

SECTION F,G NOT YET PERFORMED

TIME TABLE QDS IRON TRIAL

MONTH	OCT 92	NOV	DEC	JAN 93	FEB	MAR	APR	MAY	JUN	JULY
ENROLLMENT	[Bar]									
ENTRY & CL. TRIAL 1	[Bar]									
ENTRY & CL. TRIAL 2	[Bar]									
ANALYSIS TRIAL 1										
ANALYSIS TRIAL 2								[Bar]		
REPORT & WRITING								[Bar]		

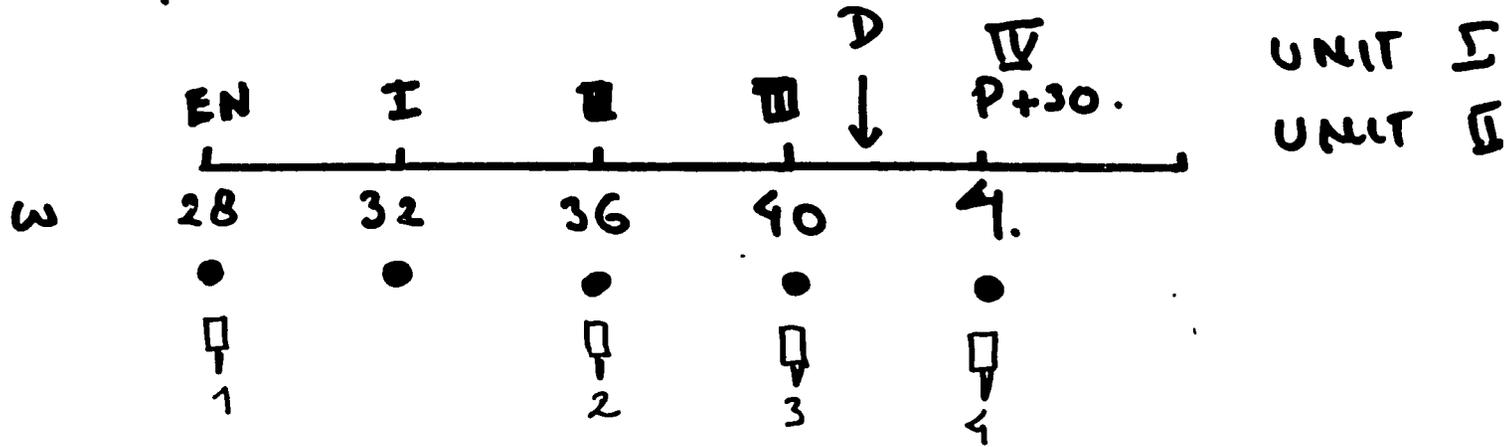
20

DRUG DISTRIBUTION AMONG QDS WOMEN

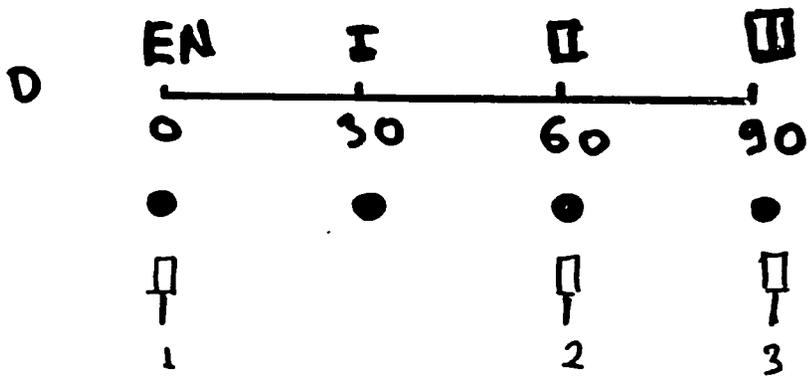
PRINCIPE : DOUBLE BLIND ODD : PLAC / FE. EVENT : QDS

	PLAC / FE	QDS
PREGNANT WOMEN		
UNIT I	1420	QDS
UNIT II	6925	QDS
NON PREGNANT WOMEN	3163	QDS
	+ 2124	

PREGNANT : 300



NON PREGNANT : 300



HC: MOJO

DRUGS

	<u>NEED</u>	<u>STOCK</u>	<u>+/-</u>	
<u>1420</u>	44	70	+ 36	BOXES
<u>6925</u>	29	127	+ 98	(30 TABL EACH)
<u>3163</u>	44	91	+ 47	
<u>9DS</u>	9DS	9DS	9DS	
• UNIT I	44	↓	↓	$\begin{array}{r} 300 \\ 241 \\ \hline 59 \text{ MICRO} \\ \hline 4-1 = 3 \text{ MICRO} \end{array}$
• UNIT II	27			
• NON. PREG.	49			
	<u>120</u>	<u>180</u>	<u>60</u>	
			<u>241</u>	BOXES.

NOTE:

PREGNANT: 4x (WITHOUT PUERP) - 300 CASES

NON PREGN: 3x (ORIGINAL 4x) - 200 CASES

TO ADD 100 NON PREGN. CASES:

• MICROCUV: ENROLL: 6x100 = 600 = 3 BOXES
 FOLL. UP: 2x100 = 200 = 1 BOXES

• DRUGS: 4041 = 3x100 = 300 BOXES (30 TABL EACH)

MICRO CUV.

PREGN. UNIT I

UNIT II

NON PREGN:

NEED

189

52

134

375

STOCK

+/-



600 + 225

(3 BOXES)

PREGN: 4x (WITHOUT PUERP)

NON. P: 3x.

MICRO CUVETTE

ENROLLMENT

PREGNANT

40%

300 mother

2600 = 800 micro cuv

13 BOXES = 4 BOXES

NON PREGN

15%

300 mother

1800 micro cuv

9 BOXES

FOLLOW UP

300 x 4 mother

1200 micro cuv

6 BOXES

300 x 3 mother

900 micro cuv

4 1/2 BOXES

10 BOXES

+

13 1/2 BOXES

= 23 1/2 BOXES.

1ST
RECEIVE = 11 BOXES = 2200.

ENROLL	3x	2x	1x	F.U	DO
3163 QDS					

NON
PREGN

100	100	19	22	44	49	-	-	63	71
				(23)	(15)			(86)	(86)

TOT.

200	41	93	-	134	
		(38)		(38)	
200	41	131		172	28

MICRO
CUV.
need

134	(3x)
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DRUG
need

44	49
	<hr/>
	120

APPENDIX 2B
Compliance Questionnaire

d. Marital status

- 1. Married
- 2. Not married

3. Husband :

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e. Duration of pregnancy : weeks

j. Last menstrual

:

periode

III. GASTRO INTESTINAL PROBLEMS

a. Appetite

- 1. good
- 2. decrease
- 3. loss of appetite

a.

b. Bloating :

- 1. never
- 2. rare
- 3. always

b.

c. Nausea :

- 1. never
- 2. rare
- 3. always

c.

d. Vomitting :

- 1. never
- 2. rare
- 3. always

d.

e. Heartburn :

- 1. never
- 2. rare
- 3. always

e.

f. Abdominal pain

- 1. never
- 2. rare
- 3. always

f.

IV. DEFAECATION PROBLEM

a. Efforts

- 1. easy
- 2. sometime difficult
- 3. difficult

a.

b. Frequency :

- 1. once a day
- 2. twice a day
- 3. more than twice

b.

c. Consistency :

- 1. hard
- 2. normal
- 3. soft

c.

d. Color :

- 1. yellow
- 2. brown
- 3. black

d.

V. PHYSIC

a. height : cm

b. weight : kg gr

c. blood pressure: sistole diast.

d. upper arm circumference: cm.

e. fundal height : cm

f. fetal heart sound :
1. positive
2. Negative

g. fetal position :
1. head
2. breech
3. transverse

VI. LABORATORY :

1. Hb : gr%

GDS STUDY TRIAL I (PREGNANT WOMEN)

FOLLOW UP

I. RECORD AND IDENTIFICATION

a. Number of follow up

- 1. first follow up
- 2. second
- 3. third
- 4. fourth

b. time of visit

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c. Location RSUD Dr. Soetomo : Unit I / Unit II.

d. Study number :

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e. Hospital number :

--	--	--	--	--	--	--	--

f. Name :

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g. Address :

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

h. Duration of pregnancy :

--	--

 weeks

III. GASTRO INTESTINAL PROBLEMS

a. Appetite

- 1. good
- 2. decrease
- 3. loss of appetite

a.

b. Bloating :

- 1. never
- 2. rare
- 3. always

b.

c. Nausea :

- 1. never
- 2. rare
- 3. always

c.

- d. Vomitting : d.
 - 1. never
 - 2. rare
 - 3. always

- e. Heartburn : e.
 - 1. never
 - 2. rare
 - 3. always

- f. Abdominal pain f.
 - 1. never
 - 2. rare
 - 3. always

IV. DEFAECATION PROBLEM

- a. Efforts a.
 - 1. easy
 - 2. sometime difficult
 - 3. difficult

- b. Frequency : b.
 - 1. once a day
 - 2. more twice a day
 - 3. more than twice

- c. Consistency : c.
 - 1. hard
 - 2. normal
 - 3. soft

- d. Color : d.
 - 1. yellow
 - 2. brown
 - 3. black

V. DRUGS ACCEPTIBILITY

- a. Number of drugs lefttablet

- b. Cause of drugs left

 - 1. forget
 - 2. appetite disturbance
 - 3. nausea
 - 4. vomitting
 - 5. abdominal pain
 - 6. defaecation disturbance
 - 7. diarrhea
 - 8. changes of stool color

V . PHYSIC

a. weight

--	--

kg

--	--	--

gr

b. blood pressure

--	--	--

sist.

--	--	--

dias.

c. upper arm
circumference

--	--

cm

d. fundal height

--	--

cm

e. fetal herat sound

1. positive

2. negative

--

f. fetal position

1. head

2. breech

3. transverse

--

GDS STUDY TRIAL I (PREGNANT WOMEN)

*gestational
age?*

PUERPERIAL FOLLOW UP

I. RECORD AND IDENTIFICATION

a. Number of follow up : a.
1. first follow up
2. second
3. third
4. fourth

b. Time of visit

c. Location RSUD Dr. Soetomo : Unit I / Unit II.

d. Study number :

e. Hospital number :

g. Name :

c. Address :

9. Baby age : days

II. DELIVERY HISTORY

a. Time of delivery :

b. Method of delivery:
1. Spontaneous
2. Assisted (vaginal operation)
3. Abdominal operation

c. Birth weight : gr

d. Hospital stay of baby : days

e. Complication of the baby :

f. Hospital stay of : days
mother

g. Mother complication during delivery :

i. Mother complication after delivery :

III. GASTRO INTESTINAL PROBLEMS

a. Appetite :
1. good
2. decrease
3. loss of appetite

b. Bloating :
1. never
2. rare
3. always

c. Nausea :
1. never
2. rare
3. always

d. Vomitting :
1. never
2. rare
3. always

e. Heartburn :
1. never
2. rare
3. always

f. Abdominal pain :
1. never
2. rare
3. always

IV. DEFAECATION PROBLEM

a. Efforts :
1. easy
2. sometime difficult
3. difficult

b. Frequency :
1. once a day
2. twice a day
3. more than twice

c. Consistency :

- 1. hard
- 2. normal
- 3. soft

c.

d. Color :

- 1. yellow
- 2. brown
- 3. black

d.

V. DRUGS ACCEPTIBILITY

a. Number of drugs lefttablet

b. Cause of drugs left

- 1. forget
- 2. appetite disturbance
- 3. nausea
- 4. vomitting
- 5. abdominal pain
- 6. defaecation disturbance
- 7. diarrhea
- 8. changes of stool color

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

VI. LACTATION PROBLEM

1. Lactation performance

- a. Total
- b. Partial
- c. Never

2. Quantity of breast milk

- a. enough
- b. small amount
- c. empty

VII. PHYSIC

1. Weight

kg

2. Blood pressure

3. Upper arm circumference

cm

4. Fundal height

cm

5. Vaginal bleeding

- a. yes
- b. no

b. Bloating :
1. never
2. rare
3. always

b.

c. Nausea :
1. never
2. rare
3. always

c.

d. Vomitting :
1. never
2. rare
3. always

d.

e. Heartburn :
1. never
2. rare
3. always

e.

f. Abdominal pain
1. never
2. rare
3. always

f.

IV. DEFAECATION PROBLEM

a. Efforts
1. easy
2. sometime difficult
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a.

b. Frequency :
1. once a day
2. twice a day
3. more than twice

b.

c. Consistency :
1. hard
2. normal
3. soft

c.

d. Color :
1. yellow
2. brown
3. black

d.

V. FAMILY PLANNING AND OBSTETRIC HISTORY

a. Method of Contraception

1. no contraception
2. calender
3. coitus interruptus
4. condom
5. oral pill
6. injectable
7. implant
8. IUD
9. female steriliation
10. male steriliation

a.

b. Duration of last contraception method

b.

c. Obstetric History

1. Number of living children
2. Number of abortion
3. Number of premature delivery
4. Number of term delivery
5. Age of last child

VI. MENSTRUAL HYSTORY (THE LAST 3 MONTH)

a. Regularity of menstruation

1. Regular
2. Irregular

a.

b. If regular please answer this :

1. Days between two cycles
2. Duration of menstruation
3. Total vaginal pads needed

b.

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

V. PHYSIC

a. height : cm

b. weight : kg gr

c. blood pressure: sistole diast.

d. upper arm circumference: cm.

VI. LABORATORY :

1. Hb : grt

GDS STUDY TRIAL II (NON PREGNANT WOMEN)

FOLLOW UP

I. RECORD AND IDENTIFICATION

- a. Number of follow up
 - 1. first follow up
 - 2. second
 - 3. third
 - 4. fourth

b. time of visit

c. Location : RW

d. Study number :

e. Name :

f. Address :

III. GASTRO INTESTINAL PROBLEMS

- a. Appetite
 - 1. good
 - 2. decrease
 - 3. loss of appetite

a.
- b. Bloating :
 - 1. never
 - 2. rare
 - 3. always

b.
- c. Nausea :
 - 1. never
 - 2. rare
 - 3. always

c.
- d. Vomitting :
 - 1. never
 - 2. rare
 - 3. always

d.

e. Heartburn :
1. never
2. rare
3. always

e.

f. Abdominal pain
1. never
2. rare
3. always

f.

IV. DEFAECATION PROBLEM

a. Efforts
1. easy
2. sometime difficult
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a.

b. Frequency :
1. once a day
2. more twice a day
3. more than twice

b.

c. Consistency :
1. hard
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c.

d. Color :
1. yellow
2. brown
3. black

d.

V. DRUGS ACCEPTIBILITY

a. Number of drugs lefttablet

--	--

b. Cause of drugs left
1. forget
2. appetite disturbance
3. nausea
4. vomitting
5. abdominal pain
6. defaecation disturbance
7. diarrhea
8. changes of stool color

V . PHYSIC

a. weight

--	--

 kg

--	--	--

 gr

b. blood pressure

--	--	--

 sist.

--	--	--

 dias.

c. upper arm
circumference

--	--

 cm

**PROGRAM PERBAIKAN GIZI
PENANGGULANGAN KURANG DARAH
PADA WANITA INDONESIA**

**DINAS KESEHATAN KOTAMADYA SURABAYA
DAN
RSUD DR. SOETOMO**

BUKU PESERTA

N A M A : :

ALAMAT : :

NO. PESERTA :

**LOKASI : - KEL. MOJO
- RSUD DR. SOETOMO UNIT I
- RSUD DR. SOETOMO UNIT II**

1. ANEMIA PADA WANITA

- Remaja/karyawati/pelajar/mahasiswa/wanita karir
- Ibu rumah tangga
- Ibu Hamil
- Manula



2

2. APAKAH ANEMIA ITU ?

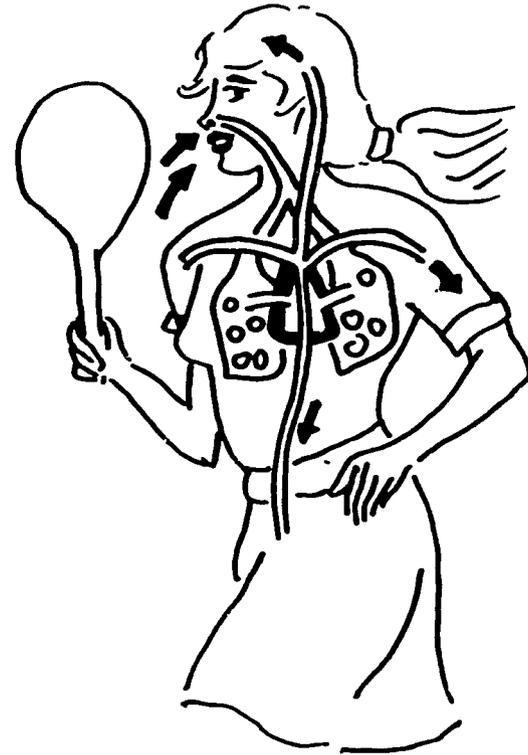
Anemia adalah kurangnya zat haemoglobin pada darah. Haemoglobin berguna untuk membawa zat asam (oksigen) dari paru-paru ke jaringan tubuh (otot, jantung, otak, kandungan).

Oksigen adalah bahan bakar supaya jaringan tersebut dapat bekerja.

Kekurangan haemoglobin menyebabkan terganggunya fungsi otot (tangan, kaki) jantung, otak dan kandungan.

Anemia sering disertai keadaan kurang gizi.

Haemoglobin normal lebih dari 10 gr %.



3

3. GEJALA/TANDA-TANDA ANEMIA

Tahap awal : Tanpa gejala, Tanpa keluhan.

Tahap lanjut : Letih/Lesu, Cepat lelah, Berdebar.
Pusing, Mual, Keringat dingin, Pucat.



4. AKIBAT ANEMIA PADA REMAJA/KARYAWATI/
PELAJAR/MAHASISWI/IBU RUMAH TANGGA/
WANITA KARIR.

- Cepat lelah
- Lesu, pusing
- Sukar berkonsentrasi
- Prestasi belajar/bekerja menurun
- Gangguan haid



5. AKIBAT PADA IBU RUMAH TANGGA

- Cepat lelah, Lesu, pusing
- Pekerjaan Rumah Tangga sering tak terselesaikan
- Sulit hamil/punya anak
- Mudah tersinggung/marah.



6. AKIBAT PADA IBU HAMIL
(BILA BERHASIL HAMIL)

- Mudah capai
- Sering berdebar, sesak
- Sering mengalami keguguran (abortus)
- Sering lahir sebelum waktunya/kurang umur (prematurn)
- Ibu lemah, tidak kuat mengejan, persalinan lebih lama dan sulit (sering timbul komplikasi)
- Mudah mengalami perdarahan setelah melahirkan sehingga perlu diinfus/transfusi
- Mudah mendapat infeksi karena tubuhnya lemah.
- Bayi yang prematur/kecil lebih lemah sering menderita sesak dan mencret, bila tak dirawat dengan baik sering meninggal dunia.



7. AKIBAT PADA MANULA
(WANITA USIA LANJUT)

- Lebih cepat mengalami menopause (berhentinya haid)
- Dibandingkan wanita yang tidak mengalami anemi/ kurang gizi lebih sering menderita linu sendi, capai, lesu.
- Karena daya tahan tubuh/ kekebalan berkurang maka lebih sering mengalami infeksi dan menderita kanker.



8. CARA PENCEGAHAN

- Periksakan kadar haemoglobin secara teratur sebab pada tahap awal sering tanpa gejala/tidak merasa apa-apa.
- Makan makanan yang bergizi cukup mengandung karbohidrat, protein, lemak vitamin dan mineral.



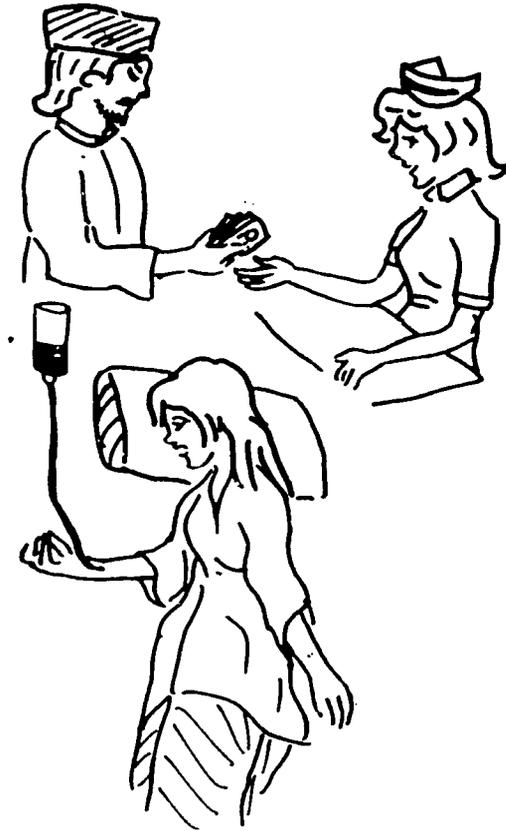
9. **PENGOBATAN ANEMIA KARENA KEKURANGAN GIZI PADA TAHAP AWAL.**

1. Hanya dapat diperbaiki dengan pemberian pil khusus yang mengandung Fe (zat pembuat haemoglobin) yang harus diminum setiap hari terus menerus secara teratur.
2. Kontrol setiap bulan untuk pemeriksaan darah sehingga dapat diketahui keberhasilan pengobatan.
3. Tidak perlu opname (masuk rumah sakit)
4. Makanan yang cukup bergizi.



10. **PENGOBATAN ANEMIA TAHAP LANJUT.**

- a. Harus masuk Rumah Sakit/ untuk pemeriksaan agar segera diketahui sebab dan komplikasinya.
- b. Bila perlu diberikan transfusi/ tambah darah.
- c. Memerlukan biaya dan waktu perawatan yang lebih banyak.





11. PETUNJUK PERAWATAN SAUDARI/IBU YANG TERMASUK ANEMIA TAHAP AWAL TIDAK PERLU RAWAT TINGGAL DAN UNTUK SEMENTARA CUKUP MINUM PIL YANG DIBERIKAN OLEH PETUGAS SECARA TERATUR SETIAP HARI DAN DATANG KONTROL SETIAP BULAN. IKUTILAH PETUNJUK YANG DIBERIKAN OLEH PETUGAS KESEHATAN (PERAWAT, BIDAN, DOKTER) DENGAN SEKSAMA. TANYAKANLAH BILA ADA HAL-HAL YANG KURANG JELAS.

- a. Apabila Saudari/Ibu beserta keluarganya setuju dengan pengobatan ini, maka setelah menandatangani surat persetujuan akan diperiksa lebih lanjut.
- b. Pemeriksaan meliputi riwayat penyakit, riwayat keluarga, berat badan, tekanan darah dan pemeriksaan/pengambilan darah.
- c. Saudari/Ibu akan mendapat 30 butir pil Fe yang harus diminum setiap hari setelah makan malam. Ingatlah/Catatlah keluhan yang Saudari/Ibu rasakan sebelum mendapat pengobatan dan selama mendapat pengobatan. Setelah satu bulan diharap saudari/ibu kembali ke Puskesmas/BKIA untuk kontrol/pemeriksaan serta mengambil pil yang baru. Apabila ada sisa pil (yang lupa diminum) harap dibawa untuk ditukar dengan yang baru.
- d. Pengobatan diberikan selama 3 bulan setelah itu saudari/ibu akan dievaluasi apakah sudah sembuh atau perlu pengobatan lebih lanjut.
- e. Khusus untuk ibu hamil pengobatan dilanjutkan sampai bayi berumur 1 bulan.

JADWAL / RENCANA PERAWATAN PERBAIKAN GIZI IBU HAMIL

- I. KUNJUNGAN PERTAMA : Tgl.
 1. Pemeriksaan Haemoglobin
 2. Persetujuan mengikuti program
 3. Pemeriksaan kehamilan
 4. Pengambilan darah
 5. Pemberian obat
 - II. KUNJUNGAN KE DUA : Tgl.
 1. Riwayat pengobatan
 2. Pemeriksaan hamil
 3. Pemberian obat
 - III. KUNJUNGAN KE TIGA : Tgl.
 1. Riwayat pengobatan
 2. Pemeriksaan hamil
 3. Pengambilan darah
 4. Pemberian obat
 - IV. KUNJUNGAN KE EMPAT : Tgl.
 1. Riwayat pengobatan
 2. Pemeriksaan hamil
 3. Pengambilan darah
 4. Pemberian obat
 - V. KUNJUNGAN KE LIMA : Tgl.
(BAYI USIA 1 BULAN) SETELAH MELAHIRKAN
 1. Riwayat nifas
 2. Pemeriksaan nifas
 3. Pengambilan darah
 4. Pemberian obat.
- CATATAN : SISA OBAT HARAP SELALU DIBAWA.

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JADWAL / RENCANA PERAWATAN PERBAIKAN GIZI WANITA TIDAK HAMIL

- I. KUNJUNGAN PERTAMA : Tgl.
 1. Pemeriksaan kadar haemoglobin
 2. Persetujuan mengikuti program
 3. Pemeriksaan fisik
 4. Pengambilan darah
 5. Pemberian obat
 - II. KUNJUNGAN KE DUA : Tgl.
 1. Riwayat pengobatan
 2. Pemeriksaan fisik
 3. Pemberian obat
 - III. KUNJUNGAN KE TIGA : Tgl.
 1. Riwayat pengobatan
 2. Pemeriksaan fisik
 3. Pengambilan darah
 4. Pemberian obat
 - IV. KUNJUNGAN KE EMPAT : Tgl.
 1. Riwayat pengobatan
 2. Pemeriksaan fisik
 3. Pengambilan darah
 4. Evaluasi hasil pengobatan
- CATATAN : SISA OBAT HARAP SELALU DIBAWA.

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ANEMIA PADA WANITA

- REMAJA/KARYAWATI/PELAJAR/MAHASISWI/WANITA KARIR
- IBU RUMAH TANGGA
- IBU HAMIL
- MANULA



APPENDIX 3A

Safe Motherhood Project Progress Report

March 1993

To : Dr. Marge Koblinsky
Director, Mother Care/JSI
Dr. K. Farr, Dr. Ratna, Dr. M. Linnan, USAID Jakarta

From : DR. Dr. Poedji Rochjat
Dr. Soetomo Hospital
Jalan Dharmahusada 6-8
Surabaya 60286

Date : March , 1993

R E : Progress Report II
East Java Safe Motherhood Project

This Project Progress Report covers the period from December 1992 to February 1993. The activities are reported and tabulated under the following six sections :

- A. Pre Survey
- B. Risk Approach Strategy
- C. Transport Subsidy
- D. Cost Analysis
- E. Maternal and Perinatal death follow-up
- F. After Survey

In the last 3 months there is some progress in this ongoing field Safe Motherhood study, either in the data computerisation and field activities.

The time table is contained in table I and table II.

A. Pre Survey

Based on the experiences of data entry and cleaning from all 15,928 questionnaire the team decided to revise the questionnaire in format but still with the same material and contents. The purpose of this revision was to make the process of interview and data computerisation easier. This is also as a preparation for the next after survey. It takes 2 months for data entry beginning in November 1992, while data cleaning and correction will be finished at the end of February 1993. Data analysis will be conducted in March 1993. Detail number of

questionnaire from each subdistrict is in table III. For simplification of data collection and data processing questionnaire form from each area has differens colour :

- Intervention : District : Coast - green
 - Midland - yellow
 - Highland - red
- Municipal : - blue
- Control : District : Coast } white
 - Midland } white
 - Highland }

B. Risk Approach Strategy

In these 3 months (December 1992, January, and February 1993) several meetings were conducted in Probolinggo :

- Dec 7, 92 Managerial meeting : the study team level I, heads of District Health Service, the Directors, Obgyn of 2 hospitals and their staff (study team level II)
- Dec 17, 92 Communication and Information forum : study team level I,II, Health Centre doctors and midwives.
- Jan 28, 93 Midterm review of Safe Motherhood study : study team level I, II, Health Centre doctors and midwives.

The first two meetings were as a follow up meeting strengthening the Safe Motherhood study in the field. While in the midterm review meeting there were presented activity report by each level of service, either Health Centre (by 18 Health Centre doctors), district (by the heads of District and Municipal health service, Directors and Obgyn specialist from Waluyo Jati and Moh. Saleh hospitals), also by provincial level (Principal Investigator, 2 other study team and senior staff by provincial Health Service). Totally there were 26 presentations.

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From this meeting it seems that in the first 6 months of the study a learning process and experience on implementing this new system occur, either for the cadres and also the Health Centre doctors and midwives. For the cadres, separately the P.I and a senior experienced midwife on Risk Approach Strategy from Dr. Soetomo Hospital as an objective third person, has the same finding that the cadres become more confident on using score card and colour code. While the Health Centre doctors and midwives become more familiar applying this new system by coordinating field activities, supervising cadres and TBA's. Monthly supervision for cadres and TBA were performed regularly in those 18 Health Centres by Health Centre doctors, Team level II or Team level I. The collected 2102 score card is shown in table IV. Computerisation will be started in March 1993 after the Pre Survey data entry is finished. The computers for Safe Motherhood study are just installed at the end of February 1993.

C. Transport Subsidy

Transport subsidy given to very high risk cases for antenatal and intrapartum referral to hospitals were already implemented in 6 subdistricts, 10 Health Centres, each case has to use a simple designed red safe delivery cards.

The Reimbursed procedure for transport subsidy is shown in figure I.

To know the characteristic, the condition of the referral cases and transportation situation (the availability of transport, the time and the condition of the road) 2 forms were designed. They are Health Centre referral form filled in by Health Centre staff and Hospital referral form filled in by Hospital staff. Both forms are collected by District Health Service who passes them to the Research team. There are already 34 cases referred to hospitals as shown in table V.

D. Cost Analysis

On December 15, 1992 DR Glenn Melnick, Dr. Mike Linnan, and Drs. Wasis Budiarto MS as the team Health Economist and P.I had discussed together about this Sub study. The Methodology was decided as a Recall Study using a questionnaire applied for 9 segments.

The preparation of this study was done in January 1993 for field study areas, questionnaire, training for the interviewer and the supervisor on January 11, 1993.

The study areas are all subdistricts (15) and Health Centres (19) in Probolinggo district and municipality not included in the intervention area for Safe Motherhood study. The interviewers are local midwives. The Supervisors are Health Centres doctors.

These 9 (I-IX) segments are the groups of :

- I. 4 months pregnant women
- II. 5 " " "
- III. 6 " " "
- IV. 7 " " "
- V. 8 " " "
- VI. 9 " " "
- VII. Delivery until 7 days post partum
- VIII. 8 days post partum - 42 days post partum
- IX. The operative deliveries in the 2 hospitals.

In each Health Centre or each midwife has to make house visit and interview 4 pregnant women for each segment, except the 9th segment, which depends on the number of cases from their area operated in the hospitals (Waluyo Jati and Moh. Saleh hospital). All hospital operative deliveries in January 1993 were listed by the hospital staff (Obgyn specialist and midwife) and given to each contributed health centres.

This cost analysis study is done in February 1993.

The total number of questionnaires is 622 : segment I to VIII is 608 (19 H.C with each 4 x 8 quest.) and 14 for segment IX. It is shown in table VI.

Cost of operational services are documented from all Mother Child Health staff in Health Centres and Hospitals.

E. Maternal and Perinatal death follow-up

This Death follow up is a very sensitive subject. The study team made a special approach and preliminary discussion with the heads District Health Service, then they informed this study to the district, municipal and subdistrict head office to get permission and support. Meetings were conducted in district Health Service office in Probolinggo and Pasuruan as control area, included Hospital Directors, Obgyn specialist and midwives.

Preparation of study areas, questionnaire, training for interviewer and supervision were done in September and October 1992. The study areas are : 12 subdistricts, 18 Health Centres with the intervention Safe Motherhood study. While the control areas : 6 subdistricts, 8 Health Centres in Pasuruan districts. The list of Death cases in the field were reported to Health Centres, collected by District Health service staff and then reported to the study team.

Death follow up study started in November 1992, Obgyn senior residents make home visits. The questionnaire divided in 2 parts, the verbal autopsy and Medical informations. The verbal autopsy with simple questions can be performed by the midwife, while the Medical information is conducted by Obgyn senior residents. There are already reported 10 Maternal mortality and 78 Perinatal mortality as shown in table VII and table VIII.

