

Intisari

Hubungan antara Karakteristik Pasien Preeklampsia dengan Gejala Pemberat dan Kejadian Pertumbuhan Janin Terhambat di RSUP Dr. Sardjito Yogyakarta

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Latar belakang Preeklampsia merupakan penyulit pada 2-10% kehamilan. Beberapa faktor risiko yang mempengaruhi kejadian preeklampsia, yaitu usia ibu (>30 tahun), tingkat pendidikan yang rendah, indeks masa tubuh tinggi, nuliparitas, kunjungan *antenatal care* yang tidak rutin, riwayat hipertensi sebelumnya, dan diabetes melitus. Kehamilan pada preeklampsia sering mengalami penyulit pertumbuhan janin terhambat (PJT). Pertumbuhan janin terhambat menjadi permasalahan penting karena meningkatkan risiko morbiditas dan mortalitas neonatus. **Tujuan** Untuk mengetahui hubungan antara karakteristik penderita preeklampsia dengan gejala pemberat terhadap kejadian PJT.

Metode Penelitian Penelitian dilakukan dengan rancangan penelitian *cross sectional*.

Subyek penelitian adalah penderita preeklampsia dengan gejala pemberat yang datang ke RSUP Sardjito pada periode 2021-2023. Data didapat dengan mengakses rekam medis elektronik. Kriteria inklusi penelitian ini antara lain penderita preeklampsia dengan gejala pemberat, rawat jalan maupun rawat inap. Kriteria eksklusi penelitian ini antara lain kehamilan multipel, janin dengan kelainan kongenital, polihidramion, janin mati, ibu dengan penyakit jantung, autoimun, gagal ginjal, diabetes, superimposed preeklampsia, dan rekam medis yang tidak terdapat data usia, paritas, IMT sebelum kehamilan, proteinuria, dan TBJ. Variabel bebas penelitian antara lain usia, paritas, IMT sebelum kehamilan, proteinuria, dan awitan preeklampsia. Variabel terikat penelitian ini adalah pertumbuhan janin terhambat (PJT).

Hasil Terdapat 164 rekam medis yang masuk sebagai subyek penelitian ini. Sebanyak 65,2% berusia 20-34 tahun dan 34,8% berusia >35 tahun. Sebanyak 33,5% merupakan primigravida. Sebanyak 5,5% merupakan IMT *underweight*, 46,3% normal, 31,7% *overweight*, dan 16,5% obesitas. Proteinuria +1 sebanyak 7,9%, +2 sebanyak 30,5%, +3 sebanyak 48,8%, dan +4 sebanyak 12,8%. Awitan dini terjadi sebanyak 77,4%. Kejadian PJT timbul pada 65,2% subyek penelitian. Kejadian PJT lebih banyak secara signifikan dialami penderita dengan proteinuria +4 (OR 9,272 95%CI 1,292-66,528 p=0,027) dan awitan dini (OR 10,29 95%CI 3,936-26,904 p=0,001), dan lebih sedikit pada IMT *overweight* (OR 0,309 95%CI 0,118-0,808 p=0,17) dan obesitas (OR 0,248 95%CI 0,0800,777 p=0,17).

Simpulan Pertumbuhan janin terhambat banyak terjadi pada preeklampsia dengan gejala pemberat yang memiliki karakteristik proteinuria +4 dan awitan dini. Pertumbuhan janin terhambat jarang dialami pada preeklampsia dengan gejala pemberat yang memiliki IMT *overweight* dan obesitas.

Kata Kunci preeklampsia dengan gejala pemberat, proteinuria, awitan dini, awitan lanjut, indeks masa tubuh, pertumbuhan janin terhambat.

The Relationship Between Maternal Characteristics of Preeclampsia With Severe Features and Fetal Growth Restriction in RSUP Sardjito Yogyakarta

Background Preeclampsia is a complication that occurs in 2–8% of pregnancies worldwide. The exact etiology and pathophysiology of preeclampsia remain unclear. However, several risk factors have been identified that influence its occurrence, including maternal age (>30 years), low educational level, high body mass index (BMI), nulliparity, irregular antenatal care visits, history of hypertension, and diabetes mellitus. Preeclampsia often complicates with fetal growth restriction (FGR). Fetal Growth Restriction is a significant concern due to its impact on neonatal morbidity and mortality.

Objectives To determine the relationship between the maternal characteristics of preeclampsia with severe features and FGR.

Methods The study was conducted using a cross-sectional research design. The subjects were patients with preeclampsia with severe features who presented to Dr. Sardjito General Hospital during the 2021–2023 period. Data were obtained through access to electronic medical records. The inclusion criteria for this study are preeclampsia with severe features, whether outpatient or inpatient. The exclusion criteria included multiple pregnancies, fetuses with congenital anomalies, hydramnios, fetal death, and mothers with heart disease, autoimmune disorders, renal failure, diabetes, superimposed preeclampsia. The independent variables in this study are maternal age, parity, pre-pregnancy BMI, proteinuria, and onset. The dependent variable is FGR. The collected data were then analyzed and processed using the SPSS software program.

Results A total of 164 medical records were included as research subjects in this study. Of these, 65.2% were aged 20–34 years, while 34.8% were over 35 years old. Approximately 33.5% were primigravida. Based on BMI, 5.5% were underweight, 46.3% had normal BMI, 31.7% were overweight, and 16.5% were obese. Proteinuria levels were distributed as follows: +1 in 7.9%, +2 in 30.5%, +3 in 48.8%, and +4 in 12.8% of subjects. Early onset preeclampsia occurred in 77.4% subjects. 65.2% of subjects was diagnosed FGR. The FGR was more common in proteinuria +4 (OR 9.272, 95%CI 1.292-66.528, $p=0.027$) and early onset (OR 10.29, 95%CI 3.936-26.904 $p=0.001$). In contrast, FGR was less in preeclampsia with severe features with characteristics of pre-pregnancy overweight (OR 0.309 95%CI 0.118-0.808 $p=0.17$) and obesity (OR 0.248 95%CI 0.080-0.777 $p=0.17$).

Conclusion FGR commonly occurs in cases of preeclampsia with severe features that are characterized by proteinuria +4 and early onset, and less common if the pre-pregnancy BMI is overweight and obese.

Keywords preeclampsia with severe features, proteinuria, early onset, late onset, body mass index, and fetal growth restriction.