

INTISARI

Latar Belakang: Terdapat peningkatan seksio sesarea di seluruh dunia dalam tiga dekade terakhir. Seksio sesarea berkaitan dengan dekompensasi akut ibu dan janin. DDI seksio sesarea kategori 1 berhubungan dengan luaran neonatus dengan peningkatan risiko kejadian asfiksia.

Tujuan: Mengetahui hubungan DDI seksio sesarea emergensi kategori 1 terhadap kejadian asfiksia pada neonatus di RSUP Dr. Sardjito

Metode: Desain penelitian *cross sectional*. Subjek penelitian ini semua pasien dengan tindakan seksio sesarea kategori 1 di RSUP Dr. Sardjito serta memenuhi kriteria inklusi sejak Januari 2021 sampai dengan Februari 2023.

Hasil: Dari 74 sampel terdapat 30 (40.5%) neonatus yang mengalami asfiksia dengan skor apgar ≤ 6 . Tidak terdapat hubungan signifikan antara DDI seksio sesarea kategori 1 dengan kejadian asfiksia pada neonatus di RSUP Dr. Sardjito ($p < 0.05$) dengan DDI ≤ 30 menit pada seksio sesarea emergensi berjumlah 2 (2.7%) (7 ± 1.41) dan DDI > 30 menit berjumlah 72 (97.3%) (6.54 ± 2.27). Terdapat pengaruh signifikan antara jenis anestesi dengan kejadian asfiksia pada neonatus ($p < 0.05$) dengan anestesi general terdapat 9 (64.3%) neonatus mengalami asfiksia. Sedangkan, anestesi regional terdapat 21 (35%) neonatus mengalami asfiksia. Tidak terdapat hubungan yang signifikan antara ketuban pecah dini, usia kehamilan, lama persalinan, berat badan lahir, kardiokografi, IUGR, kehamilan *postdate*, vakum ekstraksi gagal, kehamilan *postdate* dan prolaps tali pusat terhadap kejadian asfiksia pada neonatus ($p > 0.05$).

Kesimpulan: DDI seksio sesarea kategori 1 terhadap kejadian asfiksia pada neonatus di RSUP Dr. Sardjito tidak terdapat hubungan signifikan. Kejadian asfiksia pada seksio sesarea kategori 1 dengan DDI ≤ 30 menit sebesar 1.35% dan kejadian asfiksia pada neonatus dengan seksio sesarea kategori 1 dengan DDI > 30 menit sebesar 39.1%. Terdapat hubungan signifikan antara anestesi general terhadap kejadian asfiksia pada neonatus dibandingkan anestesi regional.

Kata Kunci: DDI, Asfiksia, Skor Apgar, Seksio Sesarea Kategori 1

ABSTRACT

Background: Caesarean section has increasing worldwide in the last three decades. Caesarean section is associated with acute maternal and fetal decompensation. DDI Category 1 caesarean section is associated with an increased risk of asphyxia in neonates.

Objective: To assess the relationship between DDI Category 1 emergency caesarean section and the incidence of asphyxia in neonates at Dr.Sardjito Hospital

Methods: cross-sectional study. The subjects were category 1 caesarean section patients who were admitted from January 2021 to February 2023 in Dr. Sardjito Hospital.

Results: From 74 samples, there were 30 (40.5%) neonates experienced asphyxia with apgar score ≤ 6 . There was no significant relationship between DDI Category 1 caesarean section and the incidence of asphyxia in neonates at Dr.Sardjito Hospital ($p < 0.05$). DDI ≤ 30 minutes in emergency caesarean section was 2 (2.7%) (7 ± 1.41) and DDI > 30 minutes was 72 (97.3%) (6.54 ± 2.27). There was significant effect between the type of anaesthesia and the incidence of asphyxia in neonates ($p < 0.05$) with 9 (64.3%) neonatal asphyxia with general anaesthesia and 21 (35%) neonatal asphyxia with regional anaesthesia. There was no significant relationship between PROM, gestational age, length of labour, birth weight, cardiotocography, IUGR, postdate pregnancy, failed vacuum extraction, postdate pregnancy and cord prolapse to the incidence of asphyxia in neonates ($p > 0.05$).

Conclusion: There were no significant relationship DDI Category 1 caesarean section on the incidence of asphyxia in neonates at Dr. Sardjito Hospital. The incidence of asphyxia in category 1 caesarean section with a DDI ≤ 30 minutes was 1.35% and the incidence of asphyxia in neonates with category 1 caesarean section with a DDI of > 30 minutes was 39.1%. There was a significant relationship between general anaesthesia and the incidence of asphyxia in neonates compared to regional anaesthesia.

Keywords: DDI, Asphyxia, Apgar Score, Category I Caesarean Section