

INTISARI

Latar belakang : Keguguran menyumbang lebih dari 32% dari angka kematian ibu, sehingga penanganan keguguran yang aman dan efektif penting untuk dilakukan. Aspirasi vakum manual (AVM) untuk keguguran lebih aman dan minim komplikasi dibanding kuretase tajam. AVM dinilai dapat meningkatkan kualitas layanan keguguran dan menurunkan angka kematian ibu namun penggunaan metode tersebut masih terbatas sehingga penelitian perbandingan luaran pasien antara AVM dan kuretase tajam diperlukan.

Metode: Penelitian ini merupakan *Mixed Method* yang menggabungkan pendekatan kuantitatif dan kualitatif secara *Convergent Parallel Design*. Pendekatan kuantitatif rancangan penelitian *Cross Sectional*. Subjek berasal dari data sekunder rekam medis pasien hamil usia kehamilan ≤ 13 minggu dan terdiagnosis abortus, anembryonic pregnancy, dan molahidatidosa yang menjalani tindakan AVM dan kuretase tajam pada tahun 2018-2023. Data yang diperoleh di analisis menggunakan uji korelasi, dan regresi logistik. Pendekatan kualitatif rancangan penelitian studi kasus (*case study*), pengambilan sampel menggunakan metode *Purposive Sampling* dengan wawancara narasumber kemudian transkrip wawancara, data direduksi dan dikategorikan.

Hasil: Tidak ditemukan adanya kasus perforasi uterus pada kedua kelompok. perdarahan, yang menunjukkan hasil signifikan ($p=0.045$). Prosedur AVM memiliki risiko perdarahan yang secara signifikan lebih rendah (aOR 0.356; $p=0.045$; 95% CI (0.128 – 0.989)). Sebaliknya, untuk infeksi ($p=0.729$; CI 95% (0.185 – 25.123)) dan retensi ($p=0.89$), tidak ditemukan perbedaan yang signifikan secara statistic. Pada retensi hanya ditemukan 1 kasus pada AVM, sementara tidak ada kasus retensi kuretase tajam. Durasi penggunaan AVM signifikan secara statistic lebih singkat dibanding kuretase tajam ($U = 2119.8$, $p = 0.004$). Pengguna menilai AVM memiliki beberapa keunggulan seperti durasi yang lebih cepat dan perdarahan sedikit. Namun masih ditemui kendala pada perawatan alat AVM

Kesimpulan: Durasi prosedur AVM lebih singkat yang menunjukkan efisiensi yang lebih tinggi. Secara keseluruhan, AVM dan kuretase tajam memiliki hubungan signifikan dengan keputusan klinis tertentu, terutama tingkat perdarahan. Sementara pada retensi dan infeksi tidak signifikan. AVM memiliki keterbatasan pada perawatan alat dikarenakan belum semua mengetahui cara perawatan.

Kata Kunci: Aspirasi vakum manual, Kuretase tajam, perdarahan, retensi sisa konsepsi, infeksi, durasi, perforasi uterus

ABSTRACT

Background: Miscarriage accounts for more than 32% of maternal mortality, making safe and effective management essential. Manual vacuum aspiration (MVA) for miscarriage is safer and has fewer complications compared to sharp curettage. MVA is considered to improve the quality of miscarriage care and reduce maternal mortality; however, its use is still limited, necessitating comparative studies on patient outcomes between MVA and sharp curettage.

Methods: This study used a mixed-methods approach combining quantitative and qualitative methods in a Convergent Parallel Design. The quantitative part was a cross-sectional study using secondary medical record data of pregnant patients with gestational age ≤ 13 weeks diagnosed with abortion, anembryonic pregnancy, and molar pregnancy who underwent MVA or sharp curettage from 2018 to 2023. Data were analyzed using correlation tests and logistic regression. The qualitative part was a case study with purposive sampling, involving interviews with informants; transcripts were reduced and categorized.

Results: No cases of uterine perforation were identified in either group. A statistically significant difference was observed in bleeding outcomes ($p = 0.045$). The MVA procedure demonstrated a significantly lower risk of bleeding (adjusted odds ratio [aOR] 0.356; $p = 0.045$; 95% CI 0.128–0.989). In contrast, no statistically significant differences were found for infection ($p = 0.729$; 95% CI 0.185–25.123) or retained products of conception ($p = 0.89$). Only one case of retention occurred in the MVA group, while no cases were observed in the sharp curettage group.

The duration of the MVA procedure was statistically significantly shorter than that of sharp curettage ($U = 2119.8$; $p = 0.004$). Users perceived MVA to have several advantages, including shorter procedure time and minimal bleeding; however, challenges related to MVA instrument maintenance were still identified.

Conclusion: The duration of the MVA procedure was shorter, indicating higher procedural efficiency. Overall, both MVA and sharp curettage showed significant associations with certain clinical decision-making outcomes, particularly bleeding rates. In contrast, no statistically significant differences were observed for retained products of conception or infection. MVA has limitations related to instrument maintenance, as not all users are familiar with proper maintenance procedures.

Keywords: Manual vacuum aspiration, sharp curettage, bleeding, retained conception tissue, infection, duration, uterine perforation