F. After Survey

After survey will be conducted in May 1993 using the same methodology, study area, questionnaire and interviewer as had been implemented in the Pre Survey. The supervisor will be the local health staff from Health Centre like Sanitarian. Health Centre doctors will coordinate these activities in the field.

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TABLE I

TIME SCHEDULE FROM SAFE MOTHERHOOD STUDY
PROBOLINGGO DISTRICT EAST JAVA

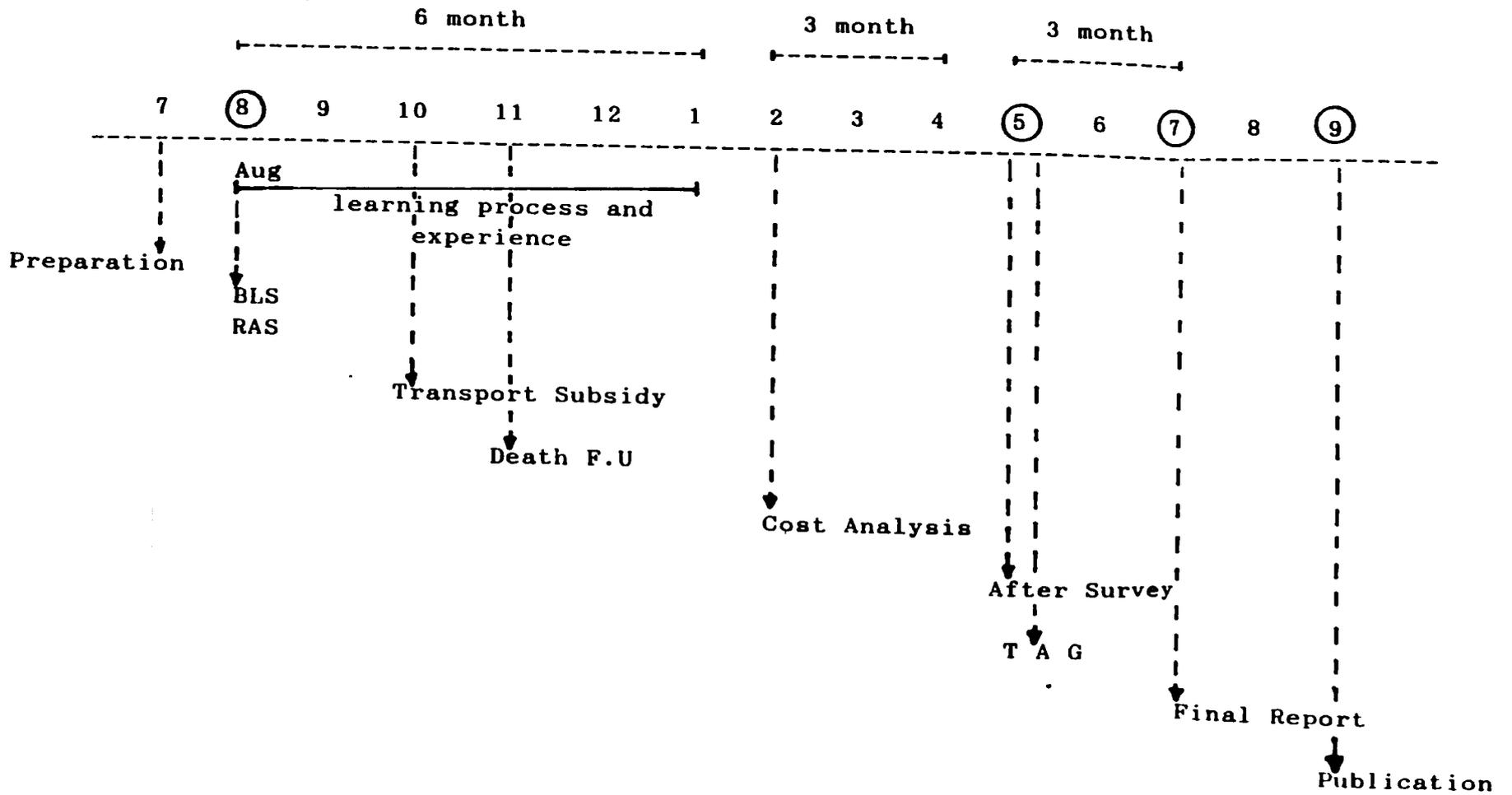


TABLE III.

PRE SURVEY DATA
FOR MOTHERS DELIVERED IN AUG '91 - JULY '92
IN PROBOLINGGO DISTRICT & MUNICIPALITY AND PASURUAN DISTRICT

INTERVENTION :

A. PROBOLINGGO DISTRICT :

Area	No.	Subdistrict	H.C	Village	Supervisor	Interviewer	Data
Coast	1.	Gending	1	13	2	7	656
	2.	Kraksaan	1	18	2	12	1079
	3.	Tongas	2	14	2	12	992
Total			4	45	6	31	2727

Midland	4.	Kotaanyar	1	13	2	8	528
	5.	Leces	2	10	2	9	871
	6.	Maron	2	18	2	12	1083
	7.	Wonomerto	1	11	2	7	572
Total			6	52	8	36	3054

Highland	8.	Gading	2	19	3	11	706
	9.	Krucil	1	14	3	11	808
	10.	Sukapura	1	12	2	5	285
	11.	Sumber	1	9	2	8	427
Total			5	54	10	35	2226

Total A			15	151	24	102	8007
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B. PROBOLINGGO MUNICIPAL :

Coast	12.	Mayangan	3	11	2	12	1439
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Total A + B			18	162	26	114	9446
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CONTROL : PASURUAN DISTRICT

Area	No.	Subdistrict	H.C	Village	Supervisor	Interviewer	Total
Coast	1.	Beji	1	14	2	7	1071
	2.	Lekok	1	11	2	7	1330
Total			2	25	4	14	2401

Midland	3.	Kejayan	2	25	1	7	951
	4.	Rembang	1	17	2	7	1001
Total			3	42	3	14	1952

Highland	5.	Purwosari	1	15	2	8	1246
	6.	Tutur	2	12	2	7	883
Total			3	27	4	15	2129

Total			8	94	11	46	6482
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Total Intervention+Control			26	256	37	160	15928
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TABLE IV

COLLECTED SCORE CARD
IN PROBOLINGGO DISTRICT AND MUNICIPALITY

A. DISTRICT :

Area	No.	Subdistrict	Health Centre	Score Card	
				Health Centre	Subdistrict
Coast	1.	Gending	Gending	168	168
	2.	Kraksaan	Kraksaan	96	96
	3.	Tongas	Curah Tulis	126	
			Tongas	130	256
Total				520	520

Midland	4.	Kotaanyar	Kotaanyar	181	181
	5.	Leces	Jorongen	84	
			Leces	158	242
	6.	Maron	Maron	301	
			Suko	87	388
	7.	Wonomerto	Wonomerto	118	118
Total				929	929

Highland	8.	Gading	Condong	91	
			Wangkal	186	277
	9.	Krucil	Krucil	107	107
	10.	Sukapura	Sukapura	61	61
	11.	Sumber	Sumber	85	85
Total				530	530

Total A				1979	1979
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B. MUNICIPAL :

Coast	12.	Mayangan	Jati	12	
			Kanigaran	67	
			Sukabumi	44	123
Total B				123	123

Total A + P				2102	2102
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2

LABEL V

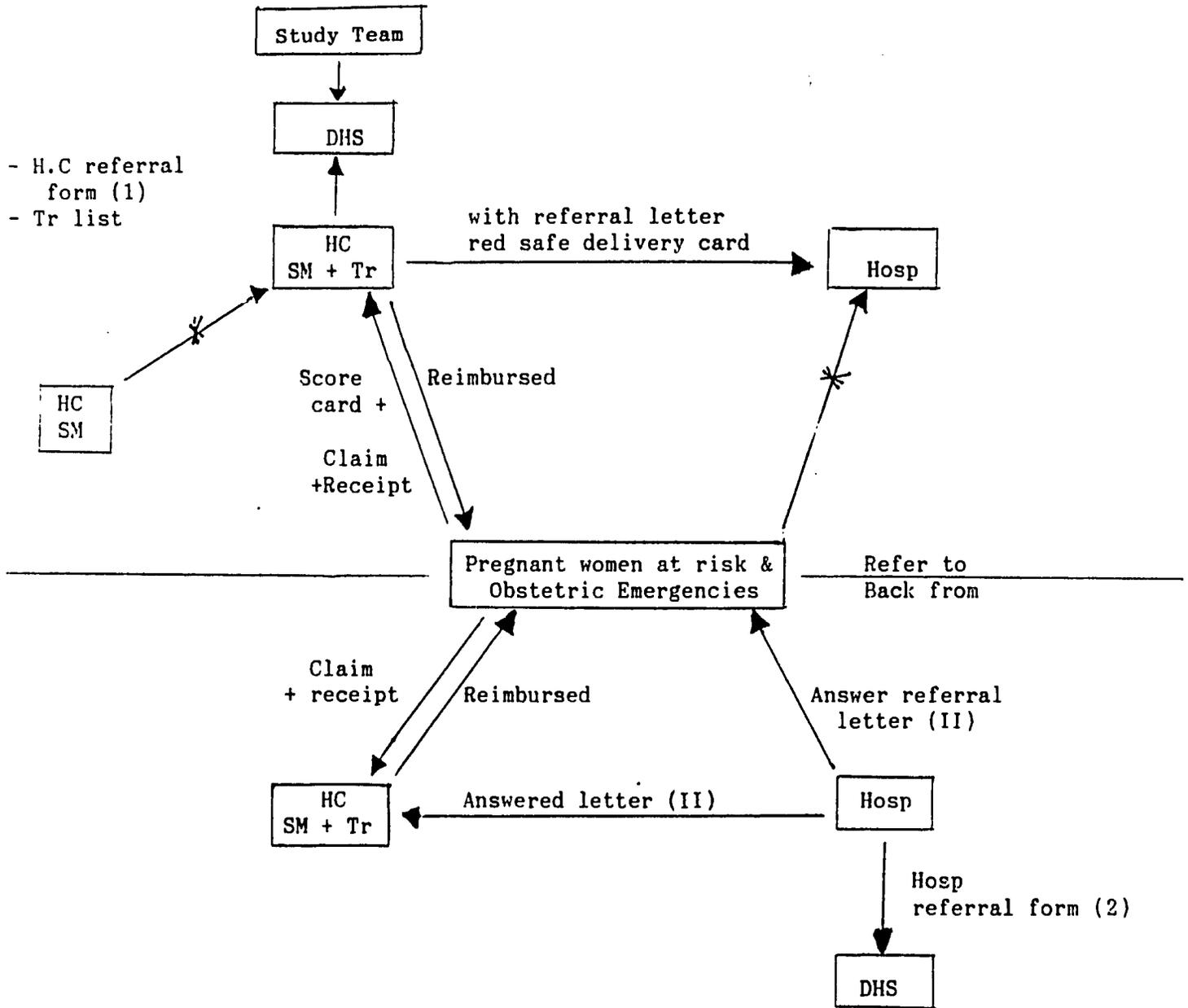
TRANSPORT SUBSIDY

No.	Subdistrict	Health Centre	Total	Referral													D e l i v e r y									Pregnancy outcome						
				Cases*													Preg.	Del.	Place				Attendant			T y p e			Mother		Babies	
				1	2	3	4	5	6	7	8	9	10	11	12	13			Mothers house	Midwife's house	H.C	Hosp	TBA	Mid-wife	doc-tor	Nor-mal	Vagi-nal	SC	Live	Death	Live	Death
1.	Kotaanyar	Kotaanyar	6	1	1	1	-	-	1	1	-	-	1	-	-	-	1	5	1	-	-	5	1	-	5	1	2	3	6	-	5	1
2.	Krucil	Krucil	1	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-	1	-	-	1	-	-	1	-	-	-	1	
3.	Maron	Maron	10	1	1	1	3	1	-	-	-	-	-	-	1	2	-	10	-	-	10	-	2	8	6	2	2	10	-	7	3	
		Suko	3	-	-	2	-	-	-	-	-	-	-	-	1	-	-	3	-	-	3	-	-	3	-	1	2	3	-	3	-	
4.	Sumber	Sumber	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	1	-	-	1	-	1	-	1	-
5.	Tongas	Curah Tulis	4	1	1	1	-	-	-	-	-	-	-	-	1	-	-	4	-	-	4	-	-	4	2	1	1	4	-	3	1	
		Tongas	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	1	-	-	1	-	-	1	-	1	-	1	-
6.	Mayangan	Jati	1	-	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-	-	1	-	-	1	-	-	-	abortus	
		Kanigaran	6	-	-	-	-	-	1	2	-	-	3	-	-	-	-	6	-	-	6	-	-	4	2	-	6	-	6	-	6	-
		Sukabumi	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total			33	3	3	7	3	1	1	2	2	1	1	3	4	2	2	31	2	-	-	31	2	8	23	16	9	8	33	-	26	6

* Case : 1 = Elderly primi gravida 8 = Malpresentation (breech presentation)
 2 = Low height ≤ 145 cm 9 = Hydramnion
 3 = Bleeding 10 = I U F D
 4 = Plac. Prev. 11 = Post dates
 5 = Solutio Plac. 12 = Neglected labour
 6 = Eclampsia 13 = Ret. Plac.
 7 = Preeclampsia

FIGURE I

REIMBURSED PROCEDURE
FOR TRANSPORT SUBSIDY



Health Centre :

1. Referral letter
2. Red safe delivery card
3. Answered letter (II)
4. Health Centre referral form (1)
5. Transport list
6. Financial book

Hospital :

1. Answered letter (II)
2. Hospital referral form (2)

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TABLE VI

COST ANALYSIS
IN PROBOLINGGO DISTRICT AND MUNICIPALITY

A. DISTRICT

Area	No.	Subdistrict	Health Centre	Segment I-VIII	Segment IX	Total
Coast	1.	Dringu	Dringu	32	1	33
	2.	Paiton	Jabungsisir Paiton	32	1	33
	3.	Pajarakan	Pajarakan	32	1	33
	4.	Sumberasih	Sumberasih	32	3	35
Total				160	7	167

Midland	5.	Bantaran	Bantaran	32	-	32	
	6.	Banyuanyar	Banyuanyar Klenangkidul	32	2	34	
	7.	Besuk	Bago	32	-	32	
			Besuk	32	-	32	
	8.	Krejengan	Krejengan	32	1	33	
	9.	Pakuniran	Glagah	32	-	32	
			Pakuniran	32	1	33	
	10.	Tegalsiwalan	Tegalsiwalan	32	-	32	
	Total				288	4	292

Highland	11.	Kuripan	Kuripan	32	-	32
	12.	Lumbang	Lumbang	32	-	32
	13.	Tiris	Tiris	32	-	32
Total				96	-	96

Total A				544	11	555
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B. MUNICIPAL

Coast	14.	Kademangan	Ketapang	32	3	35
	15.	Wonoasih	Wonoasih	32	-	32
Total B				64	3	67

Total A + B				608	14	622
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TABLE VII

MATERNAL MORTALITY
IN PROBOLINGGO DISTRICT AND MUNICIPALITY

A. DISTRICT

Area	No.	Subdis.	Health Centre	Delivery	Death		A N C			Referral				Delivery									Death causes			
					Total	X.	No ne	Mid-wife	Dr.	No ne	Mid-wife	H.C	Hosp	Place				Attendant			Type		Bleed.	Eclm.	Infec.	
														Mothers house	Midw. house	H.C	Hosp	TBA	Mid-wife	Dr.	Nor mal	Vagi nal				SC
Coast	1.	Gending	Gending	168	1	5.9	-	1	-	-	1	-	-	-	1	-	-	-	1	-	-	1	-	-		
	2.	Kraksaan	Kraksaan	96	2	20.8	-	2	-	1	-	-	1	1	-	-	1	1	-	1	1	-	1	1		
	3.	Tongas	Curah tulis Tongas	126	1	8.4	-	1	-	1	-	-	-	1	-	-	-	-	1	-	-	1	-	-		
				130	2	15.4	2	-	-	2	-	-	-	2	-	-	-	2	-	-	2	-	-	-		
Total				520	6	11.5	2	4	-	4	1	-	1	5	-	-	1	5	-	1	5	1	-	4	1	1
Midland	4.	Kotaanyar	Kotaanyar	181	1	5.4	1	-	-	-	-	-	1	-	1	-	-	-	1	-	-	-	1	-		
	5.	Leces	Jorongen Leces	84	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	6.	Maron	Maron	158	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
				301	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	7.	Wonomerto	Suko Wonomerto	87	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			118	1	8.5	-	1	-	1	-	-	-	1	-	-	-	1	-	-	1	-	-	1	-	-	
Total				929	2	2.2	1	1	-	1	-	-	-	1	1	-	-	1	1	-	2	-	-	1	-	-
Highland	8.	Gading	Condong Wangkal	91	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
				186	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
	9.	Krucil	Krucil	107	1	9.4	-	1	-	-	1	-	-	1	-	-	-	-	1	-	-	1	-	-	-	
	10.	Sukapura	Sukapura	61	1	16.4	-	1	-	1	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	
			85	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total				530	2	3.8	-	2	-	1	1	-	-	2	-	-	-	2	-	-	2	-	-	1	1	-
Total A				1979	10	5.1	3	7	-	6	2	-	2	8	1	-	1	8	1	1	9	1	-	6	3	1

B. MUNICIPAL

Coast	12.	Mayangan	Jati	12	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
			Kanigaran	67	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
			Sukabumi	44	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total B				123	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total A + B				2102	10	4.8	3	7	-	6	2	-	2	8	1	-	1	8	1	1	9	1	-	6	3	1

Training
KABUPATEN DAN KOTAMADYA PROBOLINGGO
TAHUK 1991

Intervensi Kecamatan

A. Kabupaten

No.	Kecamatan	D.	Bd.	Tenaga Kesehatan			Dukun		Desa	Lu.	Pend.	
				D.	Bd.	Dan	Terlatih	Tak Terlatih			D.	P.
1.	Krucil	1	-	-	-	-	26	6	14	9.824	1.927	989
2.	Sumber	1	-	-	-	-	22	-	9	5.516	569	604
3.	Kotaanyar	1	-	-	-	-	25	-	13	3.148	758	312
4.	Maron	2	-	-	-	-	27	6	18	13.585	1.221	1.286
5.	Tongas	2	-	-	-	-	9	11	17	13.413	1.322	1.491
6.	Gading	2	-	-	-	-	16	-	19	19.285	973	1.017
7.	Sukapura	1	-	-	-	-	13	5	12	1.061	150	179
8.	Leces	2	1	-	-	-	13	-	10	26.791	973	1.016
9.	Wonomerto	1	-	-	-	-	13	2	11	9.431	729	758
10.	Gending	1	-	-	-	-	20	6	13	3.102	765	873
11.	Kraksaan	1	-	-	-	-	37	1	18	12.290	1.203	1.308
Jumlah		15	27	-	-	-	278	37	151	122.365	10.003	10.697

B. Kodya

12.	Mayangan	3	-	-	-	-	3	7	-	33	2	11	22.051	2.693	2.826
Total A + B		18	27	3	-	-	20	21	16	311	39	162	144.416	12.696	13.523

Keterangan : No. 1-5 dan 12 adalah kecamatan yang mendapat bantuan biaya transportasi

Training

KABUPATEN DAN KOTAMADYA PROBOLINGGO
TAHUN 1991

Non Intervensi Kesehatan

PENELITIAN SM TANPA INTERVENSI

A. Kabupaten

No. Kecamatan	PKM	PKM.Pemb.	Polindes	Tenaga Kesehatan			Dukun		Desa	KK	Bumil	
				Dr.	Bd.	Dansa	terlatih	tak terlatih			Riel	Supas
1. Kuripan	1	2	1	1	-	2	22	5	7	6.775	662	724
2. Tiris	1	2	-	1	1	1	41	-	16	13.283	1.364	1.415
3. Krejengan	1	3	-	-	1	1	18	1	17	8.672	773	663
4. Bantaran	1	3	-	1	1	1	21	4	10	9.265	879	923
5. Pajaraksa	1	3	-	1	1	1	16	-	12	7.036	669	722
6. Lumbang	1	2	1	1	-	1	11	4	10	6.467	638	724
7. Eesuk	2	4	1	2	2	3	28	4	17	11.094	923	966
8. Tegalswan	1	3	-	1	2	1	19	3	12	8.246	728	760
9. Banyuanyar	2	3	-	2	1	3	18	1	14	12.391	1.088	1.070
10. Pakuniran	2	2	-	2	1	3	23	3	17	10.781	866	943
11. Sumberasih	1	4	-	1	2	1	13	5	13	10.971	1.182	1.179
12. Dringu	1	4	-	1	2	1	28	4	14	10.034	996	1.084
13. Paiton	2	3	-	2	2	1	27	1	22	12.501	1.159	1.278
Jumlah	17	38	3	16	16	20	285	35	181	127.516	11.927	12.151

B. Kodya

14. Wonoasih	1	-	-	1	5	-	18	4	9	8.756	961	912
15. Kademangan	1	-	-	1	3	-	12	2	9	9.055	969	925
Jumlah	2	-	-	2	8	-	30	6	18	17.811	1.930	1.838

Total A + B	19	38	3	18	24	20	315	41	199	145.327	13.857	14.289
-------------	----	----	---	----	----	----	-----	----	-----	---------	--------	--------

APPENDIX 3B

Safe Motherhood Risk Score Card

ANTEPARTUM SCORING FORM

Name : Mrs. Age : years Last menstruation : Date
 Pregnancy age : months

Part A. Obstetric History

(Education : Referral for pregnancy to Health Center (HC) and planning for delivery)

Number	Condition of mother	Criteria	Age group to score			Score
			-19	20-34	35+	
1.	Parity 0		4	2	4	
	- Young primi gravida	16 years old or less	4			
	- Elderly primi gravida	over 35 years old			4	
	Parity I, II, III	married over 4 years	4	4	4	
	Grand multipara	Parity IV or more	4	2	4	
2.	Youngest child < 2 years		6	6	6	
	Youngest 10 years or more				4	
3.	Low height < 145 cm	-Parity 0			4	
		-Parity I or more with no term, spontaneous, life born				
4.	Poor Obstetric History	-Parity I with preg.wastage: abortion, premature, fetal death or neonatal death			4	
		-Parity II or more .pregnancy wastage ≥ 2 times				
5.	History difficult birth	-Fetal death on last pregnancy				
		No section			4	
		-forcipal or vacuum extraction				
		-manual removal of placenta (infusion/transfusion)				
6.	Prior Section					4
					Total score	

Part B. Condition of Pregnancy - Referral need

Number	Condition of mother	Education : motivation and referral	Score	Period of gestation in month - contact - score								
				3	6	7	8	9	10	11		
7.	Bleeding	Emergency need help and soon referred to Hospital	8									
8.	Eclampsia(convulsion)		8									
9.	TT immunisation (no immunisation yet on 8 month)	Soon injection	4									
10.	<u>Suspected risk factor:</u>											
	A. Medical disease : Anemia, Malariae, Pulmonal Tuberculosis, Decompensatio Cordis, DM	Referred to Health Center	4									
	B. Preeclampsia		4									
	C. Malpresentation (breech presentation trans - versalie)	Referred to midwife for examination and confirmation	4									
	D. Twin pregnancy		4									
	E. Hydramnion		4									
	F. IUFD		4									
	G. Post dates		4									
			Part B total score									
			Part A total score									
			Part (B+A) total score									
			<input type="checkbox"/> Antenatal Care									
			<input type="checkbox"/> Referral for pregnancy (HC or hospital)									

Standard guidance :

Total Score	Referral for pregnancy	Place of delivery	Birth attendant
2 - 5	No referral	Mother house	TSA
6 - 10	Midwife, Health Centre (HC)	House, Pondok BeBallin, HC	Midwife
11 +	Hospital	Hospital	Doctor

91

APPENDIX 3C

List of Social Marketing Materials

LOGISTIC AND SUPPLIES
SCREENING & SOCIAL MARKETTING
EAST JAVA SAFE MOTHERHOOD STUDY

- Cadres :
1. Scor card
 2. Color code : green, yellow and red
 3. Registered book of pregnant women
 4. Letter of asking for referral
 5. Leaflets, 20 risk factors
 6. Leaflet of risk factors in one page
 7. Manual for filling scor card
 8. Manual for using color code
 9. Manual of risk factors criteria
 10. Manual of terms in Antenatal Care
 11. Calendar

- TBA :
1. Leaflet of risk factors in one page
 2. Calendar

Pregnant Women :

1. Leaflets for ANC guidance
2. Card for ANC

Health Centre & Posyandu :

1. Posters risk factors 14
2. Posters of ANC guidance and safe delivery 2
3. Stickers
4. Calendar
5. Letter for answering referral
6. Health Center referral card, yellow
7. Safe delivery card for transport, dark red
8. Registered for referral cases

Hospital : Hospital referral card, light red

====oo0oo====

APPENDIX 3D
Revised Post-survey

C. SOCIAL ECONOMIC

18. Condition of the house (compare with surrounding)						
1. Worse than the average	2. Same			<input type="checkbox"/>	18	
3. Better						
19. Transportation vehicle they have (total writing, 0 if none and 9 if 9 or more)						
1. Bicycle	2. Kuda/dokar	<input type="checkbox"/>		<input type="checkbox"/>	19	
3. Motorcycle	4. Colt/Minibus/Jeep/Truck	<input type="checkbox"/>		<input type="checkbox"/>		
5. Motorcar		<input type="checkbox"/>				
20. House (main material/the most)				<input type="checkbox"/>	20	
1. Bamboo	2. Wood	3. Stone				
21. Floor (main material/the most)				<input type="checkbox"/>	21	
1. Clay						
2. Cement						
3. Tegel ?						
22. Lighting	1. Gasoline	2. Petromax		<input type="checkbox"/>	22	
	3. Diesel	4. Electricity				
23. Is mother to keep family lavatory				<input type="checkbox"/>	23	
1. No, defecation outside of the house	2. No, defecation the other ?					
3. Yes, but useless	4. Yes, usefull					
24. Main source of drinking water				<input type="checkbox"/>	24	
1. Water river	2. Water drinking source					
3. Well	4. Instutional water supply					
25. House belonging :	1. Not personal belonging	2. Rent		<input type="checkbox"/>	25	
	3. Self beonging					
26. The width of the house M2			<input type="checkbox"/> <input type="checkbox"/>	,	<input type="checkbox"/> <input type="checkbox"/>	
27. Fanc :	1. No	2. Yes		<input type="checkbox"/>	27	
28. Rice field :	1. No	2. Rent	3. Owner	<input type="checkbox"/>	28	
29. The width rice field acre				<input type="checkbox"/> <input type="checkbox"/>	,	<input type="checkbox"/> <input type="checkbox"/>
30. Fish field :	1. No	2. Rent	3. Owner	<input type="checkbox"/>	30	
31. He wite of fish field acre				<input type="checkbox"/> <input type="checkbox"/>	,	<input type="checkbox"/> <input type="checkbox"/>
32. Boat	1. No			<input type="checkbox"/>	32	
	2. Yes					

D. COMMUNICATION

(No. 33 s/d No. 36 can be asked to local administration)

33. Distance from house to HC (in subdistrict) (Km)		<input type="checkbox"/> <input type="checkbox"/>	,	<input type="checkbox"/>	
34. Distance form house to nearest hospital(Km)		<input type="checkbox"/> <input type="checkbox"/>	,	<input type="checkbox"/>	
35. Transportasi umum ke PKM				<input type="checkbox"/>	35
	1. None				
	2. There is, seldom/difficult				
	3. Anytime (day/night)				

wid th?

36. Public transportation to hospital
 1. No 36
 2. There is, seldom/difficult
 3. There is, every time (day and night)

37. Did mother watch TV
 1. No, never 37
 2. In the other's *Owned by others?*
 3. Yes, her own

38. Did mother listen to the radio
 1. No, never 38
 2. In the other *Owned by others?*
 3. Yes, her own

39. Did mother read the newspaper in the last 3 month
 1. Never 39
 2. Several times/month
 3. Several times/week
 4. Anytime *all the time?*

40. Did mother read magazine in the last 3 month
 1. Never 40
 2. Several times/month
 3. Several times/week
 4. Anytime *all the time?*

E. FAMILY

41. Number of family person 41
 42. Are you now pregnant 1. No 2. Yes 42
How is family/HH defined?

43. How many time she get pregnant 43

44. Infant death after during the last year (age month, write 0 if never) 44

45. Number of live child including who life out side..... person 45

46. Number of live child live in this house person 46

F. OBSTETRIC HISTORY

No of Pregnancy	PREGNANCY 1. Aterm 2. Prematur 3. <u>Imatur</u> ? 4. Abortus	MODE OF DELIVERY 1. Spontan 2. V.op.del 3. SC	SITE OF DELIVERY 1. Hospital 2. Health Centre 3. Home	BIRTH ATTENDANT 1. DOCTOR 2. MIDWIFE 3. TBA <i>Other?</i>	ALIVE CHILD Age (yrs) (0 = dead child)	DEAD CHILD Age (yrs) (0 = alive child)

G. RISK FACTOR (filled in for the history of the ^{last} delivery)

103. Young primi (gravida I with the age \leq 16 years)	1. Yes 2. No	3. Out of criteria	<input type="checkbox"/>	103
104. Elderly primi (gravida I with the age \geq 35 years)	1. Yes 2. No	3. Out of criteria	<input type="checkbox"/>	104
105. Elderly primi (gravida I after \geq 4 years married)	1. Yes 2. No		<input type="checkbox"/>	105
106. Secondary elderly primi (youngest child \geq 10 years)	1. Yes 2. No	3. Out of criteria	<input type="checkbox"/>	106
107. Youngest child < 2 years	1. Yes 2. No	3. Out of criteria	<input type="checkbox"/>	107
108. Grand Multiparity (already delivered ^{more than 4} now than 4)	1. Yes 2. No		<input type="checkbox"/>	108
109. Low height \leq 145cm	1. Yes 2. No		<input type="checkbox"/>	109
110. Bad obstetric history (what does this include?)	1. Yes 2. No	3. Out of criteria 9. Don't know	<input type="checkbox"/>	110
111. Previous vaginal operative delivery (forceps, vacuum, other?)	1. Yes 2. No	3. Out of criteria 9. Don't know	<input type="checkbox"/>	111
112. Previous Caesarean Section	1. Yes 2. No	3. Out of criteria	<input type="checkbox"/>	112
113. Antepartum bleeding	1. Yes 2. No	9. Don't know	<input type="checkbox"/>	113
114. Preeclampsia	1. Yes 2. No	9. Don't know	<input type="checkbox"/>	114
115. Eclampsia	1. Yes 2. No	9. Don't know	<input type="checkbox"/>	115
116. Post date	1. Yes 2. No	9. Don't know	<input type="checkbox"/>	116
117. TT immunization what does this mean? →	1. Not yet/not complete 2. Complete	9. Don't know	<input type="checkbox"/>	117

Were you contacted by PKK cadre about your pregnancy? How many times? What was your last color code? (Compare with color code form if possible.) Were you medium, high or very high risk?

118. Malpresentation	1. Yes 2. No	9. Don't know
119. Twin pregnancy	1. Yes 2. No	
120. Hydramnion	1. Yes 2. No	9. Don't know
121. Medical disease <i>Was this defined?</i>	1. Yes 2. No	9. Don't know
122. Intra uterine fetal death	1. Yes 2. No	9. Don't know

121

122

H. DELIVERY HISTORY

H.1. ANTENATAL CARE (Was this inclusive of all pregnancies; only limited to 1991-92 pregnancies?)

123. Do you have antenatal care (if never, fill 0)

yes, to HOSPITAL time (number of times?)

yes, to POLINDES time

yes, to POSYANDU time

yes, to HEALTH CENTRE time

Where were you did the PKK/bidan tell you to deliver?

124. When do you be examined for the first time

1. Trimester 1 2. Trimester 2

Did you deliver there?

125. When the last time be examined

1. Trimester 1 2. Trimester 2

4. Trimester 3.2 5. Trimester 3.3

Why?
Why not?

