

Kejadian Ketuban Pecah Dini dan Hubungannya Dengan Kejadian Sepsis Neonatorum di RSUPN Dr Cipto Mangunkusumo = Premature Rupture of Membranes and Its Relationship with Neonatal Septic in Cipto Mangunkusumo Hospital

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Abstrak

[Latar belakang. Ketuban pecah dini (KPD) merupakan komplikasi yang paling sering pada kehamilan, yang dapat berakibat terhadap kejadian sepsis neonatorum. Sepsis neonatorum masih merupakan penyebab utama morbiditas dan mortalitas pada bayi, terutama di negara berkembang. Faktor-faktor pada ibu, pemberian antibiotik dan pemeriksaan mikrobiologi dapat mempengaruhi kejadian sepsis neonatorum pada bayi yang lahir dari ibu dengan KPD.

Metodologi penelitian. Penelitian ini merupakan studi potong lintang terhadap pasien dengan KPD dan bayi yang dilahirkannya di RSCM, Jakarta, Indonesia periode September 2012 – Agustus 2013. Dilakukan evaluasi terhadap faktor-faktor pada ibu, pemberian antibiotik dan pemeriksaan mikrobiologi yang dapat mempengaruhi kejadian sepsis neonatorum.

Hasil. Diantara 3438 persalinan, terdapat 958 kasus KPD pada periode tersebut. Sebanyak 29 rekam medis ibu yang tidak ditemukan dan 85 dieksklusi. Dari 844 rekam medis ibu, hanya ditemukan 677 rekam medis bayi, dengan 12 gemeli sehingga total sampel yang dapat dianalisis adalah 689. Insiden KPD di RSCM adalah sebesar 24,55%. Ditemukan 146 kasus sepsis neonatorum. Pemeriksaan mikrobiologi masih belum merupakan prosedur tetap dalam penatalaksanaan pasien KPD. Antibiotik yang paling banyak digunakan untuk pasien KPD adalah ampisilinsulbaktam. Ambang waktu lama ketuban pecah yang berpotensi untuk terjadinya sepsis neonatorum adalah 12 jam. Faktor pada ibu yang berpengaruh terhadap kejadian sepsis neonatorum adalah usia kehamilan <37 minggu, infeksi intra uterin, warna ketuban yang tidak jernih, indeks cairan amnion 2,5-4,9 dan lama ketuban pecah >12 jam.

Kesimpulan. Insiden sepsis neonatorum terkait KPD di RSCM masih cukup tinggi. Perlu dibuat panduan penatalaksanaan KPD dengan memperhatikan faktor pada ibu. Pemeriksaan mikrobiologi sebaiknya dijadikan prosedur tetap dalam penatalaksanaan pasien KPD, yang dapat juga menjadi panduan dalam pemilihan antibiotik.

.....Background. Premature rupture of membranes (PROM) is one of the most common complications of pregnancy that has an impact on neonatal septic. Neonatal septic remains one of the main causes of neonatal mortality and morbidity, particularly in developing countries. Maternal factors, antibiotic administration and microbiology detection can influence on neonatal septic following PROM.

Methods. This cross-sectional study was performed at CM hospital, Jakarta,

Indonesia from September 2012 to August 2013 to evaluate neonatal septic that were born from mother with PROM. Maternal risk, antibiotic administration, microbiology detection and its influences on neonatal septic were evaluated.

Results. Among 3438 deliveries, there were 958 cases of PROM in CM hospital during September 2012 – August 2013. Out of 958 PROM cases, 29 medical records were not found and 85 were excluded. Of the remaining 844 women, we just found 677 medical records of the babies, including 12 twin babies and leaving 689 babies eligible for analysis. The incidence rate of PROM was 24,55%. Overall, there were 146 neonatal septic cases. The microbiological examination is still not a remains procedure in the management of PROM. Ampicillin-sulbactam is the most widely used antibiotics for PROM. Prolonged rupture threshold potential for the occurrence of neonatal sepsis is 12hours. Maternal factors that influence the incidence of neonatal sepsis are gestational age <37 weeks, intrauterine infection, discolored amniotic fluid, amniotic fluid index of 2.5 to 4.9 and a long membrane rupture >12 hours.

Conclusion. The incidence of PROM related neonatal septic in CM hospital is still high. The management of PROM guidelines needs to be made by taking maternal factors into account. The microbiological examination should be a remains procedure in the management of PROM, which can also provide guidance in the selection of antibiotics.

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