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Review Article: REDUCING MATERNAL MORTALITY RATE (MMR) AND INFANT MORTALITY RATE (IMR): NON INSTITUTIONAL DELIVERY OR INSTITUTIONAL DELIVERY?

1. Ucke Sugeng Sastrawinata --> Social Obstetrics & Gynecology Subdivision, Obstetrics and Gynecology Departement, Maranatha Christian University Faculty of Medicine, Immanuel Christian Hospital, Bandung

Abstract

Maternal Mortality Rate (MMR) and Infant Mortality Rate (IMR) are indicators of health degree and successfullness of mother and child medicare. In Indonesia, the Maternal Mortality Rate, although decreasing, remains the highest in South-East Asia while Infant Mortality Rate is also the highest among neighboring countries. Situations that play important role toward high MMR & IMR in Indonesia are high number of delivery at home, domination of traditional birth attendants, low education and poor economy, lack of health providers, and unsufficient family planning program. The success of neighboring countries in reducing MMR and IMR is pursued by providing training for birth attendants to become skilled, early risk identification on pregnant woman by midwife, periodical home visit, and easy access on health care facilities. Key elements to decrease MMR and IMR are that every births must be assisted by skilled birth attendant, obstetric and neonatal complications must have sufficient treatment, woman on fertile age should have access towards pregnancy and abortion complication prevention. Cost is a problem that make most woman choose to deliver at home, so fund raising is needed. Mini delivery house can be developed from countryside clinic or other medical facilities that already exist. There must be supported by sufficient skilled birth attendants, strong commitment from the government and society component and also active participation from professional organization such as IDI, POGI, IBI, and woman organization in order to overcome MMR and IMR problems.

Keyword : MMR, IMR, Institutional, delivery,

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