126. COST FOR ANTENATAL CARE

	POLINDES	POSY,		
Transp. fee 1X pp	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Exam. fee 1X	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Med. + other's	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL COST 1 X	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

130. The method of payment

1. Cash 2. Insurance 3. Material

130

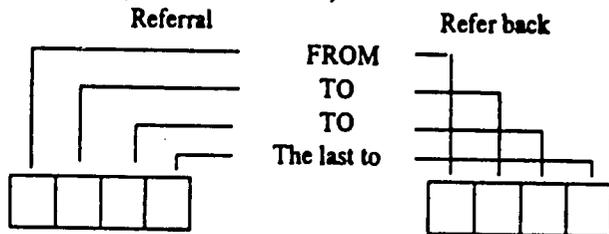
131. Do you know before how much the transportation cost to

- | | | | |
|---------------|--------|-------|--------------------------|
| POLINDES | 1. Yes | 2. No | <input type="checkbox"/> |
| POSYANDU | 1. Yes | 2. No | <input type="checkbox"/> |
| HEALTH CENTRE | 1. Yes | 2. No | <input type="checkbox"/> |
| HOSPITAL | 1. Yes | 2. No | <input type="checkbox"/> |

ANTENATAL REFERRAL

132. Are you referred? (fill all the boxes with 0, if you are not referred)

- PKK?*
1. TBA
 2. MIDWIFE
 3. POSYANDU
 4. HEALTH CENTRE
 5. HOSPITAL



who fills in ICD code?

→ 133. Indication of pregnancy referral _____ ICD 133

- | | | | | |
|--|--------|-------|---|-----|
| 134. Trimester I referred? | 1. Yes | 2. Ne | <input type="checkbox"/> | 134 |
| 135. Trimester II referred? | 1. Yes | 2. No | <input type="checkbox"/> | 135 |
| 136. Trimester III referred? | 1. Yes | 2. No | <input type="checkbox"/> | 136 |
| 137. Did mother come to the referral site? | 1. Yes | 2. No | <input type="checkbox"/> | 137 |
| 138. The far [*] nest distance from the house to the referral site ... km | | | <input type="checkbox"/> <input type="checkbox"/> | 138 |

139. Total cost for the referral process *for each time? Do we know how many times?*

Transportation v.v.	Rp.	<input type="text"/>
Examination	Rp..	<input type="text"/>
Medicine & others	Rp.	<input type="text"/>
Total cost	Rp.	<input type="text"/>

140. Transportation used
- | | | | |
|--------------------------------|--------|-------|--------------------------|
| Traditional vehicle | 1. Yes | 2. No | <input type="checkbox"/> |
| Public transportation/rent | 1. Yes | 2. No | <input type="checkbox"/> |
| Personal transportation/borrow | 1. Yes | 2. No | <input type="checkbox"/> |
| Ambulance | 1. Yes | 2. No | <input type="checkbox"/> |

141. Willing to be referred because: 1. Forced by health personel 2. Advised the husband/relative ^{by}
 3. Self answereness ? [^] Self-referred?

142. If she didn't come to the referral site (fill no. 137 if answered no)
- | | | | |
|-------------|--------------------------------|--------------------------|-----|
| 1. No money | 2. Transportation difficulties | <input type="checkbox"/> | 142 |
| 3. Refuse | 4. Other's (mention) | <input type="checkbox"/> | |

H.2. PROCESS OF DELIVERY

143. Date of delivery 143

144. ~~Was~~ ^{Did} the mother ~~be~~ referred 144
 1. No ----> direct to number. 147
 2. Yes
By whom was she referred - PKK - Ordian - TBA

145. The reason of intrapartum referral (mention)
 1. Because of Obstetric problem 2. Because non Obstetric problem (other disease) 145
 3. Combine 1 + 2

146. Did the mother ~~come~~ ^{arrive} to the referral site
 1. No 2. Yes 146

147. Where did the mother ~~for~~ ^{deliver} the baby 147
 1. Home 2. TBA's house
 3. Midwife's house 4. Polindes
 5. Health Center 6. Hospital

148. Transport used to the birth site

1. Traditional vehicle	1. Yes	2. No	<input type="checkbox"/>
2. Public transportation/rent	1. Yes	2. No	<input type="checkbox"/>
3. Personal transportation/borrow	1. Yes	2. No	<input type="checkbox"/>
4. Ambulance	1. Yes	2. No	<input type="checkbox"/>

149. Who is your birth attendant 1. TBA/other 2. Midwife 3. Doctor 149

150. How is the mode of baby born 1. Spontan effort 2. Vaginal op. delivery 3. Sectio Caesarean 150

151. Detail of total delivery cost,

- Transportation v.v	Rp.	<input type="text"/>
- Delivery	Rp.	<input type="text"/>
- Medicine	Rp.	<input type="text"/>
Total cost	Rp.	<input type="text"/>

152. How is the condition of the mother after delivery 1. Mother died 2. Ibu cacat atau sakit ← translate 3. Healthy --> direct to number 156	<input type="checkbox"/>	152
153. What kind of disease (mention) _____		153
154. Where did the women look for treatment (the highest level) 1. Alone 2. To TBA 3. To midwife 4. To health centre 5. To doctor 6. To hospital	<input type="checkbox"/>	154
155. Hospital stay when the women sick..... (days) (write 0, if the women was not hospital lize)	<input type="checkbox"/>	155
156. Condition the baby born 1. Death 2. Baby sick or ^{unknown} <u>anomalous</u> ? 3. Healthy --> direct to no. 160	<input type="checkbox"/>	156
157. Disease of the baby 1. Anomalous ^{Unknown?} 2. Convulsion 3. Icteric 4. Fever	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Yes 2. No
158. Where did the baby look for treatment (the highest level) 1. Alone 2. To TBA 3. To midwife/nurse 4. To health centre 5. To doctor 6. To hospital	<input type="checkbox"/>	158
159. Hospital stay when the baby sick (days) (write 0. if the baby was not hospital lize)	<input type="checkbox"/>	159
I. PUERPERAL HISTORY (until 42 days post partum) (fill 0, if mother or baby died)		
160. How is the health condition of mother 1. Bad 2. Good --> direct to number 163	<input type="checkbox"/>	160
161. Disease of mother (mention).....		
162. Where did the women look for treatment (the highest level) 1. Alone 2. To TBA 3. To midwife/nurse 4. To health centre 5. To doctor 6. To hospital	<input type="checkbox"/>	162
163. How is the lactating history of the baby - Begining at .....days old - The frequency of nursing times - Until .....days/month (fill in with 99, if not breast fiding)	<input type="checkbox"/>	163

164. How is the condition of the baby

1. Bad
2. Good --> directly to number 167

Is this detailed in manual?

164

165. What kind of disease

1. Convulsion
2. Diarhea
3. Fever
4. Common cold and cough

1. Yes 2. No

166. Where did the baby look for treatment (the highest level)

1. Alone
2. To TBA
3. To midwife/nurse
4. To Health Centre
5. To doctor
6. To Hospital

166

J. HISTORY AFTER 42 DAYS POST PARTUM

(fill 0, if mother or baby died)

167. Did the women used family planning methods

1. No --> direct to no. 69
2. Yes, at > 40 days post partum
3. Yes, at < 40 days post partum

167

168. Contraceptive method used

1. Safe period (calendar system)
2. Condom
3. Oral Pill
4. Injectable
5. Implant
6. IUD
7. Tubectomy
8. Vasectomy

168

169. How is the condition of the baby now

1. Bad 2. Good

169

170. Is the baby examined regularly (choose the most often done)

1. No --> directly to number 172
2. Yes, to Posyandu
3. Yes, to midwife
4. Yes, to health centre
5. Yes, to hospital

170

171. How many times examined (until April 1993)

? through may 1993?

171

172. Did the baby get extra ~~feeding~~ feeding

0. No
1. Yes, beginning at months

172

173. Does the baby ^{have a} K.M.S card

1. No 2. Yes

173

174. Does the baby get immunization already

1. None at all
2. Yes, not complete
3. Yes, complete
4. Paripurna

174

175. In the last 3 months, is the baby ill

1. Yes, once

2. Yes, twice

3. Ya, 3 times

4. No --> ldirectly to number 178

175

176. What kind of disease

1. Convulsion

2. Diarhea

3. Fever

4. Common cold and cough

1. Yes

2. No

177. Where did the baby look for treatment (the highest level)

1. Alone

2. To TBA

3. To midwife/nurse

4. To Health Centre

5. To doctor

6. To Hospital

177.

K. HISTORY OF MORTALITY

(If mortality taken place during the pregnancy and delivery

from August 1992 - April 1993)

→ may / June 1993 ?

178. Who does the mother die

1. Pregnant month (0 = No)

2. Delivery (0 = No, 2 = Yes)

3. Post partum day..... (000 = No)

179. Where did it happen

1. Home

2. TBA's house

3. Death on the road

4. Midwife's house

5. Health centre

6. Doctor private practice

7. Hospital

179

180. Suspected cause of maternal mortality (mention)

..... 180

181. If the last baby died, When? (fill, if the last baby died)

1. Intra uterine

2. Intranatal

3. Died at the age ≤ 1 week after born

4. Died age days

181

182. Where did it happen

1. Home

2. TBA's house

3. Death on the road

4. Midwife's house

5. Health centre

6. Doctor private practice

7. Hospital

182

183. Suspected cause of death

1. Convulsion

2. Diarhea

3. Fever

4. Common cold and cough

1. Yes

2. No

L. SYSTEM OF COST

184. Is there any aid for the treatment cost?

1. No --> stop interview

2. Yes

184

185. If any aid, where is it come from?

1. Provider

2. Figure in the community

3. Family/friends

4. Dana sehat/Insurance

185

READY INTERVIEW, THANK YOU

What are instructions for filling out?

APPENDIX 3E

Death: Follow-up

Dr. Agus Report

DEATH FOLLOW UP.

No.	SUB-DISTRICT	No. H.C	No. DEL.	MM	P.M	
					ANTE D.	E. NEO D.
1.	GADING	2	277	-	2	2
2	GENDING	1	168	1	-	1
3.	KOTA-ANYAR	1	181	1	4	4
4.	KRAKSAAN	1	96	2	1	2.
5.	KRUCIL	1	107	1	6	4
6.	LECES	2	242	-	5	7.
7.	MARON	2	388	-	8	6
8	MAYANGAN	3	123	-	-	-
9	SUKAPURA	1	61	1	1	1
10	SUMBER	1	85	-	-	3
11	TONGAS	2	256	3	9	6
12	YONOMERTO	1	118	1	4	2
TOTAL		18	2102	10	40	38

CAUSE OF DEATH

NO	SUB-DISTRICT	CAUSE OF DEATH		
		BLEED.	ECLAMP.	INFECT.
1	TONGAS	3	-	-
2	WOKOMERTO	1	-	-
3	KOTA-ANYAR	-	1	-
4	GENDING	1	-	-
5	KRUCIL	1	-	-
6	SUKAPURA	-	1	-
7	KRAKSAAN	-	1	1
TOTAL		6	3	1

M.M., ANC AND BIRTH ATTEND.

BIRTH ATTEND.	ANC	DELIV.
NONE	2	-
T.BA	1	8
MIDWIFE	7	1
DOCTOR.	-	1
TOTAL	10	10

M.M AND REFERRAL

REFERRAL	NO. CASES	YES	NO.
PREGNAN.	5	3	2
DELIVERY.	5	5	-
NO. REF.	5	-	-

TYPE OF DELIVERY

TYPE OF DELIVERY	No. OF CASES
NORMAL	8
VAG. PATHOL.	2
C. SECT	-
TOTAL	10

PLACES.

PLACES	DELIVERY	DEATH
MOTHER'S	8	8
MIDWIFE'S	1	-
HC	-	-
HOSPITAL	1	2
TOTAL	10	10

A.N.C AND PERINATAL MORT.

PERINATAL MORTALITY	A-N-C (+)		ANC (-)
	MIDWIFE	DOCTOR	
EARLY NEONATAL	28	-	10
ANTE NATAL	31	2	7
TOTAL	59	2	17

BIRTH-ATTEND. AND P.M.

BIRTH-ATTEND.	ANTE. D	EARLY. NEO. D.
T. B. A	30	31
MIDWIFE	5	6
DOCTOR	3	1
NONE	2	-
TOTAL	40	38

TYPE OF DELIV. AND P.M.

TYPE OF DELIV.	ANTE. D	EARLY. NEO. D.
NORMAL	33	37
VAG-DELIV.	7	1
C-VECT.	-	-
TOTAL	40	38

BIRTH WEIGHT

BIRTH WEIGHT	AND	END
≥ 2500 GR	20	16
< 2500 GR	5	13
UNKNOWN	15	9
TOTAL	40	38

RISK FACTOR AND P.M.

RISK FACTOR	ANTENATAL DEATH	EARLY NEONATAL DEATH
NONE	12	12
BAD OBST. HISTORY	5	4
GRAND - MULTI PARITY	3	4
YOUNG - PRIMi (< 16)	2	5
GMELI / MULTIPLE.	4	4
ANTE-DARTUM-BLEED.	1	1
AGE > 35 YR.	1	1
MAL-PRESENTATION	7	3
OLD - PRIMi	4	1
SEC. OLD - PRIMi	2	1
YOUNGEST CH. < 2 YR	2	3
LOW - HEIGHT (< 145)	1	1
I. U. P. D	5	
PRE-ECLAMPSIA	1	
POST DATE	1	
HYDRAMNIOS	1	
TOTAL	51	40

SURVEY KEMATIAN MATERNAL
Untuk Kasus Kematian Yang Terjadi Dari 1 Agust 92 - 31 Juli 93

Puskesmas : Tgl wawancara : tgl.. bl.. th..
 Desa : Pewawancara : Nama
 Kecamatan :
 Kabupaten/Kotamadya : T T

1. IDENTITAS

1. Nama Istri : Umur : Tahun
2. Nama Suami : Umur : Tahun
3. Alamat :
- 1. Desa :
 - 2. Kecamatan :
 - 3. Kabupaten/Kodya :
 - 4. Propinsi :
4. Pendidikan Isteri : 4.
- 1. Tidak Sekolah
 - 2. SD
 - 3. SMP
 - 4. SMA
 - 5. Perguruan Tinggi
5. Pekerjaan Isteri : 5.
- 1. Ibu Rumah Tangga
 - 2. Buruh
 - 3. Petani/Nelayan
 - 4. Pegawai/ABRI
 - 5. Pedagang/Wiraswasta
6. Pendidikan Suami : 6.
- 1. Tidak Sekolah
 - 2. SD
 - 3. SMP
 - 4. SMA
 - 5. Perguruan Tinggi
7. Pekerjaan Suami : 7.
- 1. Tidak bekerja
 - 2. Buruh
 - 3. Petani/Nelayan
 - 4. Pegawai/ABRI
 - 5. Pedagang/Wiraswasta
8. K.B. yang pernah dipakai sebelum kehamilan ini 8.
- 1. Tidak pernah
 - 2. Pil
 - 3. Suntik
 - 4. Susuk
 - 5. IUD
 - 6. Lain-lain (MOW/MOP)

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9. Pembinaan ibu hamil oleh kader : 9.
1. Ya, kali
 2. Tidak

II. KONDISI KEHAMILAN

10. Paritas Ibu : 1. Primi 10.
2. Multi : hamil beberapa
anak hidup
11. Pada waktu mulai hamil ini, anak terkecil umur : 11.
1. kurang 2 tahun
 2. 2 tahun atau lebih
12. Periksa hamil, tempat : 12.
1. Dukun
 2. Posyandu
 3. Pondok Bersalin
 4. Bidan/Puskesmas
 5. Dokter/Rumah Sakit
13. Frekuensi periksa hamil : 13.
1. Satu kali
 2. Dua kali
 3. Tiga kali
 4. Empat kali atau lebih
14. Tribulan ketiga periksa berapa kali
15. Immunisasi TT : 1. Ya, kali 15.
2. Tidak
16. Faktor Risiko : 16.
1. Primi Muda
 2. Primi Tua, hamil I kawin 4 tahun lebih
 3. Primi Tua, hamil I umur 35 tahun lebih
 4. Primi tua sekunder
 5. Grande Multipara (4 anak)
 6. Anak terkecil < 2 tahun
 7. Tinggi Badan \leq 145 cm.
 8. Riwayat Obstetrik Jelek
 9. Persalinan yang lalu dengan tindakan
 10. Bekas Seksio Sesaria
 11. Perdarahan antepartum
 12. Eklamsia
 13. Fre eklamsia
 14. Penyakit ibu
 15. Kelainan letak
 16. Hamil Kembar
 17. Hamil Kembar Air (hydramnion)
 18. Bayi mati dalam kandungan
 19. Kehamilan lebih bulan

RUJUKAN

17. Pernah dirujuk : 17.
1. Tidak
2. Ya
18. Dirujuk oleh : 18.
1. Dukun ke bidan/Puskesmas
2. Dukun ke Rumah Sakit
3. Dukun ke bidan/Puskesmas, lalu ke Rumah Sakit
4. Bidan ke Rumah Sakit klas C
5. Rumah Sakit klas C ke Rumah Sakit klas B/A
19. Waktu rujukan : 19.
1. Pagi
2. Sore
3. Malam
20. Datang ketempat rujukan : 20.
1. Ya
2. Tidak
21. Alasan tidak dirujuk : 21.
1. Transport
2. Biaya
3. Tidak mau
22. Kendaraan yang digunakan ketempat rujukan : 22.
1. Jalan kaki/digotong
2. Kendaraan roda empat : a. milik pribadi
b. pinjaman
c. umum
3. Kombinasi 1 dan 2
23. Pernah rawat inap : 23.
1. Tidak
2. Ya, penyakit

III. PERSALINAN

24. Tanggal persalinan : 24.
25. Tempat persalinan : 25.
1. Rumah Ibu
2. Rumah Bidan
3. Puskesmas
4. Rumah Sakit
5. Lain-lain :
26. Penolong persalinan : 26.
1. Dukun
2. Bidan
3. Dokter
4. Lain-lain :

27. Cara persalinan : 27.
 1. Normal
 2. Tindakan
 3. Seksio Sesaria
28. Penyulit persalinan : 28.
 1. Tidak ada
 2. Perdarahan
 3. Toxemia
 4. Infeksi
29. Indikasi tindakan atau bedah Sesar,
30. Keadaan bayi yang dilahirkan : 30.
 1. Hidup sehat
 2. Lemah/sakit
 3. Mati : a. Lahir mati
 b. Mati kemudian, hari
31. Jenis kelamin : 31.
 1. Laki
 2. Perempuan
32. Berat badan lahir : gram
33. Kelainan/cacat bawaan

IV. NIFAS - 40 HARI POST PARTUM

34. Keadaan umum ibu lemah/sakit : 34.
 1. panas
 2. kejang-kejang
 3. perdarahan
 4. tidak sadar
 5. lain-lain
35. Rujukan : 35.
 1. dari dukun ke bidan/PKM
 2. dari dukun ke bidan/PKM, lalu ke RS
 3. dari dukun atau bidan langsung ke RS
36. Pertolongan yang diberikan : 36.
 1. Rawat jalan
 2. Rawat inap : hari
 3. Konsultasi ke dokter ahli lain :

V. KEMATIAN MATERNAL

37. Kapan, tanggal
1. Masih hamil
 2. Dalam persalinan
 3. Setelah persalinan : jam / hari
- Kondisi ibu menjelang kematian :
38. Keadaan ibu : 38.
 1. Tidak sadar
 2. Panas tinggi
 3. Perdarahan
 4. Kejang-kejang

39. Tempat : 39.
 1. Rumah ibu hamil/bidan
 2. Puskesmas
 3. Rumah Sakit
 4. Dijalan
40. Penolong yang mendampingi : 40.
 1. Dukun
 2. Dukun dan Bidan
 3. Dukun / Rumah Sakit
 4. Bidan / Puskesmas
 5. Dokter / Rumah Sakit
41. Pertolongan terakhir : 41.
 1. Suntikan
 2. Infuus
 3. Transfusi
 4. Tindakan pervaginam :
 4. Operasi, jenis :
- VI. PEMBINAAN IBU HAMIL OLEH KADER PKK
42. Pada waktu skrining ditemukan faktor risiko : 42.
 1. Tidak
 2. Ya,
43. Jumlah skor terakhir :, kode warna : 43.
 1. Hijau
 2. Kuning
 3. Merah
44. Ibu hamil termasuk kelompok risiko : 44.
 1. Kehamilan Risiko Rendah (KRR)
 2. Kehamilan Risiko Tinggi (KRT)
 3. Kehamilan Risiko Sangat Tinggi (KRST)
45. Penyuluhan rujukan kehamilan diberikan : 45.
 1. Tidak
 2. Ya, a. bidan/PKM
 b. Rumah Sakit
46. Penyuluhan perencanaan persalinan mengenai tempat dan penolong berdasarkan faktor risiko : 46.
 1. Tidak
 2. Ya, a. bidan/PKM
 b. Rumah Sakit
47. Ibu hamil melahirkan sesuai dengan perencanaan persalinan : 47.
 1. Ya
 2. Tidak, persalinan dirumah ditolong : a. dukun
 b. bidan
48. Alasan melahirkan tidak sesuai dengan perencanaan 48.
 1. ibu tidak peduli/tidak menyadari adanya risiko
 2. ibu biasa melahirkan dirumah ditolong dukun
 3. kesulitan transportasi
 4. kesulitan biaya

VII. INFORMASI MEDIK DARI PENOLONG DUKUN, BIDAN, DOKTER

Tgl wawancara : tgl.. bl.. th.. Pewawancara : Nama

T T

A. Kehamilan :

49. Penolong perawatan antenatal, nama : 49.
alamat :
1. Dukun
 2. Dukun atau Bidan
 3. Bidan/Puskesmas
 4. Bidan dan Dokter Ahli/Rumah Sakit
 5. Dukun dan Bidan di Rumah sakit
50. Skrining adanya faktor risiko : 50.
1. Primi Muda
 2. Primi Tua, hamil I kawin 4 tahun lebih
 3. Primi Tua, hamil I umur 35 tahun lebih
 4. Primi tua sekunder
 5. Grande Multipara (4 anak)
 6. Anak terkecil < 2 tahun
 7. Tinggi Badan \leq 145 cm.
 8. Riwayat Obstetrik Jelek
 9. Persalinan yang lalu dengan tindakan
 10. Bekas Seksio Sesar
 11. Perdarahan antepartum
 12. Eklamsia
 13. Pre eklamsia
 14. Penyakit ibu
 15. Kelainan letak
 16. Hamil Kembar
 17. Hamil Kembar Air (hydramnion)
 18. Bayi mati dalam kandungan
 19. Kehamilan lebih bulan
51. Jumlah skor terakhir :, kode warna : 51.
1. Hijau
 2. Kuning
 3. Merah
52. Kelompok Risiko : 52.
1. Kehamilan Risiko Rendah (KRR)
 2. Kehamilan Risiko Tinggi (KRT)
 3. Kehamilan Risiko Sangat Tinggi (KRST)
53. Rujukan : 53.
1. dari dukun ke bidan/Puskesmas
 2. dari dukun ke bidan/PKM, lalu ke RS
 3. dari dukun langsung ke RS
 4. dari bidan/PKM ke RS
54. Pemeriksaan lain-lain : 54.
1. Laboratorium
 2. Radiologis
 3. Ultrasonografi
 4. Konsultasi ke dokter ahli lain :

55. Penyakit dari ibu yang ditemukan
56. Kelainan bayi yang ditemukan
57. Pertolongan yang diberikan : 57.
1. Obat-obatan
 2. Perawatan : a. rawat jalan
b. rawat inap hari
 3. Tindakan : a. induksi persalinan
b. Seksio Sesaria terencana
58. Kondisi ibu hamil : 58.
1. Keadaan umum baik
 2. Lemah/sakit
 3. Meninggal : a. kasus
 - b. sebab
- B. Persalinan :
59. Dilakukan rujukan : 59
1. Tidak
 2. Ya, a. oleh dukun ke bidan/PKM
b. oleh dukun ke bidan/PKM, lalu ke RS
c. oleh dukun atau bidan langsung ke RS
60. Kelengkapan rujukan : 60.
1. Surat rujukan : a. Tidak ada
b. Ya, oleh bidan atau dokter PKM
 2. Pengantar : a. dukun
b. bidan
c. dukun dan bidan
 3. Obat-obatan yang diberikan :
 4. Dengan infus : a. Tidak
b. Ya, cairan :
61. Tempat persalinan : 61.
1. Rumah ibu hamil
 2. Rumah bidan
 3. Pondok bersalin
 4. Puskesmas
 5. Rumah Sakit klas C/B/A
62. Penolong persalinan, nama : 62.
alamat :
1. Dukun
 2. Dukun dan Bidan
 3. Bidan/Puskesmas
 4. Dukun, Bidan dan Dokter Ahli/RS
 5. Bidan dan Dokter Ahli/RS
63. Partograf dilakukan : 63.
1. Ya
 2. Tidak, alasan

Kala I :

64. Kelainan-2 yang terjadi dalam kala I
1. Faktor risiko pada kehamilan
 2. Ketuban pecah dini
 3. Secondary arrest
 4. Robekan rahim yang mengancam
 5. Penumbungan bagian kecil janin
 6. Kelainan letak
 7. Febris
 8. Kejang-kejang
 9. Perdarahan
 10. Lain-2
 11. Lancar jam sampai jam ...!

64.

65. Pertolongan dalam kala I :
1. Konservatif/ekspektatif, lama jam
 2. Induksi persalinan
 3. Terminasi : tindakan Seksio Sesaria

65.

66. Kondisi ibu :
1. Keadaan umum baik
 2. Lemah/sakit : a. febris
b. kejang-kejang
c. shock
d. lain-lain :
 3. Meninggal

66.

Kala II :

67. Umur kehamilan :
1. Kurang bulan
 2. Cukup bulan
 3. Lebih bulan
68. Kelainan yang terjadi pada kala II :
1. Letak sungsang
 2. Letak lintang
 3. Letak kepala, kala II lama - partus lama
 4. Robekan rahim mengancam
 5. Robekan rahim
 6. Lain-lain
 7. Baik

67.

68.

69. Pertolongan dalam kala II :
1. Konservatif/ekspektatif, lama jam
 2. Persalinan Spontan
 3. Tindakan : a. pervaginam
b. bedah Sesar
c. hysterectomi

69.

70. Kondisi ibu :
1. Keadaan umum baik
 2. Lemah/sakit : a. febris
b. kejang-kejang
c. shock
d. lain-lain
 3. Meninggal

70.

VIII. RINGKASAN

83. Jumlah pengeluaran biaya :

- Penolong	: a. dukun	Rp.
	b. bidan	Rp.
	c. dokter	Rp.
- Tempat	: a. Pondok bersalin	Rp.
	b. Puskesmas	Rp.
	c. Rumah sakit	Rp.
- Obat-obatan	:	Rp.
- Lain-lain	:	Rp.

		Rp.

84. Sumber biaya :

1. Tabungan pribadi	84. <input type="checkbox"/>
2. Pinjaman dari Saudara atau teman	
3. Dana sehat/JPKM	
4. Menjual :	

85. Saat kematian :

1. Pada kehamilan	85. <input type="checkbox"/>
2. Pada persalinan	
3. Post partum	

86. Perkiraan sebab kematian :

1. Perdarahan	86. <input type="checkbox"/>
2. Toxemia	
3. Infeksi	
4. Partus lama	
5. Lain-lain :	

IX. Kejadian dapat dihindari (avoidable) untuk mencegah kematian :

87. Tempat persalinan :

1. sesuai dengan perencanaan persalinan	87. <input type="checkbox"/>
2. tidak sesuai dengan perencanaan persalinan	

88. Penolong :

1. sesuai dengan perencanaan persalinan	88. <input type="checkbox"/>
2. tidak sesuai dengan perencanaan persalinan	

89. Sarana :

1. transportasi	89. <input type="checkbox"/>
2. Rumah Sakit : personil, alat	
3. transfusi	

90. Hambatan rujukan :

1. tidak segera mau dirujuk	90. <input type="checkbox"/>
2. kesukaran transportasi	
3. kesukaran biaya	
4. Penolong estafet : dukun, bidan, RS	

91. Lama perjalanan rujukan dari rumah bumil ke RS :
 jam hari

92. Ibu : kelainan medik

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SURVEY KEMATIAN PERINATAL
Untuk Kasus Kematian Yang Terjadi Dari 1 Agust 92 - 31 Juli 93

Puskesmas : Tgl wawancara : tgl.. bl.. th..
 D e s a : Pewawancara : Nama
 Kecamatan :
 Kabupaten/Kotamadya : T T

1. IDENTITAS

- 1. Nama Ibu : Umur : Tahun
- 2. Nama Ayah : Umur : Tahun
- 3. Alamat :
 - 1. Desa :
 - 2. Kecamatan :
 - 3. Kabupaten/Kodya :
 - 4. Propinsi :
- 4. Pendidikan Ibu : 4.

 - 1. Tidak Sekolah
 - 2. SD
 - 3. SMP
 - 4. SMA
 - 5. Perguruan Tinggi

- 5. Pekerjaan Ibu : 5.

 - 1. Ibu Rumah Tangga
 - 2. Buruh
 - 3. Petani/Nelayan
 - 4. Pegawai/ABRI
 - 5. Pedagang/Wiraswasta

- 6. Pendidikan Ayah : 6.

 - 1. Tidak Sekolah
 - 2. SD
 - 3. SMP
 - 4. SMA
 - 5. Perguruan Tinggi

- 7. Pekerjaan Ayah : 7.

 - 1. Tidak bekerja
 - 2. Buruh
 - 3. Petani/Nelayan
 - 4. Pegawai/ABRI
 - 5. Pedagang/Wiraswasta

- 8. K.B. yang pernah dipakai sebelum kehamilan ini 8.

