



PERBANDINGAN LUARAN NEONATAL ANTARA IBU HAMIL DENGAN PREEKLAMSI DAN *SUPERIMPOSED PREEKLAMSI*

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INTISARI

Latar Belakang: Preeklamsia merupakan salah satu komplikasi obstetri serius dengan prevalensi global sekitar 4,6% dan menjadi penyebab utama morbiditas serta mortalitas maternal dan perinatal. Pada perempuan dengan hipertensi kronis, kondisi ini dapat berkembang menjadi *superimposed preeklamsia* yang memiliki tantangan diagnosis lebih kompleks dan luaran neonatal yang berpotensi lebih buruk. Di Indonesia, preeklamsia menyumbang 2450% penyebab kematian ibu. Luarannya neonatal pada kondisi ini meliputi persalinan *preterm*, berat badan lahir rendah, asfiksia, ARDS, hingga kematian perinatal.

Tujuan: Menganalisis perbandingan luaran neonatal antara ibu hamil dengan *superimposed preeklamsia* dan preeklamsia.

Metode: Penelitian ini merupakan kohort retrospektif menggunakan data rekam medis ibu hamil dengan diagnosis preeklamsia atau *superimposed preeklamsia* yang melahirkan di RSUP Dr. Sardjito periode Januari 2022-Desember 2024. Subjek dipilih dengan metode *consecutive sampling* sesuai kriteria inklusi dan eksklusi. Variabel bebas adalah jenis preeklamsia, sedangkan variabel terikat meliputi IUGR, persalinan *preterm*, asfiksia, admisi NICU, ARDS, dan IUFD. Analisis bivariat menggunakan uji Chi-square/Fisher, dan variabel dengan $p < 0,25$ dilanjutkan ke analisis multivariat regresi logistik.

Hasil: Sebanyak 172 orang pasien disertakan dalam penelitian ini. Tidak terdapat perbedaan signifikan kejadian IUGR, asfiksia, ARDS, admisi NICU, dan IUFD antara kelompok preeklamsia dan *superimposed preeklamsia* ($p > 0,05$). Namun, persalinan *preterm* lebih sering terjadi pada ibu dengan *superimposed preeklamsia* (88,24% vs 62,5%; $p = 0,001$) dengan risiko 1,38 kali lebih tinggi dibandingkan preeklamsia. Analisis multivariat menunjukkan bahwa faktor usia > 35 tahun, IMT ≥ 30 kg/m², riwayat preeklamsia, dan usia kehamilan *preterm* memiliki kontribusi signifikan terhadap berbagai luaran neonatal.

Kesimpulan: *Superimposed preeklamsia* meningkatkan risiko persalinan *preterm*, tetapi tidak berpengaruh langsung terhadap IUGR, asfiksia, ARDS, admisi NICU, maupun IUFD. Faktor maternal seperti usia, IMT, riwayat preeklamsia, dan usia kehamilan lebih dominan dalam memengaruhi luaran neonatal.

Kata Kunci: *superimposed preeklamsia*, preeklamsia, luaran neonatal



COMPARISON OF NEONATAL OUTCOMES IN PREGNANT WOMEN WITH PREECLAMPSIA AND SUPERIMPOSED PREECLAMPSIA

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ABSTRACT

Background: Preeclampsia is a serious obstetric complication with a global prevalence of approximately 4.6% and is a leading cause of maternal and perinatal morbidity and mortality. In women with chronic hypertension, this condition can progress to superimposed preeclampsia, which presents more complex diagnostic challenges and potentially worse neonatal outcomes. In Indonesia, preeclampsia contributes to 24-50% of maternal deaths. Neonatal outcomes in this condition include preterm, low birth weight, asphyxia, ARDS, and perinatal death.

Objective: To analyze the comparison of neonatal outcomes between pregnant women with superimposed preeclampsia and those with preeclampsia.

Methods: This is a retrospective cohort study using medical records of pregnant women diagnosed with preeclampsia or superimposed preeclampsia who gave birth at Dr. Sardjito General Hospital between January 2022 and December 2024. Subjects were selected using consecutive sampling according to inclusion and exclusion criteria. The independent variable was the type of preeclampsia, while the dependent variables included IUGR, preterm, asphyxia, NICU admission, ARDS, and IUFD. Bivariate analysis used the Chi-square/Fisher test, and variables with $p < 0.25$ were further analyzed by multivariate logistic regression.

Results: A total of 172 patients were included in this study. There were no significant differences in the incidence of IUGR, asphyxia, ARDS, NICU admission, and IUFD between the preeclampsia and superimposed preeclampsia groups ($p > 0.05$). However, preterm birth was more common in mothers with superimposed preeclampsia (88.24% vs. 62.5%; $p = 0.001$), with a 1.38-fold higher risk compared with those with preeclampsia. Multivariate analysis showed that age > 35 years, BMI ≥ 30 kg/m², history of preeclampsia, and preterm gestational age significantly contributed to various neonatal outcomes.

Conclusion: Superimposed preeclampsia increases the risk of preterm birth, but does not directly affect IUGR, asphyxia, ARDS, NICU admission, or IUFD. Maternal factors such as age, BMI, history of preeclampsia, and gestational age are more dominant in influencing neonatal outcomes.

Keywords: superimposed preeclampsia, preeclampsia, neonatal outcomes