

LUARAN MATERNAL PADA SEKSIO SESAREA *CRASH* DI RSUP DR. SARDJITO

Okky Ardian Satriagraha, Shinta Prawitasari, Rukmono Siswihanto

Departemen Obstetri dan Ginekologi
Fakultas Kedokteran, Kesehatan Masyarakat, dan Keperawatan
Universitas Gadjah Mada-RSUP Dr. Sardjito
Yogyakarta

INTISARI

Latar Belakang: Seksio sesarea *crash* dilakukan karena terdapat ancaman kematian pada ibu atau janin. Durasi waktu sejak pengambilan keputusan untuk melakukan seksio sesarea hingga bayi lahir disebut juga *decisions to delivery interval* (DDI) atau *response time*. *Response time* dalam 30 menit sejak keputusan seksio sesarea hingga bayi lahir dianggap dapat mencegah komplikasi maupun kondisi maternal menjadi lebih buruk.

Tujuan: Mengetahui hubungan *response time* seksio sesarea *crash* dengan luaran maternal di RSUP Dr. Sardjito.

Metode: Desain penelitian *cross sectional* dengan data sekunder rekam medis. Subjek penelitian ini semua ibu hamil yang menjalani seksio sesarea *crash* di RSUP Dr. Sardjito serta memenuhi kriteria inklusi sejak Januari 2021 hingga Desember 2022.

Hasil: Didapatkan 38 kasus yang memenuhi kriteria dari 114 kasus seksio sesarea *crash* selama periode Januari 2021 sampai dengan Desember 2022. Tercapainya *response time* ≤ 30 menit berjumlah 4 (10,5%) kasus dan *response time* > 30 menit berjumlah 34 (89,5%) kasus. Tidak terdapat hubungan yang signifikan antara durasi *response time* dengan luaran maternal perawatan ICU, transfusi darah, lama perawatan di rumah sakit, infeksi luka atau infeksi luka operasi ($p > 0,05$). Pada analisis bivariat luaran maternal perawatan ICU terdapat pengaruh signifikan dari kadar Hb awal < 8 g/dL ($p = 0,003$; RR 2,500; IK 95% 1,613-3,875) dan perdarahan antepartum banyak ($p = 0,000$; RR 9,880; IK 95% 1,484-65,787). Pada analisis bivariat luaran maternal transfusi darah terdapat pengaruh signifikan dari perdarahan antepartum banyak ($p = 0,000$; RR 2,600; IK 95% 1,307-5,171).

Kesimpulan: Tidak terdapat hubungan antara perbedaan kecepatan *response time* seksio sesarea *crash* atas indikasi maternal terhadap luaran maternal perawatan ICU, transfusi darah, lama perawatan di rumah sakit, dan infeksi luka operasi di RSUP Dr. Sardjito. Terdapat hubungan yang signifikan pada perdarahan antepartum banyak dengan luaran maternal perawatan ICU dan transfusi darah.

Kata Kunci: seksio sesarea *crash*, *response time*, DDI, luaran maternal

MATERNAL OUTCOMES IN CRASH CAESAREAN SECTION AT DR. SARDJITO HOSPITAL

Okky Ardian Satriagraha, Shinta Prawitasari, Rukmono Siswishanto

Department of Obstetrics And Gynecology
Faculty Of Medicine, Public Health, and Nursing
Universitas Gadjah Mada-Dr. Sardjito Hospital
Yogyakarta

ABSTRACT

Background: Crash caesarean section is performed because there is a life-threatening condition to the mother or fetus. The duration between a decision is made to perform a caesarean section until delivery the baby is termed decisions to delivery interval (DDI) or response time. Response time of 30 minutes from the decision to baby delivered is considered to prevent complications and worsen maternal conditions.

Objective: To assess the relationship between response time in crash caesarean section with maternal outcome at Dr. Sardjito Hospital.

Methods: This study was cross sectional method using secondary data from the medical record. The subjects were all pregnant women who underwent crash caesarean section and met the inclusion criteria from January 2021 to December 2022 at Dr. Sardjito Hospital.

Results: There were 38 cases that met the criteria from 114 cases of crash caesarean section during the period January 2021 to December 2022. From the data obtained, response time of ≤ 30 minutes was 4 (10,5%) cases and response time > 30 minutes was 34 (89,5%) cases. There was no significant relationship between the duration of response time and the maternal outcomes of ICU care, blood transfusion, length of hospital stay, or surgical wound infection ($p>0,05$). From bivariate analysis, maternal outcomes ICU care was statistically significant relationship of preoperative Hb level <8 g/dL ($p=0,003$; RR 2,500; 95% CI 1,613-3,875) and severe antepartum hemorrhage ($p=0,000$; RR 9,880; 95% CI 1,484-65,787). From bivariate analysis, severe antepartum hemorrhage was statistically significant against maternal outcomes blood transfusion ($p=0,000$; RR 2,600; 95% CI 1,307-5,171).

Conclusion: There was no relationship between the duration of response time for crash caesarean section based on maternal indications with maternal outcomes (ICU care, blood transfusion, length of hospital stay, and surgical wound infections) at Dr. Sardjito Hospital. There is a significant relationship between severe antepartum hemorrhage with maternal outcomes of ICU care and blood transfusion.

Keywords: crash caesarean section, response time, DDI, maternal outcome