 - 1. Tidak pernah
 - 2. Pil
 - 3. Suntik
 - 4. Susuk
 - 5. IUD
 - 6. Lain-lain (MOW/MOP)

9. Pembinaan ibu hamil oleh kader 9.
 1. Tidak
 2. Ya, kali
- II. KONDISI KEHAMILAN
10. Paritas Ibu : 1. Primi 10.
 2. Multi : hamil beberapa
 anak hidup
 11. Pada waktu mulai hamil ini, anak terkecil umur : 11.
 1. kurang 2 tahun
 2. 2 tahun atau lebih
 12. Periksa hamil, tempat : 12.
 1. Dukun
 2. Posyandu
 3. Pondok Bersalin
 4. Bidan/Puskesmas
 5. Dokter/Rumah Sakit
 13. Frekuensi periksa hamil : 13.
 1. Satu kali
 2. Dua kali
 3. Tiga kali
 4. Empat kali atau lebih
 14. Tribulan ketiga periksa berapa kali
 15. Immunisasi TT : 1. Ya, kali 15.
 2. Tidak
 16. Faktor Risiko : 16.
 1. Primi Muda
 2. Primi Tua, hamil I kawin 4 tahun lebih
 3. Primi Tua, hamil I umur 35 tahun lebih
 4. Primi tua sekunder
 5. Grande Multipara (4 anak)
 6. Anak terkecil < 2 tahun
 7. Tinggi Badan \leq 145 cm.
 8. Riwayat Obstetrik Jelek
 9. Persalinan yang lalu dengan tindakan
 10. Bekas Seksio Sesaria
 11. Perdarahan antepartum
 12. Eklamsia
 13. Pre eklamsia
 14. Penyakit ibu
 15. Kelainan letak
 16. Hamil Kembar
 17. Hamil Kembar Air (hydramnion)
 18. Bayi mati dalam kandungan
 19. Kehamilan lebih bulan

RUJUKAN

17. Pernah dirujuk : 17.
1. Tidak
2. Ya
18. Dirujuk oleh : 18.
1. Dukun ke bidan/Puskesmas
2. Dukun ke Rumah Sakit
3. Dukun ke bidan/Puskesmas, lalu ke Rumah Sakit
4. Bidan ke Rumah Sakit klas C
5. Rumah Sakit klas C ke Rumah Sakit klas B/A
19. Datang ketempat rujukan : 19.
1. Ya
2. Tidak
20. Alasan tidak dirujuk : 20.
1. Transport
2. Biaya
3. Tidak mau
21. Kendaraan yang digunakan ketempat rujukan : 21.
1. Jalan kaki/digotong
2. Kendaraan roda empat : a. milik pribadi
b. pinjaman
c. umum
3. Kombinasi 1 dan 2
22. Pernah rawat inap : 22.
1. Tidak
2. Ya, penyakit
- III. PERSALINAN**
23. Tanggal persalinan :
24. Tempat persalinan : 24.
1. Rumah Ibu
2. Rumah Bidan
3. Puskesmas
4. Rumah Sakit
5. Lain-lain :
25. Penolong persalinan : 25.
1. Dukun
2. Bidan
3. Dokter
4. Lain-lain :
26. Cara persalinan : 26.
1. Normal
2. Tindakan
3. Seksio Sesaria

27. Penyulit persalinan : 27.
1. Tidak ada
 2. Perdarahan
 3. Toxemia
 4. Infeksi, partus lama
28. Indikasi tindakan atau bedah Sesar
29. Jenis kelamin : 1. Laki 29.
2. Perempuan
30. Berat badan lahir : gram
31. Kelainan/cacat bawaan
32. Kealaan bayi yang dilahirkan : 32.
1. Hidup sehat
 2. Lemah/sakit
 3. Mati : a. Lahir mati
b. Mati kemudian, hari
- IV. KEADAAN BAYI SAMPAI DENGAN UMUR 7 HARI
33. Keadaan umum bayi lemah/sakit : 33.
1. panas
 2. kejang-kejang
 3. sesak napas
 4. mencret/muntah
 5. lain-lain
34. Rujukan : 34.
1. dari dukun ke bidan/PKM
 2. dari dukun kebidan/PKM, lalu ke RS
 3. dari dukun atau bidan langsung ke RS
35. Pertolongan yang diberikan : 35.
1. Rawat jalan
 2. Rawat inap : hari
 3. Konsultasi ke dokter ahli lain :
- V. KEMATIAN PERINATAL
36. Kapan, tanggal 36.
1. Dalam kandungan
 2. Dalam persalinan
 3. Setelah persalinan : jam / hari
- Kondisi ibu dan bayi menjelang kematian bayi :
37. Kondisi ibu : 37.
1. Tidak sadar
 2. Panas tinggi
 3. Perdarahan
 4. Kejang-kejang

38. **Ketidaksihan**
1. **Gejala** yang dirasakan oleh ibu hamil
 2. **Gejala** ketidaksihan :
 - a. **bahi** menangis
 - b. **tidak** menangis
 3. **Dalam** 7 hari setelah persalinan :
 - a. **gejala** ketidaksihan
 - b. **tidak** ketidaksihan
 - c. **gejala** ketidaksihan
 - d. **tidak** ketidaksihan
 - e. **gejala** ketidaksihan
38.
39. **Rujukan** ke :
39.
40. **Tempat** bayi lahir :
1. **Di** rumah ibu hamil
 2. **Dukun**
 3. **Rumah** sakit
40.
41. **Penolong** yang mendampingi :
1. **Ibu** hamil, keluarga
 2. **Dukun**
 3. **Dokter** / perawat
 4. **Dokter** / perawat / dukun
 5. **Dokter** / perawat / dukun
 6. **Dokter** / perawat / dukun
41.
42. Pada skala training ditemukan faktor risiko
1. **Tidak** ada faktor risiko
 2. **Terdapat** faktor risiko
42.
43. **Jumlah** warna toilet :, **kode** warna
1. **Hijau**
 2. **Kuning**
 3. **Merah**
43.
44. **Ibu** hamil termasuk kelompok risiko :
1. **Kategori** Risiko Rendah (KRR)
 2. **Kategori** Risiko Tinggi (KRT)
 3. **Kategori** Risiko Sangat Tinggi (KRST)
44.
45. **Penyuluhan** dan rujukan kehamilan :
1. **Tidak**
 2. **Ya**, a. **bidan**, PBM
b. **Dokter** / perawat kelas C/P/A
45.
46. **Penyuluhan** perencanaan persalinan mengenai tempat dan penolong :
1. **Tidak**
 2. **Ya**, a. **rumah** ibu hamil/dukun
b. **bidan**, PBM
c. **Dokter** / perawat kelas C/B/A
46.
47. **Ibu** hamil melahirkan sesuai dengan perencanaan :
1. **Ya**
 2. **Tidak** sesuai dengan perencanaan oleh
47.

VII. INFORMASI MEDIK DARI PENOLONG DUKUN, BIDAN, DOKTER AHLI
 Tgl wawancara : tgl.. bl.. th.. Pewawancara : Nama

T T

A. Kehamilan :

48. Penolong perawatan antenatal, Nama : 48.
 Alamat :

1. Dukun
2. Dukun atau Bidan/PKM
3. Bidan/Fuskesmas
4. Bidan dan Dokter Ahli/Rumah Sakit
5. Dukun dan Bidan di Rumah sakit

49. Skrining adanya faktor risiko : 49.

1. Primi Muda
2. Primi Tua, hamil I kawin 4 tahun lebih
3. Primi Tua, hamil I umur 35 tahun lebih
4. Primi tua sekunder
5. Grande Multipara (4 anak)
6. Anak terkecil < 2 tahun
7. Tinggi Badan \leq 145 cm.
8. Riwayat Obstetrik Jelek
9. Persalinan yang lalu dengan tindakan
10. Bekas Seksio Sesaria
11. Perdarahan antepartum
12. Eklamsia
13. Pre eklamsia
14. Penyakit ibu
15. Kelainan letak
16. Hamil Kembar
17. Hamil Kembar Air (hydramnion)
18. Bayi mati dalam kandungan
19. Kehamilan lebih bulan

50. Jumlah skor terakhir :, kode warna : 50.
 1. Hijau
 2. Kuning
 3. Merah

51. Kelompok Risiko : 51.
 1. Kehamilan Risiko Rendah (KRR)
 2. Kehamilan Risiko Tinggi (KRT)
 3. Kehamilan Risiko Sangat Tinggi (KRST)

52. Rujukan oleh : 1. dukun ke PKM 52.
 2. dukun dan bidan/PKM ke RS
 3. dukun langsung ke RS

53. Rujukan ke RS : 1. Rujukan dalam rahim 53.
 2. Rujukan persalinan
 3. Rujukan neonatal

54. Pemeriksaan lain-lain : 54.
 1. Laboratorium
 2. Radiologis
 3. Ultrasonografi
 4. Konsultasi ke dokter ahli lain :
55. Pertolongan yang diberikan kepada ibu hamil : 55.
 1. Obat-obatan
 2. Perawatan : a. rawat jalan
 b. rawat inap hari
 3. Tindakan : a. induksi persalinan
 b. Seksio Sesaria terencana
56. Kondisi ibu hamil : 56.
 1. Keadaan umum baik
 2. Lemah/sakit
57. Kondisi bayi, denyut jantung janin terdengar : 57.
 1. Ya
 2. Tidak
- B. Persalinan**
58. Dilakukan rujukan : 58.
 1. Tidak
 2. Ya : a. dukun ke bidan/PKM
 b. dukun ke bidan/PKM, lalu ke RS
 c. dukun atau bidan langsung ke RS
59. Kelengkapan rujukan : 59.
 1. Surat rujukan : a. Tidak
 b. Ya, bidan atau dokter PKM
 2. Pengantar : a. dukun
 b. bidan
 c. dukun dan bidan
 3. Obat-obatan yang diberikan :
 4. Dengan infuus : a. Tidak
 b. Ya, cairan
60. Tempat persalinan : 60.
 1. Rumah ibu hamil
 2. Rumah bidan
 3. Pondok bersalin
 4. Puskesmas
 5. Rumah Sakit klas C/B/A
61. Penolong persalinan, nama : 61.
 alamat :
 1. Dukun
 2. Dukun dan Bidan
 3. Bidan/Puskesmas
 4. Dukun, Bidan dan Dokter Ahli/RS
 5. Bidan dan Rumah Sakit
62. Partograf dilakukan : 62.
 1. Ya
 2. Tidak, alasan

Kala I :

63. Kelainan-2 yang terjadi dalam kala I 63.
1. Faktor Risiko pada kehamilan
 2. Ketuban pecah dini
 3. Secondary arrest
 4. Robekan rahim yang mengancam
 5. Penumbungan bagian kecil janin
 6. Kelainan letak, sungsang atau lintang
 7. Febris
 8. Kejang-kejang
 9. Perdarahan
 10. Lain-2
 11. Lancar jam sampai jam

64. Kondisi ibu : 64.
1. Keadaan umum baik
 2. Lemah/sakit : a. febris
b. kejang-kejang
c. shock

65. Kondisi bayi, denyut jantung janin terdengar : 65.
1. Ya, baik teratur
 2. Gawat janin
 3. Tidak terdengar

66. Pertolongan dalam kala I : 66.
1. Konservatif/ekspektatif, lama jam
 2. Induksi persalinan
 3. Terminasi : Seksio Sesaria

Kala II :

67. Umur kehamilan : 67.
1. Kurang bulan
 2. Cukup bulan
 3. Lebih bulan

68. Kelainan pada kala II : 68.
1. Letak sungsang
 2. Letak lintang
 3. Letak kepala Kala II lama - partus lama
 4. Robekan rahim mengancam
 5. Lain-2
 6. Baik

69. Kondisi ibu : 69.
1. Keadaan umum baik
 2. Lemah/sakit : a. febris
b. kejang-kejang
c. shock

70. Kondisi bayi, denyut jantung janin terdengar : 70.
1. Ya, baik teratur
 2. Gawat janin
 3. Tidak terdengar

71. Pertolongan dalam kala II : 71.
1. Konservatif/ekspektatif, lama jam
 2. Persalinan spontan
 3. Tindakan : a. pervaginam
b. bedah Sesar
c. hysterectomi
- Kala III :
72. Kelainan yang terjadi dalam kala III : 72.
1. Retentio placentae : a. plac. adhesiva
b. plac. accreta
 2. Perdarahan post partum
 3. Late HPP
 4. Lain-lain
73. Pertolongan dalam kala III : 73.
1. Suntikan
 2. Infuus
 3. Transfusi
 4. Placenta manual
 5. Uterus amputasi
 6. Placenta lahir spontan
74. Pemberian ASI : 74.
1. Ya, hanya ASI hari
 2. Ya, ASI dan susu lain/makanan tambahan
 3. Tidak, diberi makanan : a. susu sapi
b. susu kaleng
c. makanan tambahan
d. susu + makanan tambahan
75. Keadaan bayi : 75.
1. Lemah/sakit : penyakit
 2. Kematian neonatal jam, hari
76. Hasil Persalinan : 76.
1. Ibu : a. Sehat
 2. Lemah/sakit : penyakit
 3. Meninggal : a. pada kehamilan
b. persalinan
c. post partum
 4. Kasus
 5. Sebab kematian
77. Berat : Berat badan lahir gram
78. Jenis kelamin : 78.
1. laki
 2. perempuan
79. Cacat bawaan : 79.
- a. Ada
 - b. Tidak ada

80. Jenis cacat bawaan : 80.
 1. Sistem syaraf : a. hydrocephalus
 b. anencephalus
 c. microcephalus
 d. spina bifida
 e. lain-lain
 2. Phalatoschisis, cheilopalatoschisis
 3. Hygroma colli
 4. Pada dada
 5. Pada perut
 6. Pada tangan kaki
 7. lain-lain
81. Keadaan bayi : 81.
 1. Lemah/sakit : penyakit
 2. Meninggal : a. antenatal
 b. intranatal
 c. neonatal .. jam, .. hari
 3. Kasus
82. Perkiraan sebab kematian : 82.
 1. gawat napas
 2. aspirasi
 3. kejang-kejang
 4. mencret/muntah
 5. infeksi
 6. lain-lain

VIII. RINGKASAN

83. Jumlah pengeluaran biaya :
 - Penolong : a. dukun Rp.
 b. bidan Rp.
 c. dokter Rp.
 - Tempat : a. Pondok bersalin Rp.
 b. Puskesmas Rp.
 c. Rumah sakit Rp.
 - Obat-obatan : Rp.
 - Lain-lain : Rp.

 Rp.
84. Sumber biaya : 84.
 1. Tabungan pribadi
 2. Pinjaman dari Saudara atau teman
 3. Dana sehat / JPKM
 4. Menjual :
85. Bayi dilahirkan pada umur kehamilan :
86. Berat badan lahir : gram
87. Jenis kelamin :
88. Cacat bawaan :
89. Perkiraan sebab kematian : 89.
 1. gawat napas
 2. aspirasi
 3. kejang-kejang
 4. mencret/muntah
 5. infeksi
 6. lain-lain

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III. Kejadian dapat dihindari (avoidable) untuk mencegah kematian :

Dari unsur ibu

90. Tempat persalinan : 90.
1. sesuai dengan perencanaan persalinan
2. tidak sesuai dengan perencanaan persalinan

91. Penolong : 91.
1. sesuai dengan perencanaan persalinan
2. tidak sesuai dengan perencanaan persalinan

92. Sarana : 92.
1. transportasi
2. Rumah Sakit : personil, alat
3. transfusi

93. Hambatan rujukan : 93.
1. tidak segera mau dirujuk
2. kesukaran transportasi
3. kesukaran biaya
4. Penolong estafet : dukun, bidan, RS

94. Lama perjalanan rujukan dari rumah bumil ke RS
..... jam, hari

95. Ibu : kelainan medik

Dari unsur bayi

96. Bayi : kelainan medik

97. Keterlambatan merujuk : 97.
1. Tidak
2. Ya, sebab : a. dianggap tidak apa-apa
b. kesukaran transportasi
c. kesukaran biaya

98. Perawatan dan pengobatan yang diberikan 98.
1. Sendiri
2. Dukun
3. Bidan
4. Dokter Ahli

====oo0oo====

APPENDIX 3F

Transport Study

Dr. Benny

1275

SURAT JAWABAN

Referral card

*Ask sb-HC midwife/da
Recp by hosp
do*

D a r i : Bidan :
 Puskesmas :
 Rumah Sakit :
 K e p a d a : Ibu kader PKK :
 Posyandu :
 D e s a :
 Kecamatan : Kabupaten :
 Yang dirujuk : Ibu hamil : No. urut :
 Faktor resiko : Skor :
 Rujukan kehamilan :
 - nasehat :
 Rujukan persalinan :
 Hasil persalinan : persalinan spontan/tindakan
 lain-lain
 Ibu : baik/sakit/meninggal :
 Bayi : hidup/meninggal ≤ 7 hr :
 Jenis kelamin : laki-2/perempuan
 Berat badan lahir : gram
 Cacat bawaan :

Terima kasih

(.....)

SURAT - JAWABAN

D a r i : Rumah sakit
 K e p a d a : Puskesmas Kecamatan
 Kabupaten/ Kodya
 Yang dirujuk : Ibu hamil : No urut
 Faktor risiko : skor
Rujukan kehamilan :
 Diagnosa :
 Terapi :

 Nasehat :

Rujukan persalinan:
 Hasil persalinan : Spontan/ tindakan

 Ibu : baik/sakit/meninggal

 Bayi : hidup/meninggal 7 hari

 Jenis kelamin : L / P
 Berat badan lahir :gr
 cacat bawaan :
Pulang dari RS :
 Tanggal :

Terima kasih

(.....)

9/1

STUDI SAFE NOTENING OF DANGGAL KEMERUKAN BAYAN DI KAWASAN

LEMBANG PENGUMPULAN DATA
RUJUKAN DARURAT KE RUMAH SAKIT

(LPS 1) (FORM 100/100)

I. Puskesmas : Kecamatan : Desa :
Kantor :

II. No. urut pengiriman rujukan

III. Nama ibu hamil : Suami :

1. Umur : tahun
2. G. P
3. Umur kehamilan minggu
4. Faktor Risiko:

5. Skor :

IV. Rujukan : 1. kehamilan 2. persalinan 3. mifan
Indikasi :
Kondisi ibu : 1. KU baik 2. KU jelek
tensi, nadi, temp oc
Kondisi janin : 1. baik 2. pawat janin 3. mati
Sarana Medik : 1. ada 2. tidak
infus : 1. ya, 2. tidak
obat diberikan: 1. ya, 2. tidak
pencantar : 1. ya, 1. dukun 2. bidan
3. perawat keluarga

Yang merujuk : 1. dulun 2. bidan 3. dokter PEM 4. keluarga
Asal rujukan : 1. Rumah ibu hamil 3. Polindes
5. rumah bidan 4. Puskesmas

Kesediaan dirujuk : 1. segera setelah 2. pikir-pikir

V. Komunikasi : Radio medik : 1. ada 2. tidak ada
Kontak : 1. sudah ada kontak 2. belum

VI. Transportasi :
Berangkat : tanggal jam
Kendaraan : Macam : 1. Ambulans
2. Kendaraan umum
Kesiapan kendaraan : menit/jam *menit/jam*
(lama dalam menit atau jam antara mulai diputuskan untuk dirujuk sampai tersedianya kendaraan dan berangkat mengangkut pasien ke Rumah Sakit).

Distance to hosp
Jarak dari asal rujukan sampai kendaraan :
1. di muka rumah 2. < 0,5 km 3. 0,5-1 km 4. > 1 km
Jarak dari asal rujukan ke Rumah Sakit : km
lama perjalanan : menit/jam

VII. Kondisi : Jalan : 1. jelek, tanah, berlumpur
2. sedang, aspal berlubang-lubang
3. baik, aspal halus
Area : 1. datar
2. pegunungan, berbelok-belok

VIII. Biaya :
1. Kendaraan :
Transport untuk ibu hamil ke RS Rp. (satu kendaraan ter
masa, satu pengantar
dapat penggantian
untuk ibu hamil dari RS Rp. (dapat penggantian
untuk keluarga dari RS Rp. (keluarga tidak
dapat penggantian
2. Lain-lain Rp. (ditanyakan kepada
keluarga)

Total : Rp.

Form from hosp

Condukan in hosp

STUDI SAFI MORTIFIKASI LESAN PAJARAN RIWAYAT USU

LINSEK BENDAHUBUNG RUMAH SAKIT
KEMENTERIAN KESEHATAN REPUBLIK INDONESIA
(KEMENTERIAN KESEHATAN RIWAYAT USU)

I. Rumah Sakit :

II. No. urut penerimaan rujukan

III. Nama ibu hamil : Suami :
1. Umur : tahun alamat: desa :
2. G . P Puskesmas:
3. Umur kehamilan minggu Kecamatan:
4. Faktor Risiko: Rujukan dari :
5. Skor : 1. kader 1.
2. dukun 2.
3. bidan 3. dokter

IV. Komunikasi : Kontak radio bidan

1. sudah ada kontak sebelumnya belum ada

V. Masuk Rumah sakit : tanggal jam

Kondisi ibu : 1. K.O baik 2. K.O jelek
tense nadi

Kondisi janin : 1. baik 2. gasak 3. m...

VI. Diagnosa :

VII. Persalinan : 1. spontan 2. tindakan pervaginum
3. Bedah sesar

Hasil persalinan :

Ibu : 1. hidup
2. kesakitan/komplikasi
3. kematian, sebab

Bayi : 1. hidup
2. kesakitan,
3. kematian, sebab

Score Apgar :
Berat badan lahir : gram
Kelainan bawaan :

VIII. Kesulitan menolong persalinan :

Cairan untuk infus : 1. ada 2. tidak ada
Darah : 1. tersedia 2. tidak tersedia
Alat-~~alat~~ : 1. cukup 2. kurang,
Obat-~~obatan~~ yg tersedia: 1. cukup 2. kurang,
Petugas : 1. cukup 2. kurang,
Lain-lain :

IX. Keluar Rumah Sakit : Tanggal
1. pulang sembuh
2. pulang paksa
3. dirujuk ke RS

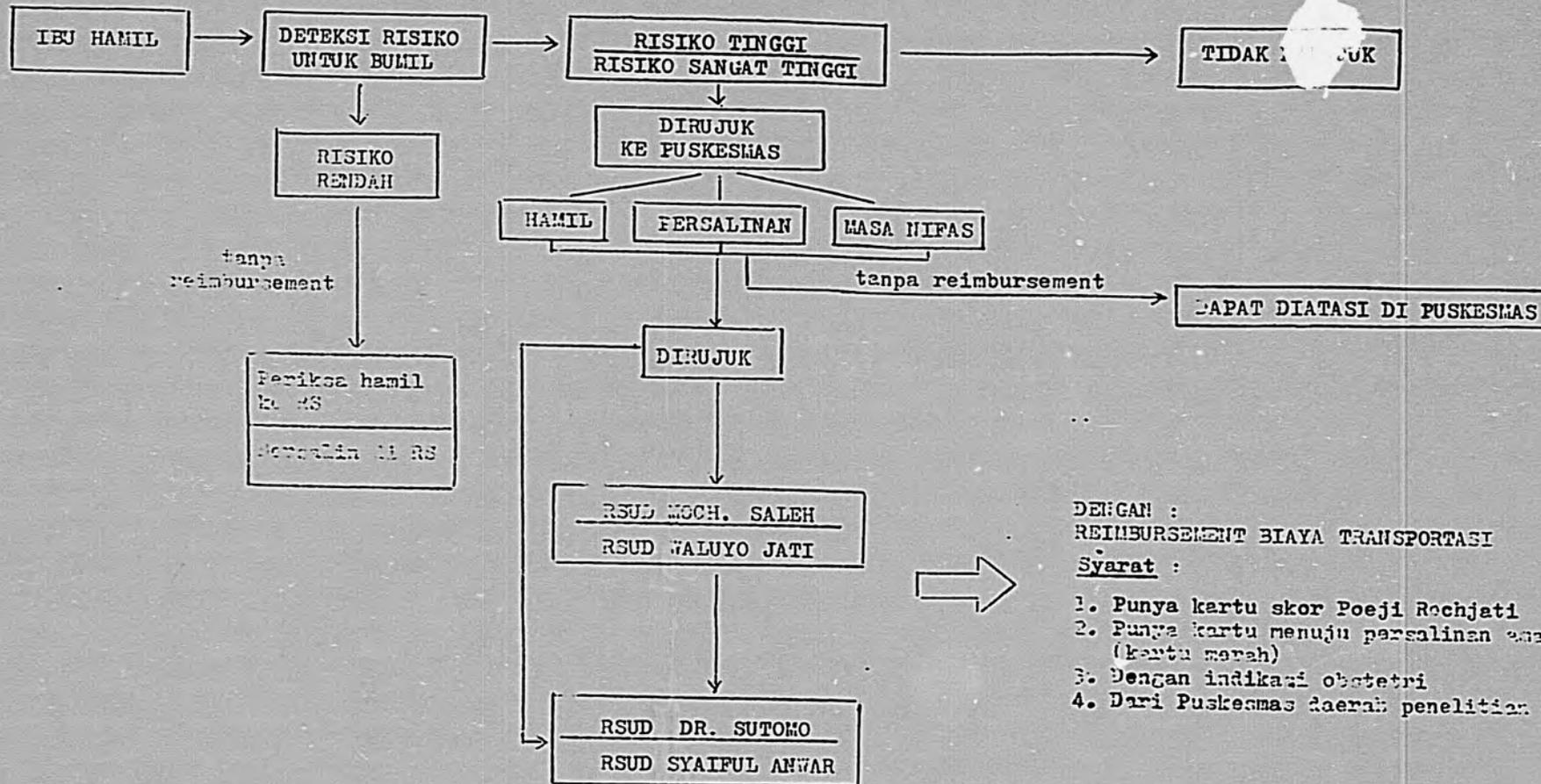
Surat jawaban rujukan :
1. dibawa penderita/keluarga
2. dikirim ke Puskesmas
3. diadanya

X. Biaya :
Perawatan Rp. Dibayar : penuh, 50%, tidak bayar
Biaya operasi/tindakan Rp. penuh, 50%, tidak bayar
Obat-obatan dari RS Rp. penuh, 50%, tidak bayar
dari resep Rp.
Lain-lain Rp. (ditanggungkan kepada keluarga)
Total : Rp.

XI. Penderita mengeluarkan total biaya : Rp.

BAGAN : PELAKSANAAN PENELITIAN SAFE MOTHERHOOD
 INTERVENSI : REIMBURSEMENT BIAYA TRANSPORTASI

BEST AVAILABLE COPY



DEGAN :
 REIMBURSEMENT BIAYA TRANSPORTASI

Syarat :

1. Punya kartu skor Poeji Rechjati
2. Punya kartu menuju persalinan aman (kartu merah)
3. Dengan indikasi obstetri
4. Dari Puskesmas daerah penelitian SU+Transport

Reimbursement :

1. Ke RSUD : Penderita + pengantar
2. Pulang dari RSUD : Penderita saja
3. Setiap kali dirujuk, diganti.

Kendaraan : -Puskesmas keliling
 -Kendaraan sewa

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- Dikirim ke Dinkesda Tk II

Puskesmas :

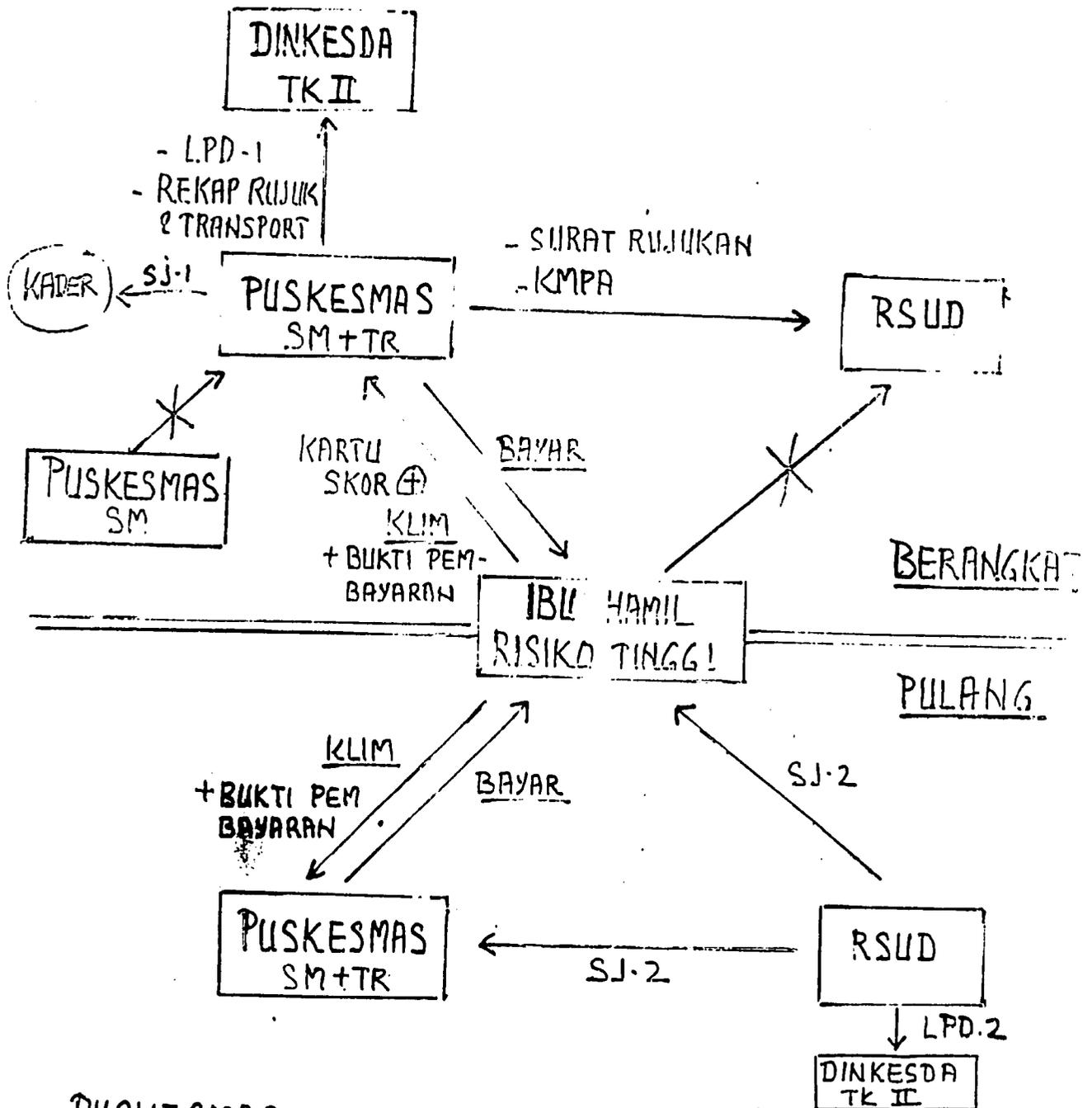
RUJUKAN/TRANSPORTASI KE DAN DARI RUMAH SAKIT
BULAN :

No. Urut	N a m a	Desa	Umur	Gra vi da	Kasus	Berangkat ke Rumah Sakit				Pulang dari Rumah Sakit				Jai Biaya	Keterangan	
						Tgl	Jam	Kendaraan		Biaya	Tgl	Hi- dup	Ma ti			Biaya
								Ambul.	Umum							

.....
.....

PROSEDUR PENGGANTIAN BIAYA TRANSPORT

Dr. Benny's Report
Mar 3, 1973



PUSKESMAS

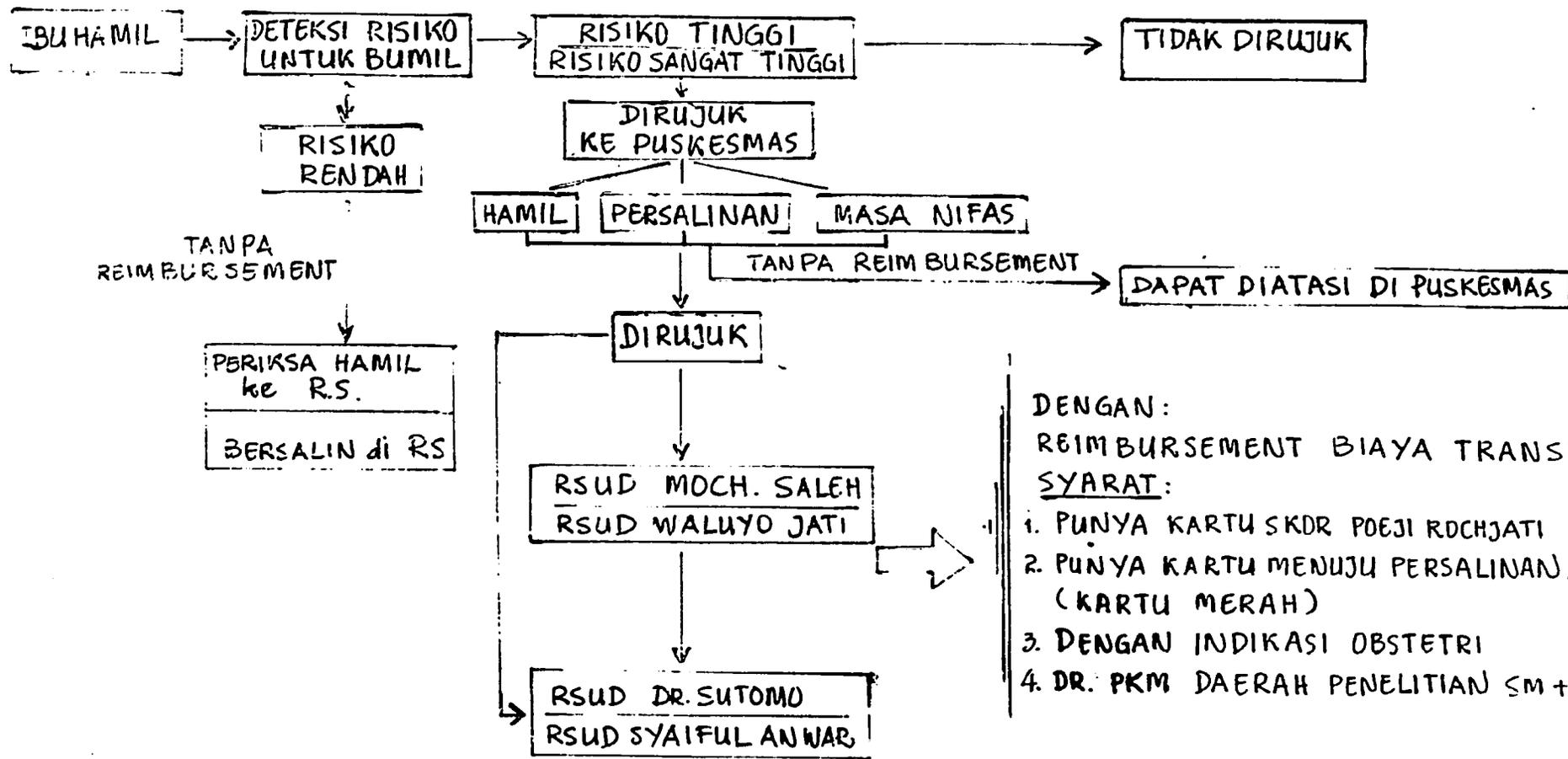
- 1 SURAT RUJUKAN
- 2 KMPA
- 3 SURAT JAWABAN (SJ-1)
- 4 LPD-1
- 5 REKAP RUJUKAN / TRANSPORT KE & DARI RS
6. BUKU KAS

RSUD

- 1 SURAT JAWABAN (SJ-2)
- 2 LPD 2

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BAGAN : PELAKSANAAN PENELITIAN SAFE MOTHER HOOD
INTERVENSI : REIMBURSEMENT BIAYA TRANSPORTASI



- DENGAN:
 REIMBURSEMENT BIAYA TRANSPORTASI
 SYARAT:
1. PUNYA KARTU SKDR POEJI ROCHJATI
 2. PUNYA KARTU MENUJU PERSALINAN AMAN (KARTU MERAH)
 3. DENGAN INDIKASI OBSTETRI
 4. DR. PKM DAERAH PENELITIAN SM + TRANSPORT

- REIMBURSEMENT:
1. KE RSUD : PENDERITA + PENGANTAR
 2. PULANG DR RSUD : PENDERITA SAJA
 3. SETIAP KALI DIRUJUK, DIGANTI

- KENDARAAN :
- PUSKESMAS KELILING
 - KENDARAAN SEWA

JUMLAH RUJUKAN DIKAITKAN DENGAN
KENDARAAN YG DIGUNAKAN

No	PUSKESMAS	JML RUJUK- AN	KENDARAAN YG DIGUNAKAN				KEND. PRIBADI
			PUSLING	MOBIL	S.MOTOR	LAIN ²	
1	KOTA ANYAR	6	6				
2	KRUCIL	1		1			
3	MARON	10	8	2			
4	SUKO	3		3			
5	SUMBER	1		1			
6	CURAH TULIS	4		4			
7	TONGAS	1		1			
8	JATI	1				1	
9	KANIGARAN	6				6	
10	SUKABUMI	-	-	-	-	-	-
	JUMLAH	33	14	12	-	7	

REFERRAL CASES.

