

Hubungan proses rujukan terhadap luaran neonatus pada ketuban pecah dini pada kehamilan preterm di RS. dr. Cipto Mangunkusumo = Correlation between referral process with neonatal outcomes in preterm premature ruptured of membrane in Cipto Mangunkusumo Hospital.

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Abstrak

Latar Belakang: Mortalitas neonatus global terjadi pada 19/1000 kelahiran hidup dan 35% diakibatkan komplikasi prematuritas dan ketuban pecah dini (KPD) preterm terjadi pada 30-40% dari seluruh kasus. Manajemen KPD preterm memerlukan ketepatan diagnosis, rujukan, dan intervensi agar tidak terjadi morbiditas dan mortalitas ibu dan janin. Di RS Cipto Mangunkusumo terdapat 737 persalinan preterm dari 1524 total kelahiran tahun 2017.

Tujuan: Mengetahui hubungan proses rujukan terhadap luaran neonatus pada kasus ketuban pecah dini pada kehamilan preterm.

Metode: Kohort retrospektif di RS Cipto Mangunkusumo pada pasien rujukan KPD preterm bulan Januari 2016-September 2017. Analisis statistik dengan SPSS 20.0.

Hasil: Terdapat 214 kasus KPD preterm. Asal rujukan terutama dari rumah sakit dan 36 kasus dirujuk karena tidak ada NICU dan 66 kasus karena fasilitas yang ada tidak mencukupi. Pemeriksaan sesuai standar pada 91 kasus, pemberian antibiotika pada 161 kasus dan pemberian kortikosteroid di tempat rujukan 143 kasus. Terdapat 94 neonatus dengan komplikasi; korioamnionitis klinis(18.69%), APGAR skor menit 1<7(19.16%), APGAR skor menit 5<7 (9.8%), RDS(32.34%), sepsis(37.38%) dan mortalitas(9.8%). Dari analisis multivariat, hubungan didapatkan antara asal rujukan dengan APGAR skor menit 1, usia kehamilan dan kortikosteroid dengan RDS, usia kehamilan, lama rujukan, kortikosteroid dan korioamnionitis klinis dengan sepsis neonatus.

Kesimpulan: Alur rujukan KPD preterm berlangsung sesuai alur rujukan berjenjang. Terdapat hubungan antara proses rujukan dengan luaran neonatus.

Background: Neonatal mortality rate is 19/1000 live birth worldwide with 35% mortality due to complication of prematurity. Preterm premature ruptured of membrane caused 30-40% preterm birth. In Cipto Mangunkusumo hospital, total of preterm birth in 2017 was 737 cases from 1524 total birth. To prevent neonatal and maternal morbidity and mortality, prompt diagnosis, referral process and obstetric intervention are needed.

Purpose: To evaluate the correlation between referral process and neonatal outcome in preterm premature ruptured of membrane.

Method: This research was conducted in Cipto Mangunkusumo hospital on January 2016 to September 2017 with retrospective cohort study. Referral data and neonatal outcomes who fulfilled the inclusion criteria were collected and analyzed.

Result: From data collection from January 2016 to July 2017, 334 cases with preterm premature ruptured of membrane and 214 cases fulfilled the inclusion criteria. Patients most referred from

hospital due to limited facility (35.29%) and due to NICU was full (64.71%). Administration of antibiotic was found in 75.23% cases and 66.82% cases with corticosteroid administration from the first referral provider. Newborn with complication was found in 43.93%; clinical chorioamnionitis (18.69%), APGAR score minute 1 <7 (19.16%), APGAR score minute 5 <7 (9.8%), RDS (32.34%), neonatal sepsis (37.38%) and early neonatal mortality (9.8%). From bivariate analysis, first care provider has correlation with APGAR score minute 1 <7 ($p=0.001$), RDS ($p=0.003$), and neonatal sepsis ($p=0.01$). Administration of corticosteroid correlated significantly with APGAR score minute 1 <7 ($p=0.003$, RR 0.4, CI95% 0.23-0.96), RDS ($p=0.002$, RR 0.46, CI95% 0.27-0.79) and neonatal sepsis ($p=0.001$, RR 0.46, CI95% 0.28-0.75). Time of referral correlated significantly with neonatal sepsis ($p=0.014$, RR 1.7, CI95% 1.2-1.26). After multivariate analysis, correlation found in: first care provider with APGAR score minute 1, gestational age and corticosteroid administration with RDS, gestational age, length of referral and corticosteroid administration with neonatal sepsis.

Conclusion: There is correlation between referral process and neonatal outcome.