VHR : 49 — 8 REFERRED

TOTAL REFERRED : 33.

UHR : 8.

HR. } : 25.
LR. }

PERCENTAGE
OF REFERRAL
OF VHR

$$\frac{8}{49} \times 100\% =$$

16.37%

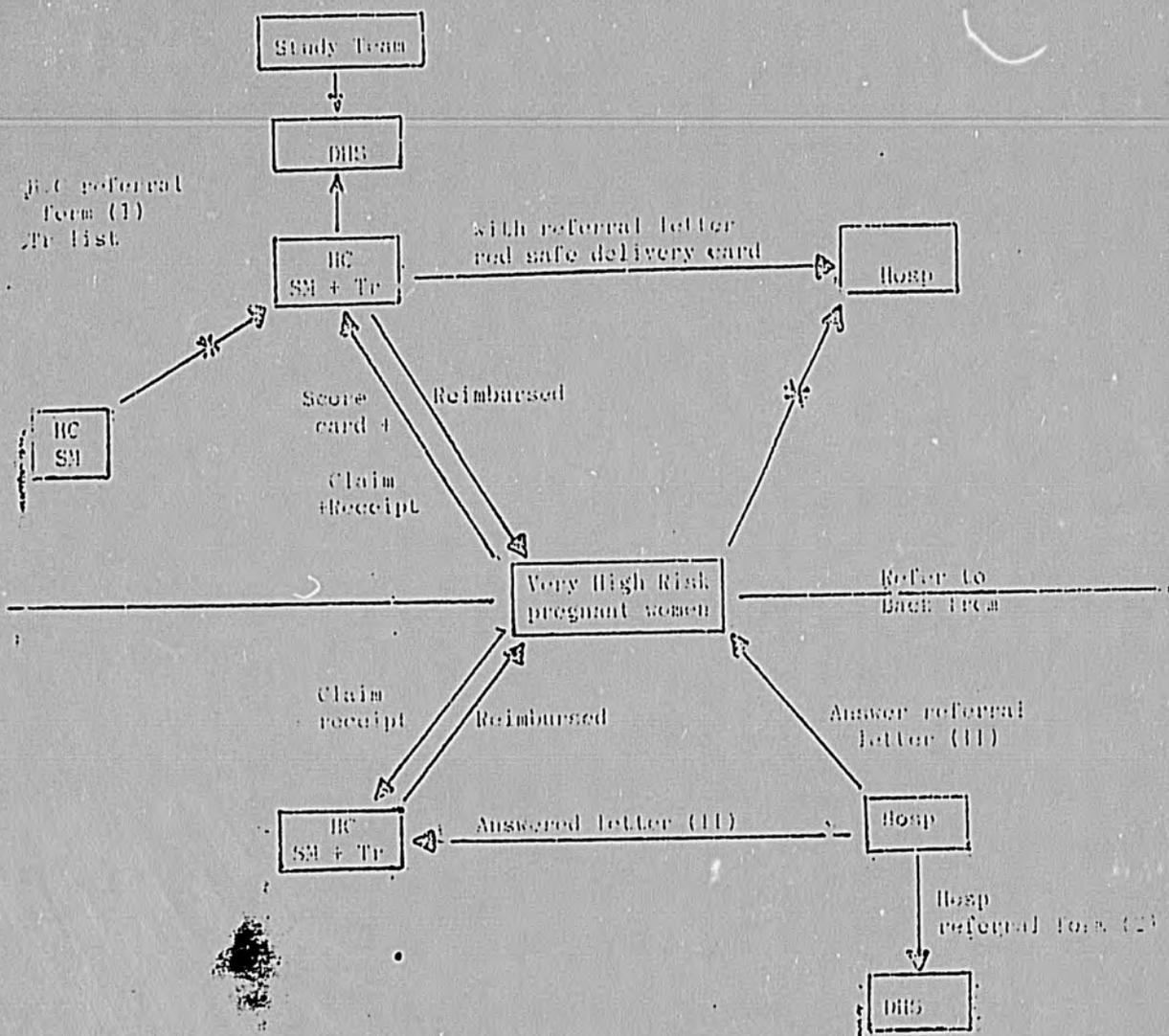
PERCENTAGE
OF UHR TO
REFERRED
CASES

$$\frac{8}{33} \times 100\% =$$

24.24%

* VHR - very High Risk

REIMBURSED PROCEDURE
FOR TRANSPORT SUBSIDY



- Health Centre 2
1. Referral letter
 2. Red safe delivery card
 3. Answered letter (II)
- Health Centre 1
1. Health Centre referral form (I)
 2. Transport list
 3. Financial book

- Hospital 1
1. Answered letter (II)
 2. Hospital referral form (I)

PEMENERAPAN DANA IBANBUHAN TRANSPORT
% JUMUDI 3.

No.	LUKESMA:	JML. DANA
1	KOTABANYAR	Rp 37.500
2	KENDI	Rp 2.000
3	MALON	Rp 135.000
4	SUKO	Rp 45.000
5	SUMBER	Rp 50.000
6	CIRAH TULIS	Rp 42.500
7	TONGAS	Rp 10.000
8	JATI	Rp 5.000
9	KANIGARAN	Rp 12.000
10	SUKABUMI	Rp
	JUMAH	Rp 404.000.

PUSKESMAS SAFE MOTHEHOOD + TRANSPORT

1. KEC. TONGAS

- A. PUSK. CURAH TULU
- B. PUSK. TONGAS

2. KEC. MAYANGAN

- A. PUSK. JATI
- B. PUSK. KANIGARAN
- C. PUSK. SUKABUMI

3. KEC. MARON

- A. PUSK. MARON
- B. PUSK. SUKO

4. KEC. KOTAANYAR

- A. PUSK. KOTAANYAR

5. KEC. SUMBER

- A. PUSK. SUMBER

6. KEC. KRUCIL

- A. PUSK. KRUCIL

① STUDY AREA:

1. DISTRICT OF PROBOLINGGO
2. CITY OF PROBOUNGGO.

② SUB DISTRICT : $\left\langle \begin{matrix} 24 \\ 3 \end{matrix} \right\rangle 27.$

③ HEALTH CENTER : $\left\langle \begin{matrix} 32 \\ 5 \end{matrix} \right\rangle 37.$

④ STUDY AREA : $\left\langle \begin{matrix} 11 \\ 1 \end{matrix} \right\rangle 12.$
(SUBDISTRICT)

(HC) : $\left\langle \begin{matrix} 15 \\ 3 \end{matrix} \right\rangle 18$

⑤ TRANSPORT
SUBSIDY : $\left\langle \begin{matrix} 5 \\ 1 \end{matrix} \right\rangle 6$ SUB DISTRICTS

: $\left\langle \begin{matrix} 7 \\ 3 \end{matrix} \right\rangle 10$ HC.

UTILIZATION OF SUBSIDY.

- AVAILABLE FUND : Rp 12,600,000
- DISTRIBUTED : Rp 1,400,000
- REUNBURSED : Rp 400,000

TABLE IV

TRANSPORT SUBSIDY

No.	Subdistrict	Health Centre	Total	Referral													D e l i v e r y						Pregnancy outcome									
				Cases*													Preg.	Del.	Place			Attendant			Type			Mother		Babies		
				1	2	3	4	5	6	7	8	9	10	11	12	13			Mothers house	Midwife's house	H.C Hosp	FBA	Mid-wife	doc-tor	Normal	Vagi-nal	SC	Live	Death	Live	Death	
1.	Kotaanyar	Kotaanyar	6	1	1	1	-	-	1	1	-	-	1	-	-	-	1	5	1	-	-	5	1	2	3	6	-	5	1			
2.	Krucil	Krucil	1	-	-	-	-	-	1	-	-	-	-	-	-	-	1	-	1	-	-	-	1	-	-	1	-	-	1			
3.	Maron	Maron	10	1	1	1	3	1	-	-	-	-	-	1	2	-	10	-	-	-	10	-	2	8	6	2	2	10	-	7	3	
		Suko	3	-	-	2	-	-	-	-	-	-	1	-	-	-	3	-	-	-	3	-	-	3	-	1	2	3	-	3	-	
4.	Sumber	Sumber	1	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	1	-	-	1	-	1	-	-	
5.	Tongas	Curahulis	4	1	1	1	-	-	-	-	-	-	1	-	-	-	4	-	-	-	4	-	-	4	2	1	1	4	-	3	1	
		Tongas	1	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-	-	1	-	-	1	-	-	1	-	1	-	-	
6.	Mayangan	Sati	2	-	-	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	1	-	-	1	-	-	aborted		
		Kanigaran	6	-	-	-	-	-	1	2	-	-	3	-	-	-	6	-	-	-	6	-	4	2	-	6	-	6	-	-		
		Sukabumi	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
Total			33	3	3	7	3	1	1	2	2	1	1	3	4	2	2	31	2	-	-	31	2	8	23	16	9	8	33	-	26	6

* Cases: 1 = Elderly primi gravida
 2 = Low height < 145 cm
 3 = Bleeding
 4 = Plac. Prev.
 5 = Solutio Plac.
 6 = Eclampsia
 7 = Preeclampsia

8 = Malpresentation (breech presentation)
 9 = Hydramnion
 10 = I U F D
 11 = Post dates
 12 = Neglected labour
 13 = Ret. Plac.

REFERRAL

MODE OF TRANSPORTATION :

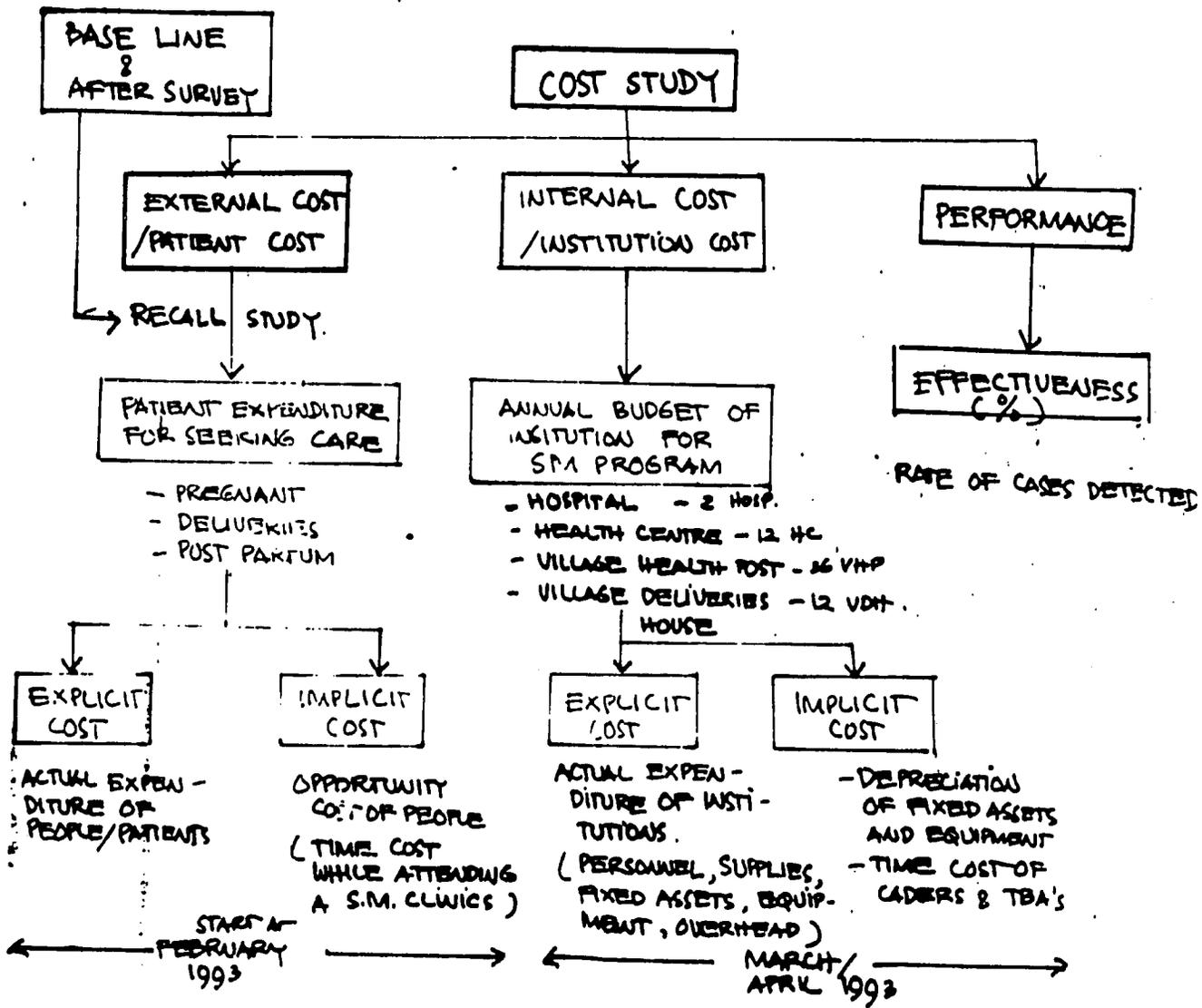
1. HC AMBULANCE	:	14	(42.4%)
2. PUBLIC TRANSPORTATION: (CAR)	:	12	(36.4%)
3. PUBLIC TRANSPORT (MOTOR CAR)	:	-	
4. TRICYCLE	:	7	(21.2%)
5. PRIVATE CAR	:	-	
		<hr/>	
		33	(100%)

APPENDIC 3G

Cost Study Outline

Cost Questionnaire in Bahasa and English

Glenn Melnick's December 1992 Trip Report, Proposed Questionnaire



THE METHODOLOGY OF A RECALL STUDY.

1. USING QUESTIONNAIRE FOR 9 SEGMENTS

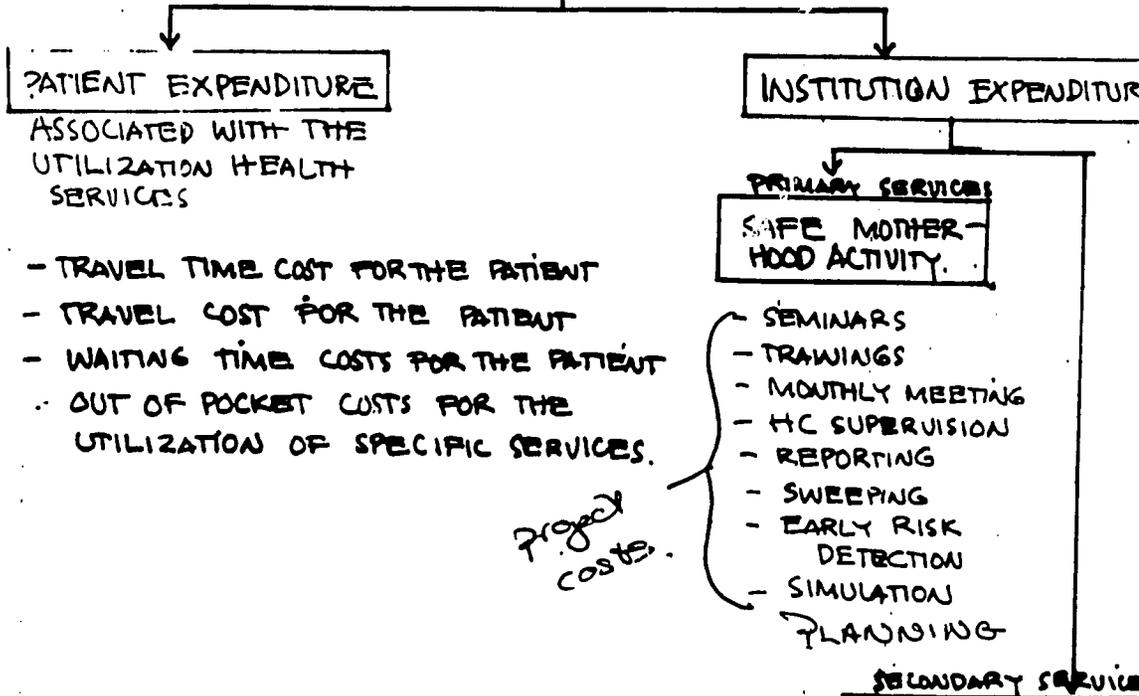
- I : 4 MONTHS PREGNANT WOMEN
- II : 5 " " "
- III : 6 " " "
- IV : 7 " " "
- V : 8 " " "
- VI : 9 " " "
- VII : DELIVERY UNTIL 7 DAYS POST PARTUM
- VIII : 8 DAYS POST PARTUM UNTIL 42 DAYS POST PARTUM
- IX : THE OPERATIVE DELIVERIES IN THE 2 HOSPITALS

2 - HOME VISIT INTERVIEW (19 HEALTH CENTRES)

IN EACH HEALTH CENTRE OR EACH MIDWIFE HAS TO INTERVIEW 4 PREGNANT WOMEN FOR EACH SEGMENT (608 RESP. SPECIAL OF THE 9TH SEGMENT, DEPENDS ON THE NUMBER OF CASES FROM THEIR AREA OPERATED IN THE HOSPITALS. (14 RESP.)

*for Line
data
from
register*

COST ELEMENTS

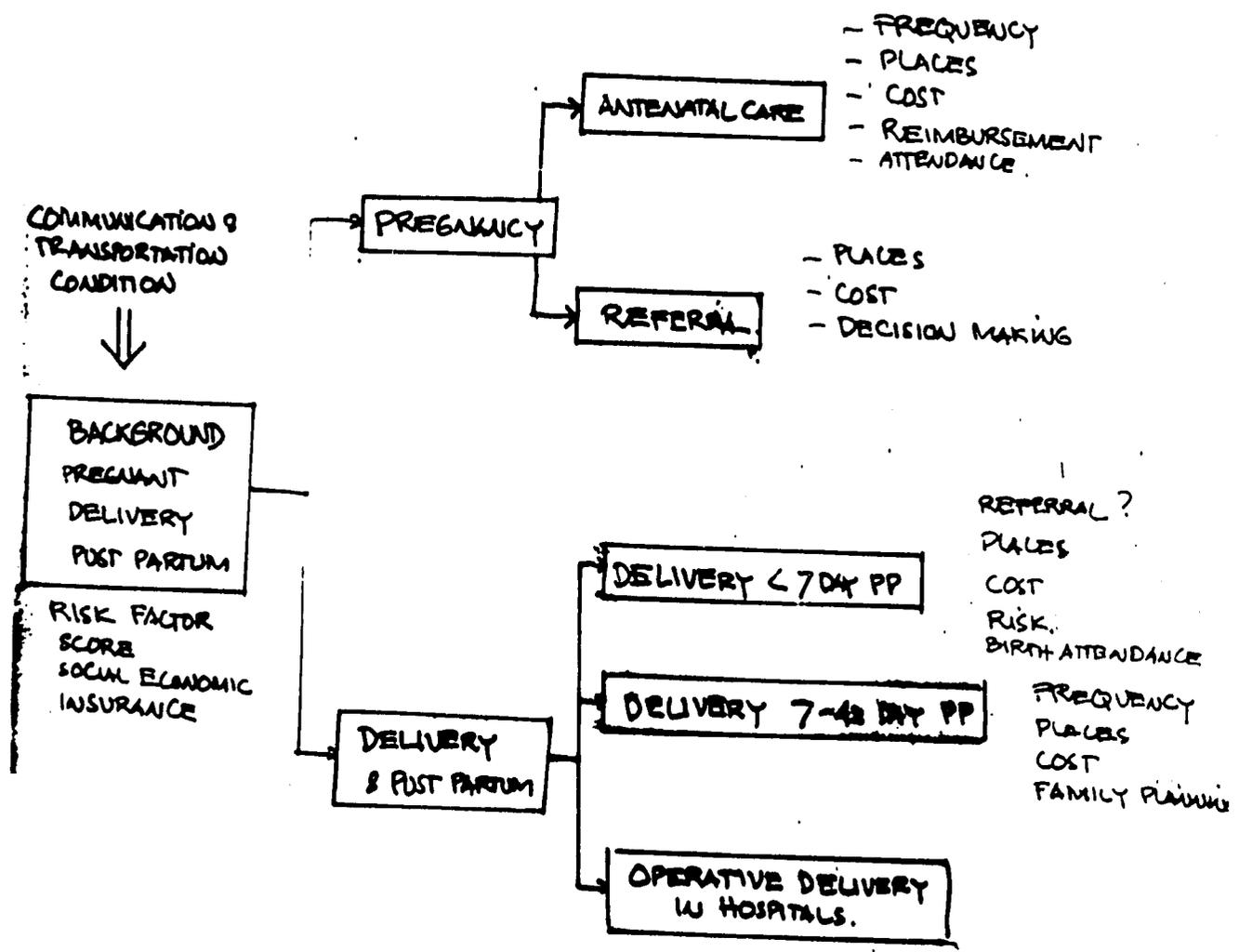


THE COMPONENT OF COST

- BUDGET INCOME EXPENDITURE
- EARNED INCOME EXPENDITURE
- EXTERNAL SUPPORT TO THE INSTITUTION
- EXPENDITURE OF HEALTH EDUCATION PROGRAM
- SALARIES AND WAGES
- DRUG USED FOR ANTENATAL & DELIVERIES (OUTPATIENT AND INPATIENT)

INSTITUTIONS ACTIVITY OF MCH PROGRAM

- HOSPITALS
 - HEALTH CENTRES
 - VILLAGE HEALTH PROMOTION
 - VILLAGE DELIVERY HOUSE
 - / POLINDES
- } screening costs at instt.



March 1993

QUESTIONNAIRE FOR COST STUDY IN THE COMMUNITY

Number of Respondent : [] [] []
 1 2 3

Name of Interviewer : Signature :

Date of Interview : / / 1993.

A. IDENTITY OF RESPONDENT (PREGNANT/DELIVERED/PUERPERAL MOTHER)

1. N a m e :

2. Address: Village :

a. Health Centre : 2a. []
 4

b. Subdistrict : 2b. []
 5

3. Condition of pregnancy/delivery

a. Risk factor

- 1 () none
- 2 () yes, there is any risk factor (mention !)
- a) Last scor
- b) ()() [] []
 6 7
- c)
- d)

b. Risk group

- 1 () Low risk
- 2 () High risk []
- 3 () Very high risk 8

4. Gestational age (ask the last menstruation to the respondent, and calculate the gestational age)

1. () pregnant 4 month/less
2. () pregnant 5 month
3. () pregnant 6 month
4. () pregnant 7 month
5. () pregnant 8 month
6. () pregnant 9 month []
7. () delivery and 7 days p.p 9
8. () post partum 42 days

5. Household's social economic condition :

	1. <u>WIFE</u>	2. <u>HUSBAND</u>	5.1.	5.2.
a. Age (in years)	()()	()() th.	a. [][] [][]	
			10 11 12 13	
b. Education (calculate the successfull years)	()()	()() th.	b. [][] [][]	
			14 15 16 17	

	1. <u>WIFE</u>	2. <u>HUSBAND</u>	
c. Main job in the last year :	()	()	c. [] [] 18 19
1. Household		5. Pensioned off	
2. Farmer/day labourer		6. Private employee	
3. Merchant		7. Fisherman	
4. Official/Army		8. Others (mention) :	
		
d. Duration of work in the last one week ? (in hours)	() ()	() ()	d. [] [] [] [] 20 21 22 23
e. Income in the last month :			
- Salary/fee	Rp.	Rp.	
- Income farmer/plantation average/month	Rp.	Rp.	
- Income rented/month	Rp.	Rp.	
- Saving's interest/month.	Rp.	Rp.	e. [] [] [] [] [] [] 24 25 26 27 28 29
- Other income	Rp.	Rp.	
Monthly income (in thousand Rp)	Rp.	Rp.	I + S [] [] [] [] 30 31 32
6. Total whole family inhabitant : person.			[] [] 33 34
7. a. Is mother health insured ?			
1. () Yes : mention			7a. [] 35
2. () No -----> to question 8			
b. If yes, how many contribution paid by mother per month ?			
Rp.			b. [] [] [] [] rph 36 37 38 39
(can be asked the contribution in January 1993)			
8. Is mother or her husband join the JPKM or Dana Sehat ? (Do check the existance of JPKM in Health Centre)			
1. () Yes, contribution/month Rp.			8. [] 40
2. () No			8.1. [] [] [] [] rph 41 42 43 44
3. () No JPKM/Dana Sehat			

B. CONDITION OF TRANSPORTATION COMMUNICATION

- | | |
|--|-------------|
| 9. Distance from mother's house to Polindes/bidan didesa : ... km | 9. [] [] |
| | 45 46 |
| 10. Distance from mother's house to Health Centre in Subd.: ... km | 10. [] [] |
| | 47 48 |
| 11. Distance from mother's house to private midwife : ... km | 11. [] [] |
| | 49 50 |
| 12. Distance from mother's house to private doctor : ... km | 12. [] [] |
| | 51 52 |
| 13. Distance from mother's house to Hospital : ... km | 13. [] [] |
| | 53 54 |

C. HISTORY OF ANTENATAL CAREANTENATAL CARE

14. In January 1993 did you do antenatal care ?

Explanation : Especially for 4 months pregnancy, ask also about the last 3 months (Nov, Dec 92 and Jan 93)

- | | |
|--|---------|
| 1. () ever -----> CONTINUE TO QUESTION 15 | 14. [] |
| 2. () never -----> why, mention the mother's reason ? | 55 |

.....

.....

.....

.....

- > - If she is pregnant
STOP INTERVIEW
 - If already delivered
CONTINUED TO QUESTION 24

15. If the mother has obtained antenatal care, how many times. Where and how long is the time needed to get the service and how much it costs ?

a. (especially for the last month)

Site of ANC	Frequency/ month	Duration (minutes)	The expense for one visit (Rp.)			
			Exami- nation	Drug	Transp	Others	Total
1. T B A						
2. Polindes						
3. Posyandu						
4. Health Centre						
5. Private Midwife						
6. Private Doctor						
7. Hospital						

	<u>FREQUENCY</u>	<u>DURATION</u>	<u>COST</u>	
1.	[][] 56 57	[][][] 58 59 60	[][]	(0,0 thousand)
2.	[][] 63 64	[][][] 65 66 67	[][]	
3.	[][] 70 71	[][][] 72 73 74	[][]	
4.	[][] 4 5	[][][] 6 7 8	[][]	
5.	[][] 11 12	[][][] 13 14 15	[][]	
6.	[][] 18 19	[][][] 20 21 22	[][]	
7.	[][] 25 26	[][][] 27 28 29	[][]	

b. The average percentage of total transportation cost : % 15.b. [][]
32 33

16. On the last month visit, how long the needed time to obtain your pregnancy examination in the most frequent place ?

trip : minutes Total : minutes 16. [][][]
 waiting : minutes 34 35 36
 examination : minutes
 drug : minutes

17. How is the way of payment for the pregnancy examination ?
(it can be more than one answer)

- 1. () payed by insurance (PHB/Astek/Private) 17. []
- 2. () payed by JPKM/Dana Sehat 37
- 3. () payed by herself.

18. What is the form of payment, and how much ?
(it can be more than one answer)

- 1. () cash/debt, the amount Rp. 18. []
- 2. () Payed in the next/debt, the amount Rp. 38
- 3. () payed with material : total

19. Did you ever be referred caused by your pregnancy in the last month ?
(it can be more than one answer)

- 1. () Yes ever, to Hospital 19. []
- 2. () ever, to Health Centre 39
- 3. () ever, to Polindes/village midwife

8. () never -----> CONTINUED TO QUESTION 23

20. Why were you referred to the above mentioned health facility ?

- 1. () Abnormality in pregnancy (obstetric) 20. []
- 2. () cause by other medical complain (non obstetric) 40
- 3. () Combination (obstetric + non obstetric)

21. How much was the referral cost ? (total cost for referral) ?

- Trip/transportation Rp.
- Examination Rp. Total Rp. 21. [][][][]
- Drug Rp. 41 42 43 44
- Other's Rp.

Percentage of total transportation cost : % 21.a. [][]
45 46

22. Transportation vehicle used for referral ?

- 1. () Motor car • 22. []
- 2. () Motor cycle 47
- 3. () Bicycle
- 4. () Dogcart/tricycle-taxi
- 5. () On foot
- 6. () Other's

23. Who was the decision making for the treatment of pregnancy or referral in the last month ?

1. () herself/wife
2. () husband
3. () husband + wife
4. () parents/parents-in-law
5. () family discussion
6. () other's (mention :

23. []
48

| FOR THE STILL PREGNANT MOTHER, THE INTERVIEW FINISHED |
TANK YOU FOR YOUR WILLINGNESS

ESPECIALLY FOR DELIVERY & PUERPERIUM

Date of delivery :

24. Was the mother referred for delivery ?

1. () No referral -----> CONTINUED TO QUESTION 26
2. () Yes, referred caused by labor abnormality (obstetric)
3. () Yes, referred caused by other disease (non obstetric)
4. () Yes, referred combine causes (obstetric & non obstetric)

24. []
50

25. Where was mother referres for delivery ?
(Answer can be more than one)

1. () Hospital
2. () Health Centre
3. () Polindes/village midwife
4. () Private midwife
5. () Private doctor

25. [][]
51 52

26. Where did mother deliver the last baby ?

- | | |
|------------------------|----------------------|
| 1. () Home | 4. () Polindes |
| 2. () TBA's house | 5. () Health Centre |
| 3. () Midwife's house | 6. () Hospital |

26. []
53

27. Detail of total delivery cost :

- Transportation v.v.	Rp.		
- Delivery	Rp.	Total Rp.	27. [][][]
- Drug	Rp.	(thousand rupiah)	54 55 56 57
- Other's	Rp.		

18. How is the type of baby born ?

1. () Caesarian Section
2. () Laparotomy
3. () Vaginal operative delivery
4. () Spontaneous delivery

28. []
58

19. Transportation vehicle used for referral ?
(answer can be more than one)

1. () Motor car
2. () Motor cycle
3. () Bicycle
4. () Dogcart/tricycle-taxi
5. () on foot
6. () Other's

29. [][]
59 60

PUERPERAL CARE (until 42 days post partum)

30. During puerperal period did you ever let be examined your health condition to health unit / health personnel ?

- Ever,
1. () to TBA's
 2. () to village midwife/Polindes
 3. () to Posyandu
 4. () to Health Centre
 5. () to private midwife
 6. () to private doctor
 7. () to hospital

30. []
61

8. () never,-----> STRAIGHT TO QUESTION 33

How many times were you examined ? times

30a. [][]
62 63

31. During the puerperal period how was the care given ?

1. () health personnel came to mother 's house
2. () mother to health personnel/TBA's house
3. () mother to health unit (Health Centre/Hospital)

31. []
64

32. How much did you spend for puerperal care in January 1993

- | | | | | |
|-----------------------|----------|----------------|--|--|
| - Transportation v.v. | Rp. | | | |
| - Examination | Rp. | Total Rp. | | |
| - Drug | Rp. | | | |
| - Other's | Rp. | | | |

32. [][][][]
65 66 67 68

33. a. Did you use contraception during puerperal period ?

1. () No -----> CONTINUED TO QUESTION 34
2. () Yes

33.a. []

b. Contraceptive method used ?

- | | | |
|-------------------|---------------------------|-----------|
| 1. () Oral pill | 5. () Sterilisation | 33.b. [] |
| 2. () IUD/Spiral | 6. () Condom | 70 |
| 3. () Inplant | 7. () Other's : (mention | |
| 4. () Injectable |) | |

c. Where does the contraception distributed ?

- | | | |
|------------------------------|---------------------------|-----------|
| 1. () Polindes/vill.midwife | 4. () Private doctor | 33.c. [] |
| 2. () Health Centre | 5. () Hospital | 71 |
| 3. () Private midwife | 6. () Other's : (mention | |
| |) | |

d. How much is the cost for purchasing contraception ?

Rp. (00,0 thousand Rp.) 33.d. [][]
72 73 74

34. Who is responsible for the payment of delivery, puerperium, and contraception ?

- | | | | |
|-----------------------------------|-----------|---------------|--------------|
| Delivery | Puerperal | Contraception | |
| a. () | b. () | c. () | 34.a. [][] |
| | | | 75 76 |
| Answer : 1. Insurance (PHB/Astek) | | | b. [][] |
| 2. Dana Sehat/JPKM | | | 77 78 |
| 3. Family/Friends | | | c. [][] |
| 4. Herself | | | 79 80 |
| 5. Other's | | | |

! STOP INTERVIEW !

Supervisor

(_____)

165

**REVISED DESIGN FOR THE
DEVELOPMENT AND IMPLEMENTATION OF THE COST-EFFECTIVENESS
COMPONENT OF THE SURABAYA SAFE MOTHERHOOD PROJECT
DRAFT 30 DECEMBER 1992**

I. BACKGROUND

An important health care problem in many developing countries is inadequate diagnosis, referral, and treatment of high risk pregnancies. The current health care system in Indonesia is not designed to provide effective and efficient care to pregnant women. The limitations of the current system include the following:

- absence of system for identifying and monitoring high risk pregnancies
- limitations of convenient and effective health services (including training, supervision, equipment, supplies, etc.)
- limited integration and supervision of TBAs
- inadequate referral and transportation for high risk and emergency patients
- limitations in funding and coordination from various governmental agencies

A. Design of Surabaya Safe Motherhood Project

The Surabaya intervention includes the design, implementation, and management of screening and referral system targeted at pregnant women and staffed primarily by non-medical, lay personnel. Specifically, previously pregnant and literate women belonging to the local Family Welfare Movement (PKK) are recruited and trained. They will be trained to screen pregnant women for high risk deliveries. They will be trained in the use of an innovative risk rating system which relies on a methodology developed at Dr. Soetomo hospital by the Indonesian Principal Investigator, Dr. Poedji and her team. In addition to implementation of the screening system by the PKK, there will be:

- improved education of mothers and health providers of the potential risks of pregnancy
- management and sharing of information on the status of pregnant women in the community
- development of an organized but informal emergency

transportation system to ensure that women can reach the appropriate health providers during emergency events

This set of inter related activities is designed to achieve a number of objectives with respect improving the medical care process and medical outcomes.

B. Purpose of this Document

The purpose of this document is to describe the framework and revised study design and workplan for estimating the costs of the proposed intervention. The framework is designed to provide the overall structure for the cost analysis component of the study. The proposed revised workplan is the result of a series of meetings with project staff in December 1992 during which the need to revise the existing the workplan and schedule was identified. It will be updated and expanded based on input from project team members in in Surabaya and USAID staff in Jakarta and Washington.

II. COST ANALYSIS FRAMEWORK

The proposed project is designed to address some of these existing limitations in the health care system. Its objectives include an integrated approach designed to:

- identify pregnant women
- identify and monitor high risk pregnancies
- provide referrals to appropriate level of prenatal care to minimize poor maternal and infant outcomes
- develop and implement an emergency transport system

In summary the project is designed to minimize the number of women who enter the high risk group and then to minimize the negative outcomes within the high risk group through monitoring and timely referral to the appropriate level within the health service delivery system. While family planning and other community wide programs prior to pregnancy could fit within such a system, for purposes of this study, it is excluded from the analysis.

A. Summary Elements of the Intervention

In order to structure the cost analysis it is necessary to identify the key elements of the intervention that will generate the costs to be measured. These key elements include the following:

ELEMENT 1 - OUTREACH AND SCREENING

1. Initial census of all households to indentify all pregnant women
2. Administration of screening instrument to categorize women into risk categories for follow-up screening and appropriate referral.

ELEMENT 2 - REFERRAL AND UTILIZATION OF PRENATAL HEALTH SERVICES

1. Once women have been screened they will be referred to appropriate levels of care within the delivery system for prenatal care.

ELEMENT 3 - REFERRAL AND UTILIZATION OF OBSTETRICS SERVICES

1. Close to the delivery date the appropriate level of care for the delivery will be recommended and the patient will be referred.

ELEMENT 4 - EMERGENCY TRANSPORTATION AND UTILIZATION OF HIGHER LEVEL SERVICES

1. Women who suffer negative events prior to or during delivery are referred and transported to the appropriate higher level services.

B. Summary of Major Cost Elements

The intervention, while consisting of many different components, can be summarized into the following four areas for cost analysis:

- Outreach and Screening Costs
- Costs Associated with Utilization of Health Services
- Emergency Transport Costs
- Special Training Costs Not Reflected in Utilization Costs

COST DATA AND MEASUREMENT ISSUES

OUTREACH COSTS

shd. expend. The outreach costs are those costs associated with the survey of households to identify pregnant women. The costs of conducting a household survey include the following elements:

- survey/census planning
- sample selection
- instrument design and interviewer protocol development
- recruitment and training
- travel costs and per diem
- interviewer time costs
- tabulation and transmittal of results
- notification of screeners

SCREENING COSTS

2° 3000 The screening costs are those costs associated with the

administration of the screening instrument to identify high risk pregnant women. The costs of screening include the following elements:

- planning and management
- development and testing of screening instrument
- development of training materials and manuals
- printing of screening forms, users manuals and training material
- recruitment and training of screeners
- travel costs and per diem
- screener time costs
- tabulation and transmittal of results for monitoring and evaluation

As currently envisioned the intervention will have volunteers for the screeners. While there is no explicit cost for their time in this particular program, a general estimate of the true economic costs should include the value of their time which can be excluded later for purposes of this study if so desired.

→ UTILIZATION OF HEALTH SERVICES

Pt expend. The costs associated with the utilization health services is a major element of the overall costs of the proposed intervention. The costs associated with the utilization of health services include the following standard cost elements:

- travel time costs for the patient and related family member
- travel costs for the patient and related family member
- waiting time costs for the patient and related family member
- net value of foregone time associated with use of health services to the family (can be positive if utilization increases productivity)
- out of pocket costs for the utilization of specific services
- the value of the subsidy (difference between costs and charges) associated with using public facilities

Pre-post survey The majority of the costs can be measured by administration of a detailed patient level questionnaire that has been developed and is currently being tested in Bandung. However, two difficult measurement issues associated with estimating the true economic cost of utilization of health services include the following limitations associated with current health provider accounting systems:

- charges to patients often do not reflect true economic costs because of subsidies (particularly in

- take from ins + pt exp

1/24

public hospitals)

- charges to patients often do not reflect true economic costs because of average cost pricing

To address these issues, it will be necessary to supplement utilization and expenditure data collected from the patient with facility accounting data. The facility accounting data will be used to estimate the true cost for those services most frequently utilized by pregnant women in different risk categories.

EMERGENCY TRANSPORTATION COSTS

Transport study

The intervention includes development of an organized emergency transportation network. It consists mainly of local residents with vehicles (cars or trucks). They are paid a fee to standby or be available for certain time periods during which they can be contacted to go and pick-up a patient and transport them to the puskesmas or hospital. In addition, there is a fund to pay local residents who provide transport out of this system to women needing emergency transport.

III REVISED TASK PLAN AND SCHEDULE FOR COLLECTION OF COST DATA

A. Overview of Cost Elements

An important question concerning Safe Motherhood programs is the cost effectiveness of these programs and which aspects of the program are most cost effective. In order to determine the cost effectiveness of the proposed intervention, a scientific cost effectiveness design has been developed along with related data collection plan.

The cost analysis data collection will require data on the following areas:

- patient level data on the costs of differential utilization of health services associated with new referral patterns
- data on the costs of the intervention
- accounting cost data from facilities to calculate utilization costs

The proposed methods and timing for collecting the data to estimate these various costs are described below.

B. Proposed Data Collection Methods, Activities, and Schedule

Patient Level Data

The patient level data will be collected via a household survey. An instrument will be developed and tested. The instrument will be administered to a sample of women in Probolinga and Pasuruan who have had pregnancies in the last year the previous twelve month period. The instrument will be administered during the months of May through July of 1993.

The instrument will be administered in a "piggy-backed" manner, where the data for the cost-effectiveness analysis will be collected following administration of the effectiveness instrument that has already been developed by Dr. Poedji's team. The interviewers for the collection of the cost effectiveness data will be different from those collecting data on the effectiveness of the intervention. This is because the types of information needed is different and also because there would not be enough time to administer both survey instruments with the existing number of interviewers. The project team has arranged for staff from local puskesmas to administer the cost instruments. This will include public health sanitarians and nurse with formal education possible supplemented by students from the local university. The final decisions regarding staffing will depend on the final sample size and the available budget.

The preliminary estimate of the sample size is on the order of 1200 women in the control area and 1200 women in the treatment area. The preliminary estimate for the number of interviewers needed for the cost survey is 12 per area. This is assuming that the interviewers will be able to interview 2 women per day for 5 days a week for 6 weeks. There will need to be a one week training period for the interviewers. This will include review of an interviewers manual and some sample field tests by the interviewers to determine areas they may not understand.

It is highly recommended that the team contract with staff from the Lembaga Demografi to conduct the training program for the interviewers and to develop the training and interviewers manuals for this aspect of the project. This should not cost more than 2 million rupiah. This group has extensive experience in field activities of the type contained in this project and their participation would greatly enhance the quality of data that are collected for this study.

Pilot Testing the Household Instrument

A draft instrument has been developed for collection of data from the study households. However, the instrument has not been pilot tested or undergone any revisions based on pilot testing. It is

recommended that pilot testing and be conducted during the next three months and revisions be made before the training of the interviewers. It would be ideal if Lembaga Demografi could also be involved in this aspect of the project.

Estimation of Recall Bias

The proposed method for gathering data on pregnant women in the program is through retrospective, self-reported recall based instruments. It is proposed that a small sample of women (sample size to be determined in the next month) be interviewed twice: once during the intermim period and then again in the follow-up survey. This will allow us to calculate how much under reporting their is of utilization and other measures the further back in time we extend our questions. Dr. Melnick will finalize this aspect of the study in the remaining months and will forward the design and instruments to the project team in Surabaya.

Transport Costs and Facility Costs

The instruments and plans for collection of data on these elements of the project have not yet been developed. It is recommended that these instruments be developed and implemented and the data collection begun during the next three months. This will involve documenting the transport system that has been put into place and designing the necessary forms to capture the utilization and expenditures under this system. Similarly, data collection instruments for estimating the true economic costs of providing services in government facilities must be developed and implemented. A methodology and data collection forms for this purpose were develop under a World Bank project with Dep Kes. These forms could be adapted for use in this study.

Program Costs

The instruments and plans for collection of data on these elements of the project have not yet been developed. It is recommended that these instruments be developed and implemented and the data collection be conducted during the next three months. This will involve documenting the Safe Motherhood program in Surabaya has been put in place and designing the necessary forms to capture the expenditures under this system.

Summary of Proposed Tasks and Timing

1. Household Instrument Pilot Testing (January-March)
2. Household Instrument Revisions and Training (April)
3. Facility Data Collection Instruments Design and Testing (January- March)
4. Emergency Transport System SafeMotherhood Program Documentation and Data Collection (January-March) .
5. Recall Study Data Collection Instrument and Design (January)
6. Recall Study Data Collection Collection (February-April)
7. Household Data Collection (May-June)
8. Data Processing (July-August)

D. KETENAGA KERJAAN (SEBELUM HAMIL)

1. Apakah sebelum hamil/melahirkan ibu pernah bekerja (baik untuk memperoleh upah dalam bentuk uang, barang, jasa maupun tidak) paling sedikit 4 jam berturut-turut:
 1. Ya
 2. Tidak -----> langsung ke
2. Dalam bekerja tersebut, apakah ibu:
 1. bekerja sendiri/usaha sendiri
 2. sebagai pegawai negeri
 3. bekerja pada orang lain (bukan PNS)
 - 2.1 Apa lapangan pekerjaan ibu pada perusahaan/usaha itu:
 1. pertanian
 2. industri
 3. perdagangan
 4. jasa
 5. lainnya: sebutkan
 - 2.2 Apakah di tempat ibu bekerja ada poliklinik:
 1. tidak
 2. ya
 - 2.2.1 Berapa rupiah ibu harus membayar setiap kali mengunjungi poliklinik untuk mendapatkan pelayanan dasar: Rp.
 - 2.2.2 Apakah perusahaan/majikan ibu membayar biaya pengobatan tersebut:
 1. tidak
 2. ya, sebagian
 3. ya, seluruhnya
 3. Selama bekerja tersebut (12 bulan terakhir) apakah ibu mempunyai lebih dari satu pekerjaan:
 1. ya
 2. tidak
 - g. tidak bekerja
 4. Sampai umur kehamilan berapa bulan ibu masih bekerja: di kemudian berhenti.
 5. Berapa jam per hari ibu bekerja di pekerjaan utama pada orang lain/perusahaan/usaha orang lain tersebut sebelum berhenti karena hamil: jam per hari
 6. Berapa penghasilan ibu dari pekerjaan utama dalam 12 bulan terakhir ke ja (termasuk tunjangan obat/pulisan/jasa/kontribusi) Rp.
 7. Apakah saat ini ibu sudah bekerja kembali?
 8. Mulai minggu ke berapa setelah persalinan ibu bekerja:

E. EKONOMI/KONSUMSI

I. PERUMAHAN

1. Luas lantai m²

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2. Apa status rumah ini :

1. Milik sendiri
2. Menyewa
3. Menempati
4. Menumpang

3. Bila menyewa, berapa rupiah ibu harus membayar setiap bulan? Rp.....

4. Apa jenis dinding luar terbanyak :

1. Tembok semen
2. Kayu papan/triplek
3. Bambu/bilik
4. Lainnya, sebutkan

5. Apa jenis lantai terluas :

1. Marmer/keramik/granit
2. Ubin/tegel/teraso
3. Semen/batu merah
4. Kayu/bambu
5. Tanah
6. Lainnya, sebutkan

6. Sumber penerangan utama :

1. Listrik PLN
2. Listrik non PLN/Generator
3. Petromak
4. Pelita/sentir/obor
5. Lainnya; sebutkan

7. Fasilitas air minum/air memasak :

1. Milik sendiri
2. Bersama/umum (tidak membeli)
3. Membeli
4. Lainnya; sebutkan

8. Sumber air minum tersebut darimana :

1. Ledeng
2. Pompa
3. Sumur perigi/timba
4. Mata air
5. Air hujan
6. Air telaga/sungai
7. Lainnya, sebutkan

9. Tempat buang air besar anggota rumah tangga :

1. Jamban sendiri
2. Jamban bersama
3. Jamban umum

4. Kolam/sungai/kebun
5. Lainnya; sebutkan

(10. Alat transportasi yang ~~ada~~ ada di rumah ini:

1. Sepeda/becak
2. Kuda/dokar
3. Sepeda motor
4. Colt/minibus/jep/truk
5. Mobil sedan

11. Apakah didalam keluarga ini mempunyai barang-barang tersebut dibawah ini, jika mempunyai kira-kira berapa nilai barang tersebut saat ini : (yang dimiliki sendiri)

Jenis barang	ya/tidak	nilai rupiah
1. Sawah	Rp
2. Tambak	Rp
3. Tegak/pekarangan	Rp
4. Kendaraan roda empat	Rp
5. Sepeda motor	Rp
6. Sepeda / Becak / dokar	Rp
7. T.V.	Rp
8. Radio	Rp
9. Sound system	Rp
10. Mesin jahit	Rp
11. Kulkas	Rp
12. Kipas angin	Rp
13. Kompor gas/listrik	Rp
Total kepemilikan		Rp

no suplemen

II. PENGELUARAN RATA-RATA SEBULAN *44 expen.*

1. Pengeluaran untuk makanan selama satu minggu terakhir *berapa* Rp.
(khusus bahan makanan termasuk jajan/bumbu/rokok/susu)
2. Pengeluaran BUKAN makanan selama satu bulan terakhir :
 - a. Perumahan, bahan bakar, listrik, air, telepon
 - b. Aneka barang dan jasa (Sabun, alat - kecantikan, rekreasi, transportasi)
 - c. Pendidikan (SPP, BPP, Beasiswa Extra Kurikuler)
 - d. Kesehatan
 - e. Pakainan/sandang/sepatu/sandal
 - f. Bahan bakar / alat / perabot rumah tangga (termasuk perhiasan, alat hiburan / alat olahraga, hobi)
 - g. Pajak dan asuransi (PBB, pajak kendaraan, TV/kendaraan, asuransi kesehatan)

h. Keperluan pesta/upacara Rp.
 Jumlah bujukan makanan Rp.

Rata-rata pengeluaran RT/sebulan :
 (makanan x $\frac{30}{7}$) + (biaya makanan) = Rp.

Berapa penghasilan keluarga dalam 1 tahun terakhir
 - Gaji
 - Hasil sawah/tanbak
 - Bantuan keluarga
 -

III. JARAK RUMAH KE TEMPAT PELAYANAN UMUM

Tahukah ibu dimana (a s/d g) berada ?	1. Ya 2. Tidak	1. Ya 2. Tidak	Berapa km dari - rumah	Berapa lama perjalanan dari rumah ke lokasi	Bagaimana cara mencapai 1. jalan 2. jalan-kendaraan 3. kendaraan sendiri 4. kendaraan umum 5. Lain
a. RSU					
b. PUSKESMAS					
c. PUSKESMAS Pembantu/pos					
d. Dr. praktek swasta					
e. Petugas kesehatan praktek swasta					
f. Toko obat					
g. Tempat pemberhentian kendaraan umum					

G. KEMAMPUAN FISIK (isiilah kolom G-2 DAN G-3 DENGAN MENULISKAN PILIHAN JAWABAN PADA KOLOM G-1)

KEGIATAN SEHARI-HARI SEBELUM HAMIL 3/0	SEBELUM (Hamil)	(G-1)	(G-2)	(G-3)
SAAT HAMIL (SEBELUM MELAHIRKAN)	(G-1)	(G-2)	(G-3)	
11. Secara umum bagaimana kesehatan ibu hamil				
1. sehat sekali				
2. cukup sehat				
3. kurang sehat				
4. tidak sehat				

2. Apakah kegiatan sehari-hari dapat ibu lakukan dengan baik
1. dengan baik
 2. kadang-kadang terganggu
 3. sering terganggu
 4. selalu terganggu

KEGIATAN SEHARI-HARI SEBELUM HAMIL - SAAT HAMIL (SEBELUM MELAHIRKAN)	SERELUM MELAHIRKAN	SESUDAH MELAHIRKAN
--	--------------------	--------------------

3. Seandainya harus mengangkat *berat* seperti mengambil air satu ember dengan jarak \pm 20 m, apakah bisa :
1. dengan mudah
 2. dengan susah payah
 3. tidak bisa

4. Apakah ibu kuat berjalan kaki sejauh \pm 1 km ?
1. dengan mudah
 2. dengan susah payah
 3. tidak bisa

5. Apakah kegiatan membersihkan rumah dan halaman dapat ibu lakukan ?
1. dengan mudah
 2. dengan susah payah
 3. tidak bisa

6. Apakah ibu dapat menimba air dari sumur ?
1. dengan mudah
 2. dengan susah payah
 3. tidak bisa

7. Apakah kegiatan mandiri ibu (mandi, makan, berpakaian) dapat dilakukan (tanpa pertolongan)
1. dengan mudah
 2. dengan susah payah
 3. tidak bisa

8. Pada umur kehamilan berapa bulan aktivitas sehari-hari ibu berhenti/sangat berkurang : bulan

H. MASA KEHAMILAN

Pertanyaan-pertanyaan berikut adalah yang berkaitan dengan keadaan ibu saat hamil yang terjadi pada persalinan yang terakhir

1. Persalinan yang lalu itu adalah kehamilan yang ke berapa

3.9. Apakah ibu memeriksakan kehamilan secara teratur (sesuai jadwal pemeriksaan) untuk ibu hamil

1. Ya.
2. Tidak.

4.0. Kemana saja ibu memeriksakan kehamilan (lihat utilization)

4.1. Selama kehamilan apakah ibu pernah sakit?

0. Tidak.
1. Ya, berapa kali X.

4.2. Apa gejala-gejala atau dan tanda-tanda sakit yang ibu derita :

1. Pusing, berkunang-kunang, atau jatuh.
2. Pembengkakan kaki, tangan, muka.
3. Pendarahan.
4. Demam.
5. Mata kabur.
6. Sesak.
7. Kejang-kejang.

8. Keluar cairan berbau dari vagina.

4.3. Siapa yang pertama kali mengetahui penyakit ibu

1. Saya sendiri.
2. Famili/kerabat.
3. Dukun/Kader.
4. Bidan.
5. Dokter.

4.3a. Kemana ibu pergi berobat :

1. Puskesmas
2. PKM
3. Perawat/Bidan di Swasta
4. RS Swasta
5. RS

4.4. Apakah ibu dirawat di rumah sakit ?
(kalau ya, berapa kali di rawat inap)

0. Tidak.
1. Ya, berapakali.

4.5 Berapa hari total hari rawat inap yang ibu jalani hari.

4.6. Dimana terakhir kali di rawat

1. Tempat bidan
2. PKM
3. RS. Pemerintah
4. RS./Klinik Swasta

4.7 Berapa total biaya yang ibu keluarkan untuk MRS " Rp.

PENGISIAN DIMULAI DARI YANG PALING AKHIR

Kode jumlah kunjungan | kunjungan | kunjungan | kunjungan | kunjungan |
 [] | ke | ke | ke | ke |

k1. Nama
 tempat pelayan
 1. rumah mantri
 2. rumah petugas
 3. instansi

k2. Petugas yang memberi
 pelayanan :
 1. dulun
 2. bidan
 3. dokter

k3. Apa tujuan kunjungan
 1. periksa hamil
 2. imunisasi
 3. berobat
 4. lain - lain

k4. Apakah kedatangan
 ketempat yankes
 tsb karena rujukan
 1. ya, dianjurkan
 2. ya, dianjurkan ^{bidan}
 3. tidak ^{diikuti}

k5. Berapa km jarak
 tempat yankes dari
 rumah

k5. Berapa lama perja-
 lanan untuk ketempat
 yankes (sekali jalan)

k5. Kendaraan apa yang
 ibu pergunakan
 1. k. umum
 2. k. pribadi
 3. jalan kaki +
 kendaraan
 4. jalan kaki

k6. Berapa ongkos trans-
 portasi (termasuk bensin)

k7. Berapa lama waktu yang
 dipakai untuk pelayanan
 (datang s/d selesai)

k8. Berapa biaya yang harus

dibayar ditempat yankes

k9. Apa ibu mendapat obat ?
gratis (termasuk vitamin,
imunisasi.)

k10. Apakah ibu mendapat penyuluhan ttg ASI dan atau perawatan bayi

k11. Apakah ibu mendapat resep obat

k12. Apakah ibu menebas resep tersebut

k13. Berapa harga tebusan resep tersebut (walaupun dibayar kawat)

k14. Bagaimana sistim pembayaran untuk pemeriksaan dan resep yang ibu terima ?

1. dengan uang
2. dengan asuransi
3. uang + santunan/asuransi
4. barang

k15. Apakah ibu mendapat bantuan keuangan dari saudara/kerabat (bukan dibayar kantor) untuk membayar pemeriksaan dan pengobatan

1. tidak
2. ya, sebagian kecil
3. ya, sebagian besar
4. ya seluruhnya

k16. Apakah ibu dianjurkan untuk periksa ke tempat lain/dirujuk

1. ya
2. tidak

k17. Bagaimana pendapat ibu tentang pelayanan yang ibu terima (petugas, obat dan tata cara yang lain)

1. sangat puas
2. puas
3. kurang puas
4. tidak memuaskan

I. PERSALINAN

1. Tgl. - Bl. - Th. berapa ibu melahirkan .../.../.../
2. Pada waktu itu musim apa ?
 1. Panas.
 2. Pancaroba.
 3. Hujan.
3. Dimana tempat bayi lahir ?
 1. di jalan.
 2. di rumah. (*sendiri, dukun, bidan*)
 3. di pondok bersalin.
 4. di PKM.
 5. di RS Pemerintah.
 6. di RS Swasta/klinik.
4. Apakah ketempat tersebut akibat rujukan
 1. tidak.
 2. Ya.
Oleh dokter.
 3. Oleh bidan.
 4. Oleh dukun.
 5. Oleh kader.
5. Kalau ya, dimana sebelumnya/pertama kali tujuan tempat persalinan ibu ?
 1. Rumah.
 2. Pondok.
 3. PKM.
 4. RS. Pemerintah.
 5. RS Swasta/klinik.
6. Siapa penolong persalinan ibu ?
 1. tetangga / kader / famili.
 2. dukun
 3. bidan.
 4. dokter.
 5. dokter spesialis.
7. Berapa (Km) jarak rumah ke tempat persalinanKm.
8. Berapa lama perjalanan ke tempat persalinanjam menit.
9. Alat transport yang dipergunakan
 1. jalan kaki.
 2. kendaraan umum.
 3. kendaraan PKM/ RS.
 4. kendaraan sendiri.
 5. lain-lain, sebutkan. - - - - -
10. Berapa biaya keseluruhan
 - perjalanan. - - - - - Rp...
 - jasa persalinan. - - - - - Rp...
 - obat / lain-lain. - - - - - Rp...

12 TOTAL

11. Apakah tempat persalinan itu sesuai dengan keinginan / rencana ibu ?

1. ya.
2. tidak.

12. Kalau tidak, sebenarnya kemana rencana ibu akan bersalin:

1. di rumah.
2. di pondok.
3. di PKM
4. di RS Pemerintah
5. di RS / klinik swasta.

13. Apa alasan ibu merencanakan bersalin ditempat tersebut

- kebiasaan.
- tempat dekat.
- transport mudah.
- murah.
- pelayanan baik.
- fasilitas lengkap.
- *hamil dengan penyakit*

14. Kami ingin mengetahui apakah ibu tahu tempat-tempat pelayanan persalinan dibawah ini

Ciri	dukun	bidan	pondok swasta	bersa- lin	PKM	RS Pem.	RS/kli- nik swasta	[Pilihan jawab]
1. Lokasi								1. desa 2. Kec. d. Kab.
2. Jarak ... km								dalam km
3. Transpor- tasi ke- tempat								1. bisa jalan 2. <i>berjalan</i> kuda 3. susah 4. antah 5. setiap sant
4. Biaya persalinan dasar								dalam rupiah
5. Apakah ibu datang kesini								persali- nan yg terakhir 1. ya 2. tidak

1.a. Kemana ibu memeriksakan diri :

1. detun
2. posyandu
3. bidan
4. PKM
5. dukun
6. RS

2. Apa tujuan ibu memeriksakan diri :

1. rutine/konsultasi/chek
2. vaksinasi
3. ambil obat
4. pengobatan
5. tidak tahu

3. Segera setelah persalinan berapa hari ibu harus ~~terakhir~~ ditempat tidur ? hari (Tentukan yang di rumah)

4. Sesudah persalinan tersebut, apakah ibu menderita gangguan kesehatan yang mengganggu kegiatan sehari-hari ibu ?
(Kalau ya, tanyakan berapa lama mengganggu)

1. tidak
2. ya, sampai hari

5. Kalau ^{ya}ibu sakit apa ?

1. pendarahan dari vagina ya/tidak
2. panas/demam ya/tidak
3. payudara bengkak/merongkol ya/tidak
4. sesak nafas ya/tidak
5. kejang ya/tidak
6. keluar cairan berbau di vagina ya/tidak
7. bekas jahitan ya/tidak
8. lain-lain, sebutkan

6. Kemana ibu berobat ?

1. dibiarkan
2. diobati sendiri
3. ke dukun/kader
4. ke bidan/perawat swasta
5. ke Posyandu
6. ke PKM
7. ke dokter praktek
8. ke RS

7. Setelah melahirkan yang terakhir, apakah ibu pernah mengalami kesulitan dalam melakukan pekerjaan utama/kegiatan sosial

1. ya > berapa ~~hari~~ hari hr.
2. tidak

8. Hari ke berapa ibu dapat mengerjakan pekerjaan sehari-hari kembali bekerja/mengajar/membantu suami kembali ?
(Isilah 99 untuk yang belum bisa)

KEADAAN BAYI

Petunjuk : Isilah dengan/0/00/000 bila bayi meninggal)

1. Bagaimana keadaan bayi saat dilahirkan .
1. normal
 2. tidak sehat
 3. cacat bawaan
 4. ~~menangis sebentar terus meninggal~~
 5. meninggal sejak di kandungan

2. ^{Kalau sakit/meninggal} Bayi tersebut menderita sakit apa

1. sesak nafas
2. kejang
3. tidak menangis
4. panas
5. kuning
6. muntah-mencoret

3. Kemana bayi dibawa berobat

1. tidak dibawa berobat
2. di tempat pelayanan bersalin
3. ke PKM
4. ke RS pemerintah
5. ke RS swasta

3.a kalau sakit
3.b kalau perawatan
3.c biaya yg dikeluarkan

4. Siapa yang memberi pertolongan pada bayi

1. dukun
2. bidan
3. dokter
4. dokter
5. dokter

B. Bagaimana keadaan bayi saat ini :

1. sudah sehat
2. sakit

2a. Bayi sakit apa : ————— idem 2(a, b, c) dan 4.

3. sudah meninggal
kalau meninggal :

1. pada usia berapa hari bayi meninggal? 2.
2. meninggal karena sakit apa, Selangka

C. Apakah pada waktu melahirkan bayi ditimbang dan diukur.
(isi 00 kalau tidak ditimbang dan tidak diukur)

BB :
TB :

2. Apakah bayi diberi ASI :

1. ya
2. tidak

3. Mulai umur berapa hari ? hari

4. Apakah bayi diberi makanan tambahan ?

1. ya
2. tidak

5. Mulai umur berapa ^{day} bayi ^{day} .. bulan

6. Apakah bayi mempunyai KTD:

1. ya
2. tidak

7. Apakah bayi sudah di imunisasi

1. sudah
2. belum

8. Sudah berapa kali bayi diperiksakan kesehatannya ? kali

9. Apa tujuan pemeriksaan :

10. Dimana ibu memeriksakan bayi

- pusyandu
- PKM pembantu
- PKM
- RS
- lainnya, sebutkan

11. Siapa pemberi pertolongan

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APPENDIX 3H

KARTU PERIKSA IBU HAMIL

Ibu hamil : Ny.

Kader : Ny.

Desa :

Pusk. :

Hamil	3 Bln.	6	7	8	9	9	9+
	Isian						
KODE							
WARNA							
S K O R							
FAKTOR RISIKO							
RUJUKAN							
PERSALINAN							
Tgl.....							

Riwayat Obstetrik :

G.

P.....

1	2														3			4	
	Kehamilan				Partus										Anak				
					C a r a			T e m p a t				P e n o l o n g			Hidup Umur th.	Mati Umur th.			
	at.	pr.	imm	ab.	Spt.	Tind	SC	Rmh I.H.	Rmh bd.	PKM	RS	dk.	bd.	dr.					
1.																			
2.																			
3.																			
4.																			
5.																			
6.																			
7.																			
8.																			
9. dst.																			

APPENDIX 4A

Meet every 3rd wk / m

CASE PRESENTATION

1st case

IDENTIFICATION

Name : Mrs Entin
 AGE : 20 years
 Occupation : Retail business
 Addressed : Kondang Rt 773 Djambu Tanjung Sari
 Admission : January 18th, 1993 at 09.15 PM
 Discharge : January 25th, 1993.

HISTORY

- Main symptom : Antepartum hemorrhage
- The patient had antepartum hemorrhage and abdominal pain since 11.00 AM. → Pondok → Tanjung Sari K
- She felt 9 months pregnancy and forgot the first day of last menstrual period.
- She was referred by Tanjung Sari Health Center with explanation among other : 1/16
 Suspect Placenta Previa Fetal Heart Rate: Bradycardy
 HD 10 gr% (8 gr% on discharge, iron tabs given)

PHYSICAL EXAMINATION

General condition : fair
Blood Pressure : 100/60 mmHg
Pulse : 96/m reg.
Respiration : 24 x/m
Temperature : 36.2°C
Heart/Lung : within normal limit
Edem : -
Reflex : +

OBSTETRICAL EXAMINATION

Abdominal Examination:

Fundal uterine : 3 fingers below processus xiphoides
Fetal position : Head position, breech in the fundus,
back on the left side.
Fetal Heart Rate : 108/m irreg.
uterine Contraction : weak

Internal Vaginal Examination: not performed

Inspeculo Examination : +fluxus +

DIAGNOSE : GiFOAO fullterm labor + fetal distress

TREATMENT : -Oxygenation
-Caesarian section

2
Hosp. 1 mo. before term. (32^{or} wks)
Did not do ultrasound
Could have done C section +
2) stay in hosp for a long

Had no blood here -
had to send to Bandungs
)
- Not contacted by med.
Blood needed, had to
send

ON 11.00 AM : operation begin
ON 00.15 AM : operation finished

PRE-OPERATIF DIAGNOSE: G1P0A0 fullterm labor with A.P.H.+
fetal distress

POST-OPERATIF DIAGNOSE: Same with above + Placenta previa
totalis

DURANTE OPERATIONUM :

Male baby delivered 3000 gr/50 cm Appar Score: 1 minute :2
5 minute :3

and baby sent to Paediatrician.

Full term baby
Severe asphyxia -

Death - severe hypoxia 14 hr. - trn w/ bicarbonate
- give high press.
O2 trn respir

ANC-5 R-village midwife

2nd CASE Bready - birthing hut - 18th Jan.

Prevention: ultrasound; c sec; donor test

IDENTIFICATION

Name : Mrs. YUYUN 3rd preg.
Age : 30 years
Occupation : Housewife
Religion : Moslem
Addressed : LIRUVEUD RT 12/2 Sindang Sari Tanjung Sari
Admission : January 10th, 1993 at 00.30AM
Discharge : January 21th, 1993

36 wk.

to ANC, hidden private, no health Club

10 am memb. meeting; refused to be referred
10 pm go to hosp

HISTORY

- Main symptom : Fluid vaginal discharge & abdominal pain
- Since 10.00 AM the patient have excessive fluid vaginal discharge, accompanied by slight abdominal pain. She forgot the first day of last menstrual period.
- she was referred by Zr Juju (private midwife) with explanation a.o. :
P.R.U.M., Cervical dilatation: 1 cm, Uterine contraction :-

PHYSICAL EXAMINATION

General condition : Good
Blood Pressure : 100/80 mmHg
Pulse : 80/m
Respiration : 24 x/m
Temperatur : No febrile
Heart/Lung : within normal limit
Oedem : -
Reflex : +

OBSTETRICAL EXAMINATION

Abdominal Examination

Fundal uterine : 3 fingers below processus xiphoides.
Fetal Position : Head position, breech in fundus, back in left side.

low lying placenta

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Intravaginal Examination

Vulvovaginal : within normal limit
uterus : full term
Cervical dilatation: 1 cm
engagement : -

DIAGNOSE : G1P0A0 full term labor with P.R.U.M.

TREATMENT :

- (by doctor on duty) - Ampicillin inv. 1 gr/iv/6 hours
- The patient prepared to oxytocin drip
& consult ob gyn specialist the following day.
- Observation

OBSERVATION

00.30 AM - 10.00 AM : FHR : 144-146 /m irreg.
uterine contraction : weak
Cervical dilatation : 1 cm
10.00 AM : Oxytocin drip begin . 20 utt/m
10.00 AM - 10.45 PM : uterine contraction from weak to strong
10.45 AM : Excessive hemorrhage occurred
FHR : 96/m irreg (bradycardyl)
Cervical dilatation : still 1 cm

198

TREATMENT : Caesarean section

Jan 15th

11.20 AM : Operation begin

12.15 PM : Operation finished

Pre-operatif Diagnose : G3P2A0 fullterm labor with
P.R.U.M. + A.P.H. + Fetal
distress

Post-operatif Diagnose : Same with above + Low lying
placentae

Type of Operation : S.C.I.F. without I.U.D.

Durante Operationum (D.O.):

Female baby delivered 3400 gram, 47 cm <

Apgar Score : 1 minute : 1 5 minutes : 0

Baby sent to Paediatrician.

Jan 15th Death 20 min. - severe asphyxia

Preventable; best preventable

3rd CASE

IDENTIFICATION

Name : Mrs Epon
Age : 23 years
Occupation : Housewife
Religion : Moslem
Addressed : Dikupa RT 19/5, Cilembu Tanjungsari
Admission : January 26th, 1993 at 1.00 PM
Discharge : February 2nd, 1993

HISTORY

- Main symptom : vaginal hemorrhage
- The patient with G2P1A0 felt 8th months pregnancy and the first day of last menstrual period had forgotten.
- She was referred by Cilembu Health Center with explanation a.o.:

The third vaginal hemorrhage during this pregnancy

Uterine contraction :-

FHR: + . RL infusion already given.

Gravida - 2

ABC - 3 x HC midwife

28th wk. bleeding 7

↓
7 days hosp
bleeding stopped

32 wk - (26th) - bleeding, no contract (12 oo) Cilembu HC

↓
hosp. CS 7:15 pm

↓
Baby died 9 pm

(Her father bidden to accompany
♀ to Hosp)
1 hr.

VED

PHYSICAL EXAMINATION

General condition : good
Blood Pressure : 100/70 mmHg
Pulse : 80/m reg
Respiration : 24 /m
Temperature : 37°C
Heart/Lung : within normal limit
Edem : -
Reflex : +

OBSTETRICAL EXAMINATION

Abdominal Examination
Fundal uterine : Mid of umbilical to processus
xyphoideus
Fetal position : Head position, breech in the
fundus, back on left side
FHR : 144/m reg
Uterine Contraction : -
Internal Vaginal Examination : not performed
Inspeculg Examination : hemorrhage from ostium
(not excessive)
Fornices Palpation : soft

DIAGNOSE : G2P1A0 32 weeks pregnancy + A.P.H. suspect
placenta previa

TREATMENT :- Expectatif Treatment

- Observation

OBSERVATION

01.00 PM - 05.00 PM : Blood Pressure : 100/70 - 100/80 mmHg

Pulse: 80 - 88/m reg

Respiration : 20 - 24/m

Uterine contraction: from negative to positive (weak).

FHR : 148 - 172/m irreg (fetal distress)

Hb : 10 gr%

• Est. 1500 gr. baby.

DIAGNOSE : G2P1A0 32 weeks labor with APH suspect
placenta previa + Fetal distress
total

TREATMENT : Caesarean Section

07.35 PM : Operation begin

08.15 PM : Operation finished

Post-Operatif Diagnose:

Same with above (Placenta previa)

Type of Operation : S.C.T.P without I.U.D.

Durante operationum (I.U.D) :

Male baby delivered 1000 gram/39 cm Apgar score: 1/3

newborn - preterm

LBW

severe asphyxia

5 pm - Death

→ true preterm
small for dates

IDENTIFICATION

Name : Mrs Enok
 Age : 27 Years
 Occupation : Housewife
 Religion : Moslem
 Addressed : Mekar Bakti RT27/B Tanjungsari
 Admission : Januari 29th, 1993 at 08.00 PM
 Discharge : February 5th, 1993

HISTORY

- Main symptom : Excessive vaginal hemorrhage
 - G4P3A0 with 3 children still alive, felt 7 months pregnancy. Hemorrhage occurred since 04.00 PM accompanied abdominal pain.

- She was referred by Zr Juju (private midwife) with explanation a.o:

28 weeks pregnancy with Differential diagnose : Solutio placenta & placenta previa (?)

ANC ~~by~~ K Ha midwife 28th wk,

PHYSICAL EXAMINATION

General condition : fair
 Blood Pressure : 90/60 mmHg
 Pulse : 80 /m

10

Bleeding 20 wks
 " 28 wks. TBA gave her something
 " 32 wks bidan gave her pills;
 Not referred
 Then went again, referred -
 to birs later, gets to heirs

203

Respiration : 24/m
Heart/Lung : within normal limit
Temperatur : no febris
Oedem : -
Reflex : +
Hb : 6 gr%

OBSTETRICAL EXAMINATION

Abdominal Examination

Fundal uterine : 3 fingers below processus
xyphoideus
Fetal position : Head position, breech in
fundus, back on left side.
FHR : negative
Uterin Contraction : +

Internal Vaginal Examination: not performed
inspeculo Examination : Excessive Hemorrhage
Palpation of fornices : Soft

DIAGNOSE : G4P3A0 32 weeks labor + A.P.H. +
Intra Uterin Fetal Death (IUFD)

TREATMENT : Caesarean Section

OBSERVATION

09.15 PM - 04.00 AM : Blood Pressure : 90/60 - 100/70
Pulse : 96/m - 80/m
Respiration : 24 /m
Uterine Contraction: (+) weak
Blood tranfusion : 5 packs

04.00 AM : Operation begin

DURANTE OPERATIONUM (D.O.) :

Female baby had delivered 2210 gram/46 cm stillbirth
with ^{not} maceration (stage I = 24 hrs dead)

Excessive hemorrhage during operation had been occurred
caused by Atonia uteri and Hysterectomi Totalis was
indicated to be performed.

Post-operatif Diagnose : G4P3A0 preterm labor + A.P.H. +

I.U.F.D. + Atonia Uteri

Type of Operation : Caesarean Hysterectomy

Ambulance? in Res. prog. - fee
15,000 Rp / govt. ambulance.
5,000 of private car
12

APPENDIX 4B

Regionalization Project Time Line

APPENDIX 4C

REPORT OF SWEEPING OF DEMOGRAPHIC EVENTS
IN CISALAK AND TANJUNGSARI SUBDISTRICT
1992

BY : HADYANA SUKANDAR

REGIONALIZATION OF PERINATAL CARE PROJECT
SCHOOL OF MEDICINE, PADJADJARAN UNIVERSITY
B A N D U N G

I. INTRODUCTION

I.1. Background

Preparation of the study on "Regionalization of Perinatal Care" was started since 1991, and interviewing of pregnant and delivering women started in January 1992.

This study was carried out in Tanjungsari subdistrict in Sumedang regency as the intervention area and in Cisalak subdistrict Subang regency as the control area.

This study was done by using 5 kinds of questionnaires i.e. for women 7 months pregnant, 7 days, 28 days and 42 days post partum.

Interviews were done by 6 supervisors, 4 in the intervention and 2 in the control area. Besides that, 72 cadres were interviewing in the field, 50 in the intervention and 22 in the control area. These interviewers were selected by the village head coming from the respective area/village fulfilling the requirements as suggested by the research team in Bandung. However not all interviewers have fulfilled the requirement as requested, such as some of them were inexperienced in the field of health in the community. Another constraint has been which is rather difficult to achieve was their heterogenous level of education they have had. Those in the intervention area the majority were from junior high school whereas those of the control area were from the senior high school. Although all interviewers were trained before starting, and in the field they were monitored by the supervisors, but apparently their capability in the field were not as expected, many escaped the interviews.

Thus, the question arises, whether what they have achieved has been in accordance to what was expected i.e. nobody has escaped the interview. That has been the reason of conducting "sweeping"

1.2. Purpose of Sweeping

1. Till how far are the interviewers able to do their job collecting data by questionnaires of pregnant and delivering mothers.
2. To identify problems experienced by the interviewers in collecting data by questionnaires.
3. To know the data quality by sweeping carried out by the interviewer.

1.3. Sweeping : time & Execution

Due to limited personnel, sweeping was done by the interviewer monitored by the supervisor from July 1 1992 until finished, approximately 2-weeks. The purpose has been to know the number of eligible couples, and demographic changes during 6 months (Jan 1 up till June 30 1992) including number of births, neonatal deaths, maternal deaths, still births and miscarriages, also the number interviewed/visited by the interviewer based on number of cases.

1.4. Method of Sweeping

As known in demographic data collection there are two kinds of errors especially on age information, i.e called "age heaping" or "digit preference" and "shifting". In the village if people are asked of their age, they oftenly give an answer ending with 0 or 5, for example a mother 42 years of age, it could be she prefers so say 40 or 45 or may be 50 years.

Whereas with "shifting" is meant in answering the age it is always higher or lower depending on the condition, for instance a mother having already many children and does not want to be pregnant again she could have answered is already old i.e 50 years, while in reality her age is 40 years.

Thus, to prevent not registering mothers of eligible age, the following procedure of sweeping has been used :

- first, register all eligible couples in the study area of the interviewer's working area. This could originate from the RW or RT head, Posyandu Cadre, from sub FP Post of the RW or from the village FP personnel. This was done to make the interviewer's job easier and quicker to do the sweeping from house to house.
In case the interviewer does not have the list of names of eligible couples, then if doing sweeping from house to house he has to write down/ask the name of the eligible couple taking a lot of time, not yet speaking of mentioning their age as mentioned above, or something has been overlooked or forgotten. Besides no data from other sources are not available, sweeping and eligible couples registration are done by house to house visits.
- Secondly, house to house sweeping and matching of names with those of the first method (in case the eligible couple was not registered, this should be added in the list). Then demographic occurrence during the last 6 months should be requested. The next column should be checked whether it was interviewed or not. To register the demograyhic changes give the check (V) sign in the respective column which should be the last occurrence. For

instance during the last 6 months a mother becomes pregnant and delivered a baby, and it was a still birth, then the next column of death of the child should be checked V (sweeping form see appendix).

1.5. Pre-testing

Prior to sweeping pretesting should be done by the investigator together with the supervisor. The purpose is to try out the questionnaire and to find out the technic of sweeping that could be done by the interviewer. From the results of pretesting in 2 study areas each in 3 selected RTs, not any source of data of eligible couples could be obtained. In the place of the RT head the registration was complete, in an other RT there was no register of the community available, this may happen due to education factor. Besides that, other constraints in the field is coming straight to the people without a list of names, it is very difficult to meet them because they generally work in the field at most see the head of the HH after 14.00 o'clock. Thus, it was decided to prevent that a member of the eligible couple, is missed/forgotten during the first visit, registration of eligible couples should be done in each RT in the sweeping form. Then, during sweeping those who were visited should be given a special sign (-) or (V) for those who experienced demographic changes (pregnancy, delivery or death).

II. RESULTS OF SWEEPING

The results of sweeping done by the interviewer, after previous checking on a meeting, can be seen in the table below : -

Table 1 : Number of births, pregnancies and deaths based on sweeping during the period of January 1 - June 2, 1992

	SUBDISTRICT	
	CISALAK	TANJUNGSARI
1. Number of villages	13	27
2. Number of RT's	246	808
3. Number of eligible couples	6,674	17,076
4. <u>Still pregnant</u> on June 30, 1992	466	1,063 →
5. Number of <u>live births</u> till June 30, 1992	408	857
6. <u>Deaths</u>		
- babies (near 2 days)	26	46
- mothers	3	2
- still births	6	27
- miscarriage //	2	14
	↳ up to 7 th mo.	

$$PMR = \frac{37}{414} = 7.3$$

408
26
6
2
440

$$\frac{1063}{10908} = 8.5$$

889
27
46
27
1090

Table 2 : Number of pregnancies already/not yet interviewed

	SUBDISTRICT	
	CISALAK	TANJUNGSARI
1. <u>Number of subject still pregnant</u>		
- Number already interviewed	466	1,063
	347 (74.5%)	834 (78.5%)
- Number not yet interviewed	119 (25.5%)	229 (21.5%)
2. <u>Reasons not yet interviewed :</u>		
Duration of pregnancy		
1 month	-	7
2 months	20	60
3 months	24	79
4 months	18 (19.7%)	39 (20.0%)
5 months	21	21
6 months	9	7
7 months	7	7
8 months	10 (4.7%)	8 (1.5%)
9 months	5	1
10 unknown	5 (1.1%)	-

← sk
Naw
nter

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Table 3 : Number of births already/not yet interviewed

	SUBDISTRICT	
	CISALAK	TANJUNGSARI
1. Number of births	408	857
2. Number already interviewed	337 (82.6%)	673 (78.5%)
3. Number not yet interviewed	71 (17.4%)	184 (21.5%)
4. <u>Reasons not yet interviewed :</u>		
1. Born before the study	49 (12.0%)	175 (20.4%)
2. Baby's age 1 month (does not know that she was in birth)	1 (0.2%)	1 (0.1%) (transferred)
3. Baby's age 2 months	12 (2.9%)	-
- not at home	7	
- transferred	1	
- just known	4	
4. Baby's age 3 months	4 (1.0%)	2 (0.2%)
5. Did not know is already born	5 (1.2%)	(transferred)
6. Transferred (baby's age not informed)	-	1 (0.1%)
		5 (0.6%)

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Table 4 : Number of deaths already visited

	SUBDISTRICT	
	CISALAK	TANJUNGSARI
I. <u>Infant death</u>		
1. Number of deaths	26	46
2. Already visited/ interviewed	20 (76.9%)	37 (80.4%)
3. Not interviewed because of :	6 (23.1%)	9 (19.6%)
- died before the study was initiated <i>Jan 1, 92</i>	5 (19.2%)	9 (19.6%)
- location too far	1 (3.9%)	-
II. <u>Maternal death</u> <i>Mar 1</i>		
1. Number of maternal death	3	2
2. Already visited/ interviewed	2	2
3. Not interviewed because died before the study was done	1	-
III. <u>Still birth</u>		
- Number of still birth	6	27
- Still birth before the study was done	3	4
- already interviewed	3	23
IV. <u>Miscarriage</u>		
Number of miscarriages	2	14
- miscarriage before the study	2	9
- miscarriage already interviewed	-	5

?
? why
used
mar,

Jan 1 Preg. cohort
Mar 1 Birth cohort -

From Table 1, it can be noted that the infant death during a period of 6 months in Cisalak subdistrict was 59.1 and in Tanjungsari subdistrict it was 49,5 per 1000 births. Whereas the maternal death in Cisalak and Tanjungsari subdistrict was subsequently 681.8 and 215.0 per 100,000 births.

From Table 2, the percentage of 7-9 months old infants that escaped interview was 4.7 % in Cisalak and 1.5 % in Tanjungsari. The reasons as given by the interviewer in Cisalak was : (n = 22):

- refused to be interviewed (1 pers)
- questionnaire not available any more (1 pers)
- distance too far (8 pers)
- seldomly at home (4 pers)
- new comer (1 pers)
- did not realize she was pregnant (7 pers)

From Table 3, it can be seen that those who delivered their baby but were not interviewed (as they should be) was 5.3 % in Cisalak, 1.0 % in Tanjungsari. Whereas as far as death was concerned, all were interviewed except for one infant death in Cisalak that was not visited (n = 26) due to far location to interview the mother.

As previously mentioned, before sweeping all eligible couples in each RT were interviewed and registered. The source of these informations are presented in Table 5. As can be seen from Table 5 information could be obtained not only from one source. In Cisalak mostly were from RT head, whereas in Tanjungsari mostly from personnel of RW. Sub KB (36.2%) and Cadre Posyandu (24.1 %), and from the people in the community themselves (by home to home visits) in Cisalak 12.2 % in Tanjungsari 25.4 %.

Table 5. Source of household information data according to number of RT's

Source of information	Subdistrict Cisalak	Subdistrict Tanjungsari
1. RT head	83 (33.7 %)	37 (4.6 %)
2. Personnel of FP village	58 (23.6 %)	50 (6.2 %)
3. Personnel of Sub FP RW	27 (11.0 %)	292 (36.2 %)
4. Cadre Posyandu	25 (10.2 %)	194 (24.1 %)
5. RW head	13 (5.3 %)	26 (3.5 %)
6. PLKB	10 (4,1 %)	-
7. Others	30 (02.2 %)	205 (25.4 %)
Total RT's	246 (100 %)	306 (100 %)

Annotation : Others means : from home visits/from the community itself.

Supervisor's Report of Rechecking

To evaluate the validity of the interviewer's work, rechecking was done by the supervisor by selecting 3 RT's from each village at random. The number of eligible couples at the selected RT's represent approximately 10% of the total number of eligible couples. Results of rechecking by the supervisor can be seen in table 6.

Table 6. Results of Rechecking of Sweeping in 2 Study Areas

Variable	Result		Validity (%)
	Supervisor	Interviewer	
I. Eligible Couple :			
- Cisalak	1131	1080	95.5
- Tanjungsari	1846	1837	99.5
II. Pregnancy :			
- Cisalak	93	85	91.4
- Tanjungsari	144	133	92.4
III. Delivery :			
- Cisalak	86	85	98.8
- Tanjungsari	117	115	98.3
IV. 1. Infant Death			} 100.0
- Cisalak	5	5	
- Tanjungsari	7	7	
2. Stillbirth			
- Cisalak	1	1	
- Tanjungsari	2	2	
3. Maternal Death			
- Cisalak	1	1	
- Tanjungsari	-	-	
4. Miscarriage			
- Cisalak	1	1	
- Tanjungsari	1	1	

From the above table 6 it can be clearly seen that the validity of the interviewer's job is high. For mortality the validity is 100 %, for delivery and the number of eligible couples the validity in both areas was > 95 %. Whereas for the number of pregnancies the differences between interviewer and supervisor was 8.6 % in Cisalak and 7.6 % in Tanjungsari (validity was 91.4 % and 92.4 %) the majority was due to differences in time of visit. During sweeping by interviewer the respondent was not sure with her answer of her pregnancy because it was still a young pregnancy, but when the supervisor visited her one month later she was able to say that she was pregnant. (See table 7.)

Table7 : Differences in number of pregnancies as noticed by the supervisor but not by the interviewers in two study areas.

Pregnancy Age	Cisalak (n = 8)	Tanjungsari (n = 11)
1 month	-	3
2 months	-	1
3 months	3	4
4 months	3	1
6 months	1	1
7 months	1	1

III. Conclusions and Suggestions

Conclusions :

From the results of sweeping by the interviewer on the demographic changes during the last 6 months (January 1 till June 30, 1992) the following conclusions could be drawn :

1. There were still cases who were not interviewed by the interviewer in the 2 study areas :
 - a. those who were 7 mos and more pregnant 4.7 % in Cisalak and 1.5 % in Tanjungsari.
 - b. For deliveries it was 5.3 % in Cisalak and 1.0 % in Tanjungsari.
2. For fatal cases, deaths during the study period almost all have been interviewed/visited, except for one infant death in Cisalak that was not visited (n = 26), due to the far distance to visit/interview the mother.
3. By rechecking by the supervisor the validity of the sweeping done by the interviewer was significant high (> 95 %), except for pregnancy there were still 8 respondents in Cisalak (8.6 %) and 11 in Tanjungsari (7.6 %) who were notified by the supervisor but were not by the interviewer.

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Questions :

1. Sweeping in the future (end of year 1992), the technic that should be used by the interviewer (because the names of eligible couples are already known) is to use the source of family data from the informant again. This is based on the sufficient high validity and the relative small budget used for that purpose.
 2. Only new eligible couples should be added in the list of the already registered eligible couples which can be obtained from the RT/RW data or the village and also directly when sweeping.
- NB : As a follow-up of the sweeping the evaluation team has suggested the interviewer to interview those cases that have fulfilled the requirements which escaped previously.

Questionnaire Sweeping (July 1992)

Village : _____
 Subdistrict : _____
 RT/RW : _____/_____

Village code : _____
 Subdistrict code : _____
 Interviewer : _____
 Supervisor : _____

Source of HH data :

1. RT head
2. RW head
3. Cadre Posyandu
4. Personnel village FP
5. Personnel sub FP RW
6. Others

Date of registration: _____/_____/_____
 Household data day / mo / Yr

Date of Sweeping : _____/_____/_____
 day / mo / Yr

Serial Number	House Number	Name of head of the HH	Name of housewife of eligible couple (≥ 15 - ≤ 49 yrs)	Last 6 months *) (Jan 1-June 30 1992)			Visited by interviewer		Annotation
				Pregnancy (if yes, how many months)	Deli-very	** Death	Yes	No	
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									
16.									
17.									
.									
.									
35.									

Note : *) if yes give V

**) code for death : 1. Infant death
 2. still birth
 3. miscarriage
 4. maternal death

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RESULT OF SWEEPING (PERIOD OF JULY 1 - DECEMBER 31, 1992)

Table 1. Number of births, pregnancies and deaths based on sweeping during the period of July 1 - December 31, 1992

	S U B D I S T R I C T	
	Cisalak	Tanjungsari
1. Number of villages	13	27
2. Number of RT's	246	808
3. Number of eligible couples	7124	17813
4. <u>Still pregnant</u> on Dec 31, 1992	420	1075 ←
5. Number of <u>live births</u> till Dec 31, 1992	511	973 ←
6. <u>Deaths</u>		
- Babies	16 $\frac{16}{511} = 31$	46 $\frac{46}{973} = 47$
- Mothers	2	3
- Still births	6	30
- Miscarriage	7	14

Table 2. Number of pregnancies already/not yet interviewed

	S U B D I S T R I C T	
	Cisalak	Tanjungsari
1. Number of subject		
still pregnant	420	1075
- Number already interviewed	320 (76,2 %)	852 (79,3 %)
- Number not yet interviewed	100 (23,8 %)	223 (20,7 %)

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2. Reasons not yet

interviewed :

Duration of pregnancy

1 month	-		8	
2 months	13] (19,3 %)	49] (19.6 %)
3 months	24		79	
4 months	19		44	
5 months	13		16	
6 months	12		17	
7 months	11] (4,5 %)	7] (1,1 %)
8 months	3		4	
9 months	5		1	

Table 3. Number of births already/not yet interviewed

	S U B D I S T R I C T	
	Cisalak	Tanjungsari
1. Number of births	511	973
2. Number already interviewed	506 (99,0 %)	956 (96,3 %)
3. Number not yet interviewed	5 (1,0 %)	17 (1,7 %)
4. Reasons not yet interviewed :		
1. Not at home	3	2
2. Does not know that she was in birth	1	2
3. Transferred	1	7
4. No information	-	5
5. Respondent was sick	-	1

Tabel 4. Number of deaths already visited

	S U B D I S T R I C T	
	Cisalak	Tanjungsari
<u>I. Infant death</u>		
1. Number of deaths	10	46
2. Already visited /interviewed	15 (93,8 %)	43 (93,5 %)
3. Not interviewed because of :	1 (6,2 %)	3 (6,5 %)
- No information	1	3
<u>II. Maternal death</u>		
1. Number of maternal deaths	2	3
2. Already visited /interviewed	2	3
<u>III. Still birth</u>		
Number of still birth	6	30
- Already interviewed	6	27 (90 %)
- Not yet interviewed	-	3
		(1 no information 2 just known)
<u>IV. Miscarriage</u>		
Number of miscarriage	7	14
- Miscarriage already interviewed	6	6

APPENDIX 4D

BASE LINE DATA (1990)

Variable	District		
	Tanjungsari (Sumedang)	Cisalak (Subang)	Jalancagak
1. Area (km ²)	122,26	103,65	122,25
2. Household Number	25084	10521	17743
3. Density /km ²	749	428	510
4. Population			
- Male	45808	21989	30458
- Female	45733	22376	31912
Total	91541	44375	62370
Population (15 Year+) :			
- Male	29389	14413	20921
- Female	29666	14655	22094
Population (<15 Year) :			
- Male	18419	7586	9537
- Female	16067	7721	9818
5. Sex Ratio	100,2	98,3	98,8
6. Number of Villages	27	13	17
7. Number of RW/RT	165/741	68/246	86/363
8. Clasification of villages			
- "Swadaya"	3	"Swakarya" 4	
- "Swasembada"	24	9	17
9. PUS (Fertile couple)	12974	6927	10852
10. CU/PUS (%)	35,4	74,3	73,8
(Current user/Fertile couple)			
11. Occupation of household (%) :			
Farmer owner	58,9	47,4	50,0
Farmer worker	8,02	3,2	15,0
Trade	18,1	4,9	9,7
Labour	8,1	2,5	10,2
Government official employed	5,6	4,7	3,45
Private sector	3,4	37,3	11,4
12. Number of Health Center	3	1	2
Number of Secondary Health Center	2	3	6
Number of Mobile Health Center	1	-	-

1

RAS.

gout.

Number of Integrated Health Post	168	77	97
13. Ratio Population to			
- Health Center	15257	11094	7796
- Integrated Health Post	541	576	643
14. Number of deaths	668	158	473
CDR/1000	7,3	3,56	7,58
IMR	47,9	33,65	31,2
Number of births	2077	208	482
CBR/1000	22,84	4,68	7,72
15. Number of TBA	160	43	58

This has been informed to Dr. Michael Linnan who selected Cisalak as the appropriate region to be the Control area.

APPENDIX 4E

CALCULATION : POWER TEST AND SAMPLE SIZE

Tanjungsari (1988) : PMR = $77/1643 \times 1000 = 46.9$ per 1000

Reginalization (Mart - sept 1992) in Tanjungsari

: PMR = $46/1201 \times 1000 = 38.3$ per 1000

Power test :

$$Z_{1-\beta} = \left[\frac{1201 (0.0086)^2}{2(0.0426 \times 0.9574)} \right]^{1/2} = 1.645$$

= - 0.601

or $1-\beta = 0.274$

Sample size (Sugested) :

Power 90 %

$\alpha = 5\%$ (reliability 95 %)

PMR from 40 per 1000 to 35 per 1000 is :

$$n = \frac{\left(Z_{\alpha} \sqrt{p_o (1 - p_o)} + Z_{1-\beta} \sqrt{p_a (1 - p_a)} \right)^2}{(p_o - p_a)^2}$$

= 15342

and for PMR 46.9 per 1000 to 38.3 per 1000 with $\alpha = 5\%$ and power 90 % :

 $n = 5891$

APPENDIX 4F

dr. Ewan Gari

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Table 1

ANC AND REFERRAL REPORT : MARCH 1992 UP TO FEBRUARY 1993

Make 2 columns
- ANC visit
- New cases

1. Numbers of ANC

Month	Suka-rapih	Suka-wangi	Genteng	Cinan-jung	Cipta-sari	Sindang-sari	Cijambu	Haur-ngombong	Marga-jaya	Gunung manik	Total
March	7	4	3	-	-	3	1	-	-	-	18
April	5	6	2	-	-	6	5	-	-	6	30
May	2	5	2	-	-	-	3	3	5	5	25
June	1	1	3	-	-	4	1	2	7	6	25
July	6	5	3	15	1	3	6	5	5	6	49
August	6	0	1	9	-	3	3	-	4	-	28
September	5	0	1	15	2	4	5	-	8	8	51
October	1	0	1	3	-	5	7	1	6	2	28
November	10	2	2	4	1	4	2	1	-	6	32
December	5	3	1	2	-	4	3	5	4	7	34
January '93	1	8	1	2	0	3	no info	2	2	3	22
February '93			2				X	1	4	4	11
Total New Cases	49	34	25	50	4	39	38	20	45	47	349
Cumulative Visits	70	108	171	77	62	103		83	164	157	995

Pondies

zero
visits

July 1992
all Pondies

incomplete

~ 1/3 of pcs coming for ANC

Other places for ANC:

GHS
Poyandii
HC.

}

Other info 2nd survey; cost study.
- Where else getting ANC.

Table 2. Numbers of Birthing Home Referral to HC / Hosp for ANC / Birth / PP / Neon. ^{Emergency ??} ~~completed~~
from 30th.

Month	Suka-rapih	Suka-wangi	Genteng	Cinan-jung	Cipta-sari	Sindang-sari	Cijambu	Haur-ngombong	Marga-jaya	Gunung manik	Total
March	-	1	-	-	-	-	-	-	-	-	1
April	-	-	-	-	-	-	-	-	-	-	0
May	-	-	-	-	-	-	-	-	1	-	1
June	-	-	-	-	1	1	1	-	-	-	3
July	1	1	1	-	-	-	-	1	1	2	6
August	-	-	-	1	-	1	-	-	1	1	4
September	-	-	-	1	1	-	1	4	3	1	11
October	-	1	-	-	-	-	-	1	-	1	3
November	-	1	-	-	-	-	-	1	1	-	3
December	1	1	-	1	-	-	-	3	-	-	6
January'93	-	1	1	-	1	-	2	-	-	-	5
February'93	-	1	-	2	-	-	-	-	-	-	3
Total	2	7	2	5	3	2	4	10	7	6	40

Htt Survey - only ask about TBA referrals, by whom?

- Also ask in cost survey 1x.

Table 3. Numbers of Birthing Home Referral Using Radio Communication (only incl if contacted)

Month	Suka-rapih	Suka-wangi	Genteng	Cinan-jung	Cipta-sari	Sindang-sari	Cijambu	Haur-ngombong	Marga-jaya	Gunung manik	Total
March	-	1	-	-	-	-	-	-	-	-	1
April	-	-	-	-	-	-	-	-	-	-	0
May	-	-	-	-	-	-	-	-	1	-	1
June	-	-	-	-	1	1	1	-	-	2	5
July	-	1	1	-	-	-	-	1	1	1	5
August	-	-	-	1	-	1	-	-	1	1	4
September	-	-	-	1	1	-	1	4	3	1	11
October	-	1	-	-	-	-	-	1	-	1	3
November	-	1	-	-	-	-	-	1	1	-	3
December	1	1	-	1	-	-	-	1	1	-	5
January'93	-	1	-	-	-	-	2	3	-	-	5
February'93	-	-	-	1	-	-	-	-	-	-	1
Total	1	6	1	4	2	2	4	10	7	6	39

Dec 92 - antenna at hosp.
HC → Hosp
Genteng as highest point.
(must have antenna)
Hosp. tel. u office closed at 2 pm.

2/2

1322

4. Numbers of Birthing Home Referral Using Ambulance

Month	Suka-rapih	Suka-wangi	Genteng	Cinan-jung	Cipta-sari	Sindang-sari	Cijambu	Haur-ngombong	Marga-jaya	Gunung manik	Total
March	-	1	-	-	-	-	-	-	-	-	1
April	-	-	-	-	-	-	-	-	-	-	0
May	-	-	-	-	-	-	-	-	1	-	1
June	-	-	-	-	1	1	-	-	-	2	4
July	-	1	1	-	-	-	-	1	1	1	5
August	-	-	-	1	-	1	-	-	-	1	3
September	-	-	-	1	1	-	-	1	3	1	7
October	-	1	-	-	-	-	-	1	-	1	3
November	-	1	-	-	-	-	-	-	1	-	2
December	1	1	-	1	-	-	-	-	1	-	2
January'93	-	1	-	-	-	-	-	2	-	-	5
February'93	-	-	-	1	-	-	-	-	-	-	1
Total	1	6	1	4	2	2	0	5	6	6	31

5. Numbers of Health Center Referral to ^{dr} Hesp. (Asadukan, Cilimbu) ^{Month under SS}
 + District

Month	Tanjung-sari	Cilembu	Suka-sari	Total
March	31	-	4	35
April	27	1	3	31
May	19	1	-	20
June	22	-	3	25
July	25	1	2	28
August	29	4	2	35
September	34	1	2	37
October	31	2	3	38
November	36	2	2	40
December	43	-	3	48
January'93	42	-	-	42
February'93	30	-	-	30
Total	369	12	24	333

1) mo. ~ 2000 births.

Tradition - do not go until 10 days > deliver

150 91
183 babies

6. Numbers of Health Center Referral Using Radio Communication

Month	Tanjung- sari	Cilembu	Suka- sari	Total
March	1	-	-	1
April	-	-	-	0
May	-	-	-	0
June	-	-	-	0
July	-	-	-	0
August	-	1	-	1
September	-	-	-	0
October	-	-	2	2
November	-	-	-	0
December	-	-	3	3
January'93	4			
February'93	11			
Total	16	1	5	7

7. Numbers of Health Center Referral Using Ambulance

Month	Tanjung- sari	Cilembu	Suka- sari	Total
March	12	-	-	12
April	18	-	-	18
May	14	-	-	14
June	18	-	-	18
July	19	-	-	19
August	20	1	1	22
September	26	-	-	26
October	27	-	2	29
November	22	-	1	23
December	20	-	2	22
January'93	27			
February'93	22			
Total	196	1	6	203

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APPENDIX 4G

Cost Studies

Dr. Yusril

225

MA incl: Use of ambul.
Bidan
Radis
Drugs

Cost of Providers

PANC, immuniz - no charge

JENIS BIAYA	Harapan Kita	Radis Merah	Bahajaja	Karang Tanjung	Titiran	Dahlia	Cempaka	Karya Bakti	Malahari	Melati
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
FIXED COST										
11. Pendirian <i>Building</i> Bangunan Adinda	1.500.000.-	1.500.000.-	2.500.000.-	2.500.000.-	500.000.-	600.000.-	600.000.-	1.250.000.-	2.000.000.-	1.000.000.-
12. Equipment	2.186.500.-	2.186.500.-	2.186.500.-	2.186.500.-	2.186.500.-	2.186.500.-	2.186.500.-	2.186.500.-	2.186.500.-	2.186.500.-
TOTAL FIXED COST	3.686.500.-	3.686.500.-	4.686.500.-	4.686.500.-	2.686.500.-	2.786.500.-	2.786.500.-	3.436.500.-	4.186.500.-	3.186.500.-
VARIABEL COST (per month)										
21. Pemeliharaan Gedung <i>care reliability</i>	3.750.-	6000.-	80.000.-	75000.-	9.231.-	12.000.-	120.000.-	80.000.-	19.414	10.000.-
22. Listrik <i>electrict</i>	42.000.-	12.000.-	12.000.-	30.000.-	12.000.-	5.600.-	18.000.-	24.000.-	18.000.-	18.000.-
23. Operation and maintenance/repair	1.300.-	2.250	2.250.-	7.500.-	4.615.-	2.000.-	2.500.-	26.440.-	8.571.-	36.000.-
24. Pengadaan Obat-obatan (drugs)										
25. Training <i>(146.000/minggu)</i>	48.000	18.000	54.000	42.000	42.000	48.000	18.000	60.000	84.000	72.000
26. Lain-lain	11.250.-	-	-	93.900.-	-	3.200.-	-	-	-	-
TOTAL VARIABEL COST	106.500	38.250	148.250	248.400	67.846	70.800	158.500	190.440	129.985	136.000
Prestasi <i>Performance</i>										
Persalinan	8	6	13	4	2	3	14	2	10	27
VC/Persalinan.	13.312,5	6.375	11.403,85	62.100.	33.223	23.600	11.321,43	45.220	12.998,5	5.037,04

Drugs may be incl. in bidan/doc's charge, TBAs - no drugs, must buy drugs.

(weight to include when started)

inputs:
- Drugs.
- immuniz.

Ave cost/birth

gidak selang
↓
mas tak terdapat
Adinda gini pers
kaku
lari

ETIOPAR AKTRIPA BANDUNG.

Nama : _____
 No. Pck k : _____
 Tingkat/Jurusan : _____
 Tempat : _____
 Tgl Ujian : _____
 Tanda tangan : _____

Charges per delivery

Biaya Pertolongan Persalinan (Labon)
 di Polindes

Marpleh - Oktober 1992

No	Nama Polindes	Dokter	Besarnya Bidan	Biaya (Rp)		Jumlah
				Puraji	Polindes (main + charge)	
(1)	Harapan Kita	30.000	25.000	7.500	5.000	
(2)	Radiis merah	10.000	10.000	3.000	3.000	
(3)	Bahagia	20.000	30.000	5.000	3.000	
(4)	Karang Tanjung	15.000	10.000	5.000	5.000	
(5)	Turpan	* B.P.	3.000	4.000	1.000	
(6)	Dahlia	B.P.	5.000	4.000	-	
(7)	Cempaka	B.P.	2.000	5.000	1.000	
(8)	Karya Bakri	5.000	4.000	4.000	1.000	
(9)	Matahari	B.P.	20.000	10.000	5.000	
(10)	Melati	B.P.	10.000	8.000	2.000	
Jumlah		80.000	119.000	55.500	26.000	
\bar{x}		16.000	11.900	5.550	2.600	

Agreed upon charges w/ village.

catutan: \downarrow Biaya wajar

Dokter $16.000 + 2.600 = 18.600$
 Bidan $11.900 + 2.600 = 14.500$
 Puraji $5.550 + 2.600 = 8.150$

* Doctors ~~at~~ yet doing delivery

APPENDIX 4H

Death Reports

STILLBIRTH AND NEONATAL DEATH

	SB	END	LND	TOTAL
TANJUNGSARI	32	12	5	49
CILEMBU	4	6	-	10
SUKASARI	11	12	-	23
TOTAL	47	30	5	82
CISALAK	5	11	2	18
TOTAL	52	41	7	100

Interv.
area

← control
area

CAUSE OF INFANT DEATH INTERVENTION AREA

BRONCHOPNEUMONIA (485)	2
ANPIRATION PNEUMONIA (507)	1
HOEMOFILIA / Hemorrhagic Disorders (286)	1
SEPTICAEMIA (038)	1
TOTAL	5

see before

March 1992 - ? ~~Feb 92~~ ^{Feb 93}

~~March 1991~~

MATERNAL MORTALITY

INTERVENTION	4
CONTROL	3
TOTAL	7

2 months pph
 - pph 1 hr. on way
 - typhoid fever (w. sadikan)
 - no verbal autopsy
 (small, child, slight bil., ...)

LIVE BIRTH

INTERVENTION	1647
CONTROL	802
TOTAL	2449

MMR INTERVENTION AREA = $\frac{4}{1647} \times 1000 = 2,4 \%$

RAS-

MMR CONTROL AREA = $\frac{3}{802} \times 1000 = 3,7 \%$

END RATE INTERVENTION AREA = $\frac{30}{1647} \times 1000 = 18,2 \%$

END RATE CONTROL AREA = $\frac{11}{802} \times 1000 = 13,7 \%$

NMR INTERVENTION AREA = $\frac{35}{1647} \times 1000 = 21,2 \%$

NMR CONTROL AREA = $\frac{13}{802} \times 1000 = 16,2 \%$

PMR INTERVENTION AREA = $\frac{77}{1647} \times 1000 = 46,8 \%$

PMR CONTROL AREA = $\frac{16}{802} \times 1000 = 20 \%$

45.5 } deaths incl
 44.7 } as PMR
 without verb. autopsy not included

Census on Casaleke (Nov/Nov 91)

all
 Gest. Perinatal conditions of mother

DISTRIBUTION OF CAUSES OF STILLBIRTH BY MOTHER'S CONDITION

MAIN CAUSE OF STILLBIRTH	MATERNAL CONDITION MAY BE UNRELATED TO PREGNANCY (760)		MATERNAL COMPLICATION OF PREGNANCY (761)		COMPLICATION OF PLACENTA & CORDS (762)		COMPLICATION OF LABOUR OR DELIVERY		UNCLASIFIED	
	I	C	I	C	I	C	I	C	I	C
INTRA UTERINE HIPOXIA & BIRTH ASPHYXIA (768)	14	3	5	-	6	-	4	2	18	-

↳ Hypertension
 (check →) because maybe in fetus

→ 1. 11/10/11 - by mother's condition

LTBC

• Hypoxia

• 11/10/11

PMR by BW
 SB by maternal time

EARLY NEONATAL DEATH (END)

MAIN CAUSES OF END	INTERVENTION	CONTROL
INTRA UTERINE HYPOXIA & BIRTH ASPHYXIA (768)	12 40%	4 37%
INFECTION SPECIFIC TO PERINATAL PERIOD (771)	2 6%	-
RESPIRATORY PROBLEM AFTER BIRTH (769-770)	6 20%	2 18%
DISORDERS RELATING TO UNSPECIFIC LBW (765)	10 33%	3 27%
CONGENITAL MALFORMATION (740 - 759)	-	2 18%
TOTAL END	30	11

NEONATAL DEATH BY BIRTH-WEIGHT (I+C)

BIRTH-WEIGHT GRAM)	EARLY NEONATAL	LATE NEONATAL	TOTAL
≥ 2500	10 (24,4%)	-	10 (20,8%)
< 2500	20 (48,8%)	2 (28,6%)	22 (45,8%)
UNKNOWN	11 (26,8%)	5 (71,4%)	16 (33,4%)
TOTAL	41 (100%)	7 (100%)	48 (100%)

APPENDIX 4I

MONTHLY REPORT OF DELIVERIES
 IN PUSKESMAS AREA : *TANJUNGPINANG*
 YEARS : *1992...*

MONTH	TOTAL		DELIVERS BY				PLACE OF DELIVERIES							
			H.P.		TBA		HOME		POLINDES		PUSKESMAS		HOSPITAL	
			TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%
JANUARY	....	....	..	....	...	....	..	....	..	....	..	....	...
FEBRUARY	....	....	..	....	...	....	..	....	..	....	..	....	...
MART	16.3	3.3	32.0	7.6	68.0	66..	64.1	4..	3.9	3..	2.9	32..	29.1	
APRIL	6.6	2.3	26.7	6.3	73.3	7.6	90.7	..2.	2.3	6..	7.0	....	...
MAY	6.7	6.	6.9	6.1	93.1	6.7	93.1	..2.	2.3	5..	4.6	....	...
JUNE	6.4	4.	14.1	5.5	85.9	5.5	85.9	..2.	3.1	..7.	11.0	....	...
JULY	9.3	1.2	13.0	6.1	87.0	7.2	77.4	..4.	4.3	..5.	5.4	1.2	13.9	
AUGUST	6.4	2.2	34.4	4.2	65.6	4.2	65.6	..4.	6.3	..7.	6.3	1.4	21.9	
SEPTEMBER	6.2	2.3	25.8	6.6	74.2	6.2	92.1	..2.	2.2	..2.	2.2	..3.	3.4	
OCTOBER	6.5	2.6	23.5	6.5	76.5	6.4	75.3	..1.	1.2	..2.	2.4	1.6	21.1	
NOVEMBER	9.6	2.6	26.5	7.2	73.5	7.1	72.4	..1.	1.0	..6.	8.2	1.6	18.4	
DECEMBER	12.6	3.7	29.0	9.1	71.0	9.1	71.0	....	..	..9.	7.0	2.6	2.0
TOTAL	69.7	21.1	23.5	66.6	76.5	76.2	78.3	2.2	2.5	5.7	5.6	12.3	13.7	
AVERAGE	69.7	21.1	23.5	66.6	76.5	76.2	78.3	2.2	2.5	5.7	5.6	12.3	13.7	

REFERENCE : Official Integrated Monthly Report

MONTHLY REPORT OF DELIVERIES
IN PUSKESMAS AREA : *SUKASARI*...

YEARS : *1992*...

MONTH	TOTAL	DELIVERS BY				PLACE OF DELIVERIES							
		K.P.		TBA		HOME		POLINDES		PUSKESMAS		HOSPITAL	
		TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%
JANUARY	....	....	..	....	...	.....	..	.....	..	.....	..	.....	...
FEBRUARY	.....	....	..	....	...	.....	..	.....	..	.....	..	.....	...
MART	<i>42</i>	<i>.8</i>	<i>19.0</i>	<i>34</i>	<i>81.0</i>	<i>30</i>	<i>90.5</i>	-	..	-	..	<i>4</i>	<i>9.5</i>
APRIL	<i>55</i>	<i>.5</i>	<i>9.1</i>	<i>50</i>	<i>90.9</i>	<i>50</i>	<i>90.9</i>	<i>4</i>	<i>7.3</i>	-	..	<i>1</i>	<i>1.8</i>
MAY	<i>32</i>	<i>.3</i>	<i>9.4</i>	<i>29</i>	<i>90.6</i>	<i>28</i>	<i>87.5</i>	<i>2</i>	<i>6.3</i>	<i>1</i>	<i>3.1</i>	-	...
JUNE	<i>30</i>	<i>.4</i>	<i>13.3</i>	<i>26</i>	<i>86.7</i>	<i>21</i>	<i>70.0</i>	<i>5</i>	<i>16.7</i>	-	..	<i>4</i>	<i>13.3</i>
JULY	<i>35</i>	<i>.4</i>	<i>11.4</i>	<i>31</i>	<i>88.6</i>	<i>31</i>	<i>88.6</i>	<i>3</i>	<i>8.6</i>	<i>1</i>	<i>2.9</i>	<i>1</i>	<i>2.9</i>
AUGUST	<i>26</i>	<i>.5</i>	<i>19.2</i>	<i>21</i>	<i>80.8</i>	<i>22</i>	<i>91.7</i>	<i>3</i>	<i>11.5</i>	-	..	<i>1</i>	<i>3.8</i>
SEPTEMBER	<i>20</i>	<i>.2</i>	<i>7.1</i>	<i>26</i>	<i>92.9</i>	<i>22</i>	<i>79.6</i>	<i>4</i>	<i>14.3</i>	-	..	<i>2</i>	<i>7.1</i>
OCTOBER	<i>21</i>	<i>.5</i>	<i>23.8</i>	<i>16</i>	<i>76.2</i>	<i>16</i>	<i>76.2</i>	-	..	<i>1</i>	<i>4.8</i>	<i>4</i>	<i>19.0</i>
NOVEMBER	<i>46</i>	<i>.3</i>	<i>6.5</i>	<i>43</i>	<i>93.5</i>	<i>43</i>	<i>93.5</i>	<i>2</i>	<i>4.3</i>	-	..	<i>1</i>	<i>2.2</i>
DECEMBER	<i>37</i>	<i>.6</i>	<i>16.2</i>	<i>31</i>	<i>83.8</i>	<i>31</i>	<i>83.8</i>	<i>2</i>	<i>5.4</i>	-	..	<i>4</i>	<i>10.8</i>
TOTAL	<i>352</i>	<i>45</i>	<i>12.8</i>	<i>307</i>	<i>87.2</i>	<i>302</i>	<i>85.8</i>	<i>25</i>	<i>7.1</i>	<i>3</i>	<i>0.9</i>	<i>22</i>	<i>6.3</i>
AVERAGE	<i>35.2</i>	<i>4.5</i>	.	<i>30.7</i>	.	<i>30.2</i>	.	<i>2.5</i>	.	<i>0.3</i>	.	<i>2.2</i>	.

REFERENCE : Official Integrated Monthly Report

MONTHLY REPORT OF DELIVERIES
IN PUSKESMAS AREA : CILEMBU

YEARS : 1992

MONTH	TOTAL		DELIVERS BY				PLACE OF DELIVERIES							
			H.P.		TBA		HOME		POLINDES		PUSKESMAS		HOSPITAL	
	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%	TOTAL	%
JANUARY	....	....	..	....	...	.....	..	.....	..	.....	..	.....	..	.....
FEBRUARY	.....	....	..	....	...	.....	..	.....	..	.....	..	.....	..	.....
MART	40	3	7.5	37	92.5	34	85.0	6	15.0	....	..	....	..	....
APRIL	29	4	13.8	25	86.2	22	75.9	7	24.1	....	..	....	..	....
MAY	23	4	17.4	19	82.6	17	73.9	3	13.0	....	..	3	13.0	....
JUNE	22	3	13.6	19	86.4	18	81.8	3	13.6	....	..	1	4.5	....
JULY	35	4	11.4	31	88.6	29	82.9	2	5.7	....	..	4	11.4	....
AUGUST	29	5	17.2	24	82.8	24	82.8	2	6.9	....	..	3	10.3	....
SEPTEMBER	34	1	2.9	33	97.1	32	94.1	2	5.9	....	..	....	..	....
OCTOBER	30	2	6.7	28	93.3	25	83.3	5	16.7	....	..	....	..	....
NOVEMBER	26	1	3.8	25	96.2	26	100.0	....	..	....	..	....	..	....
DECEMBER	42	2	4.8	40	95.2	39	92.9	2	4.8	1	2.4	....	..	....
TOTAL	310	29	9.4	281	90.6	266	85.8	32	10.3	1	0.3	11	3.5	....
AVERAGE	31	2.9	.	28.1	.	26.6	.	3.2	.	0.1	.	1.1

REFERENCE : Official Integrated Monthly Report

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UTILIZATION OF PUSKESMAS & POSYANDU
FOR THE 1ST TIME BY COMMUNITIES

PUSKESMAS AREA : TANJUNESARI

YEAR : 1992

MONTH	PRENATAL-CARE		INFANT-CARE		INFANT FOR WEIGHTING	
	PUSKESMAS	POSYANDU	PUSKESMAS	POSYANDU	PUSKESMAS	POSYANDU
JANUARY	47	20	44	67	60	54
FEBRUARY	25	31	10	34	52	57
MART	32	-	26	45	31	56
APRIL	123	43	34	64	23	57
MAY	62	35	20	52	33	33
JUNE	23	31	34	52	73	53
JULY	59	50	32	77	21	51
AUGUST	42	53	49	49	43	40
SEPTEMBER	20	40	27	53	16	44
OCTOBER	59	34	40	54	16	30
NOVEMBER	34	110	44	57	17	49
DECEMBER	170	50	57	42	15	55
TOTAL	730	573	427	644	400	600
AVERAGE	61	43	36	54	33	50

REFERENCE : Puskesmas's Integrated Official Monthly Report

24/8

Handwritten notes:
 1.
 2.
 3.

UTILIZATION OF PUSKESMAS & POSYANDU

FOR THE 1ST TIME BY COMMUNITIES

PUSKESMAS AREA : SUKASARI

YEAR : 1992

MONTH	PRENATAL-CARE		INFANT-CARE		INFANT FOR WEIGHTING	
	PUSKESMAS	POSYANDU	PUSKESMAS	POSYANDU	PUSKESMAS	POSYANDU
JANUARY	.....	.....	6	53	.....	22
FEBRUARY	.....	.....	2	35	.....	20
MART	12	1	5	19	.....	23
APRIL	25	24	45	30	.....	30
MAY	7	29	34	42	.....	21
JUNE	11	30	36	30	.....	21
JULY	13	49	41	45	.....	31
AUGUST	16	35	26	37	.....	24
SEPTEMBER	16	26	50	25	.....	27
OCTOBER	13	42	2	30	.....	25
NOVEMBER	10	29	14	29	.....	26
DECEMBER	13	36	23	33	.....	17
TOTAL	136	479	279	424	.....	287
AVERAGE	11	40	23	35	.....	24

REFERENCE : Puskesmas's Integrated Official Monthly Report

UTILIZATION OF PUSKESMAS & POSYANDU

FOR THE 1ST TIME BY COMMUNITIES

PUSKESMAS AREA : CILEMBU - District

YEAR : 1992

MONTH	PRENATAL-CARE		INFANT-CARE		INFANT FOR WEIGHTING	
	PUSKESMAS	POSYANDU	PUSKESMAS	POSYANDU	PUSKESMAS	POSYANDU
JANUARY	24	4	-	42		25
FEBRUARY	18	3	-	33		10
MART	22	4	-	26		34
APRIL	27	7	8	25		29
MAY	31	10	-	45		20
JUNE	40	10	4	24		10
JULY	27	7	3	31		18
AUGUST	21	5	-	41		25
SEPTEMBER	44	-	-	35		14
OCTOBER	16	12	-	40		24
NOVEMBER	31	5	4	37		23
DECEMBER	50	9	-	38		38
TOTAL	351	76	19	417		270
AVERAGE	29	6	1.2	35		23

REFERENCE : Puskesmas's Integrated Official Monthly Report

APPENDIX 4J

SCORING OF PREGNANT WOMEN IN LABOUR

NAME :

EDUCATION :

HUSBAND'S EDUCATION :

1	2	3	4
NO	CONDITION OF MOTHER	ANNOTATION	SCORE
I	MOTHER'S AGE	< 16 YEARS	4
		> 16 YEARS	0
II	PARITY 1 ST PREGNANCY	YOUNG PRIMI < 16 YEARS	4
		OLD PRIMI > 35 YEARS	4
III	PAST/PREVIOUS DELIVERY	- WITH SPECIAL ACTION (FORCEPS, VACUUM) - OPERATION (CAESAREAN SECTION)	4 8
IV	BAD OBSTETRIC HISTORY	- REPEATED MISCARRIAGE, PREMATURE LABOUR, STILL BIRTH - EARLY NEONATAL DEATH - POSTPARTUM BLEEDING	5 4 5
V	CONDITION DURING DELIVERY		
	- NORMAL (WITHOUT COMPLICATION)	- NULLIPARA	2
		- PARA 1 - 2	0
	- HYPERTENSION	- SYSTOLYC >140, DIASTOLIC > 90	4
	- PROTEINURIA		4
	- EDEMA		2
	- CONVULSIONS		8
	- MULTIPLE PREGNANCY	- BOTH BABIES ARE IN LONGITUDINAL POSITION	4
		- WITH ABNORMAL PRESENTATION	8
	- BREECH PRESENTATION	- PRIMIGRAVID	8
		- MULTIGRAVID	4
	- HYDRAMNION		6
	- HYDROCEPHALUS		6
	- INTRAPARTUM BLEEDING	- WITH OR WITHOUT PAIN	8
	- FEVER		4
	- FETUS IN EMERGENCY	- (CRITERIA FOR FORCEPS/VACUUM NOT YET FULFILLED)	8
	- EARLY RUPTURE OF AMNIONIC MEMBRANE	- LESS THAN 6 HOURS WITHOUT FEVER	4
	- PROLONGED LABOUR	- MORE THAN 6 HOURS	6
		- STAGE I >12 HOURS	4
		- STAGE II >1 HOUR	4
- SEVERE DISEASES		8	
- SMALL PELVIS	- RELATIVE (CV8-10)	5	
	- ABSOLUTE (CV<8)	6	
- TWINING UMBILICAL CORD	- WITHOUT FETAL EMERGENCY	8	
- FETUS DIES	- OTHER CONDITION GOOD	2	
- PLACENTAL RETENTION	- WITH EXCESSIVE BLEEDING	4	
	- WITHOUT BLEEDING	8	
- RUPTURE OF BIRTH CANAL	- MEDIUM	4	
	- EXTENSIVE (TOTALLY)	7	
- SEVERE SHOCK SYMPTOMS		8	
		TOTAL SCORE	

EXPLANATION :

SCORE 0 - 3 ASSIST AT THE POLINDES

SCORE 4 - 7 REFER TO THE MIDWIFE/PUSKESMAS

SCORE 8 - 11 REFER DIRECTLY TO THE HOSPITAL

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SCORING OF PREGNANT MOTHER (BUMIL)

NAME :

EDUCATION :
HUSBAND'S EDUCATION :

1 NO	2 CONDITIC ^N OF MOTHER	3 ANNOTATION	4 SCORE	5 SCORE AT PREGNANCY AGE OF (MONTHS)				
				5	6	7	8	9
I	MOTHER'S AGE	< 16 YEARS	4					
		> 16 YEARS	0					
II	PARITY 1 ST PREGNANCY	YOUNG PRIMI (< 16 YEARS)	4					
		OLD PRIMI (> 35 YEARS)	4					
		OTHER PRIMIS	2					
III	BODY HEIGHT < 145 CM	1 ST PREGNANCY	4					
		2 ND OR >, PREVIOUS PREGNANCY NORMAL, CHILD ALIVE	1					
IV	PREVIOUS PREGNANCY	- WITH SPECIAL ACTION (FORCEPS, VACUUM, ETC)	4					
		- OPERATION (CAESAREAN SECTION)	4					
V	BAD OBSTETRIC HISTORY	- REPEATED MISCARRIAGE, PREMATURE LABOUR, STILL BIRTH	5					
		- EARLY NEONATAL DEATH	4					
VI	WEIGHT GAIN : LESS OR NO WEIGHT GAIN	- LESS THAN 6 KG DURING 8 MONTHS PREGNANCY OR MORE	4					
VII	NUTRITIONAL STATUS	- UPPER ARM CIRCUMFERENCE < 22 CM	4					
VIII	BLEEDING	- IN EARLY PREGNANCY	4					
		- IN PREGNANCY OF > 5 MONTHS	8					
IX	HYPERTENSION	- IN PREGNANCY OF > 5 MONTHS	4					
X	EDEMA	- DOES NOT DISAPPEAR AFTER BEDREST ON :						
		- THE LEGS	4					
		- THE FACE / ARMS	6					
XI	CONVULSIONS		6					
XII	NOT YET IMMUNISED	WHEN 7-9 MONTHS PREGNANT (DANGEROUS FOR THE BABY)	4					
XIII	OTHER CONDITIONS							
	ABNORMAL PRESENTATION	>7 MONTHS PREGNANT	4					
	MULTIPLE PREGNANCY		4					
	BELLY EXTREMELY BIG		4					
	OTHER SEVERE DISEASES	DYSYPUEA, HIGH FEVER, DIZZINESS	5					
	NO MOVEMENT OF FETUS		4					
	BELLY NOT INCREASE IN SIZE		4					
TOTAL SCORE								

EXPLANATION :

SCORE 0 - 3 SUGGEST PREGNANCY CARE AS USUAL

SCORE 4 - 7 REFER TO THE MIDWIFE/PUSKESMAS

SCORE 8 - 11 REFER DIRECTLY TO THE HOSPITAL

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SCORING OF POSTPARTOEM/PUERPERIUM

1	2	3	4
NO	CONDITION OF MOTHER	ANNOTATION	SCORE
I	Condition of mother - Good - Slight anemic - Severe anemic		1 3 5
II	Pre shock Severe shock	Systolic >80 mm Hg, pulse rapid	5 8
III	Infection	Lochia smelly, fever and gradual loss of consciousness	6 8
Total score			

Annotation :

Score 0 - 3 Assisted at Polindes

Score 4 - 7 Refer to midwife/Puskesmas

Score 8 - 11 Refer directly to Hospital

PASCAING.WK1/DR. JAMES

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APPENDIX 4K

Dr. James

Title : Does the provision of maternity services closer to the people improve use of services ?

Yang diukur : % Increase(antara awal dan akhir penelitian)
(antara kontrol dan intervensi)

Variables yang akan dinilai :

1. PNC
2. Tempat dan penolong persalinan
3. Cakupan Immunisasi : TT1, TT2, DPT
4. KB
5. POD
6. Tempat pemeriksaan kesehatan Ibu dan anak /Rujukan

Data yang diperlukan dan sumber datanya :

I. Dari kuesioner I: (kehamilan)

1. Tempat pemeriksaan kehamilan (hamil sebelumnya) : Q1 No.27
2. Berapa kali memeriksakan kehamilan (hamil sebelumnya): Q1 No. 28
3. Tempat pemeriksaan kehamilan (hamil sekarang) : Q1 No.37-45
4. Disuntik dilengan atas selama hamil : Q1 No.31
5. Tempat pemberian suntikan : Q1 No.32

II. Dari kuesioner II : (Kelahiran)

1. Rujukan selama kehamilan oleh paraji dan keinginan sendiri :
Q2 No.41-46 Q2 No.61-66
2. Rujukan selama kelahiran oleh paraji dan keinginan sendiri :
Q2 No.77-82 Q2 No.97-102

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3. Rujukan bayi baru lahir oleh paraji dan keinginan sendiri :
Q2 No.124-139 Q2 No.141-146

III. Dari kuesioner III : (7 hari setelah melahirkan)

1. Rujukan selama setelah melahirkan oleh paraji dan keinginan sendiri :
Q3 No.27-34 Q3 No.47-53
2. Rujukan bayi oleh paraji dan keinginan sendiri :
Q3 No.70-76 Q3 No.89-96
3. Imunisasi BCG Q3 No.111

IV. Dari kuesioner Health Economy :(7 bln kehamilan)

1. Pertama kali memeriksakan kehamilan ke mana ? (var 12)
2. Kunjungan ketempat pelayanan kesehatan selama kehamilan :
- RS dan berapa kali (var 18 dan 19)
 - Puskesmas dan berapa kali (var 68 dan 69)
 - Posyandu dan berapa (var 118 dan 119)
 - Klinik swasta dan berapa kali (var 164 dan 165)
 - Polindes dan berapa kali (var 216 dan 217)
 - Dukun bayi dan berapa kali (var 262 dan 263)
 - Tempat lainnya dan berapa kali (var 304 dan 305)

V. Dari kuesioner Health Economy :(42 hari setelah melahirkan)

1. Berapa kali melakukan prenatal visit :
- Ke TBA (var 18)
 - Ke Posyandu (var 20)
 - Ke Polindes (var 21)
 - Ke Puskesmas (var 22)

- Ke Praktek swasta (var 23)
- Ke tempat lainnya (var 24)
- 2. Tempat melahirkan (var 58)
- 3. Alasan melahirkan di tempat tsb (var 59 - 65)
- 4. Pemeriksaan kesehatan ibu setelah melahirkan dan alasannya (var 129 - 136)
- 5. Pemeriksaan kesehatan bayi dan alasannya (var 184 - 192)

VI. Dari data/catatan di Polindes : (dr. Sutedja)

VII. Dari data/catatan desa/kecamatan/Puskesmas : (dr. Sutedja)