FAKTOR-FAKTOR YANG BERPENGARUH TERHADAP LUARAN KLINIS SEKSIO SESAREA EMERGENSI DI RUMAH SAKIT SINT CAROLUS JAKARTA

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ABSTRAK

Latar Belakang : Seksio sesarea (SC) emergensi bertujuan untuk menyelamatkan nyawa ibu dan janin saat terjadi komplikasi kehamilan dan persalinan, namun tidak semua kasus SC emergensi terdapat ancaman nyawa ibu atau janin. Indikasi yang tepat, waktu pelaksanaan yang tepat diharapkan dapat memberikan luaran klinis yang baik bagi ibu dan bayi.

Persiapan pelaksanaan SC emergensi di RS St. Carolus saat ini sebagian besar (68,5%) berlangsung lebih dari standar PONEK, lebih dari 30 menit setelah diputuskan. Evaluasi mengenai kesesuaian indikasi dan dampak pelaksanaan SC emergensi terhadap luaran klinis ibu dan bayi belum pernah dilakukan.

Tujuan Penelitian : Penelitian ini bertujuan untuk mengetahui faktor-faktor yang berpengaruh terhadap luaran klinis SC emergensi di RS St. Carolus Jakarta.

Metode Penelitian: Sebuah penelitian potong lintang, observasional analitik di RS St. Carolus Jakarta pada Agustus 2017 hingga Oktober 2017. Subyek dikumpulkan secara konsekutif hingga batas waktu yang ditentukan, melalui kriteria inklusi dan eklusi, diikutkan dalam penelitian. Sampel diteliti ketepatan indikasi SC emergensi, faktor yang mempengaruhi serta dampaknya terhadap luaran klinis ibu dan bayi.

Hasil Penelitian: Terdapat 41 subyek yang masuk dalam penelitian. Tidak didapatkan faktor yang berpengaruh terhadap luaran klinis ibu. Paritas ibu menjadi faktor prediktor pelaksanaan IMD (OR 4,5 IK 95% 1,009-20,24). Dari 41 subyek tersebut, 22 % subyek termasuk dalam standar kegawatdaruratan ibu atau janin. *Decision to delivery interval* keseluruhan adalah 170 menit, dan pada keadaan gawat darurat ibu atau bayi adalah 77 menit, SC dilakukan sesuai kategori kegawatan SC emergensi ($p<0,05$).

Kesimpulan : Faktor yang berperan dalam luaran klinis SC emergensi adalah paritas ibu terhadap IMD. Operasi SC emergensi telah dilakukan sesuai klinis, dan DDI bukan merupakan prediktor namun indikator kualitas layanan emergensi.

Kata kunci : SC emergensi, luaran klinis, *decision to delivery interval.*

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THE AFFECTED FACTORS TOWARDS CLINICAL OUTCOME OF EMERGENCY CESAREAN SECTION IN SINT CAROLUS HOSPITAL OF JAKARTA

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ABSTRACT

Background : The aim of Emergency cesarean section (CS) to saving the lives of mothers and fetus when complication arised during pregnancy and childbirth, but not all cases of emergency cesarean section (CS) threaten the mother or fetus. Appropriate indication, timely medical treatment are expected to can provide good clinical outcome for mother and infant. Most of Emergency Sectio Cesarea's preparation (68,5%) in Sint. Carolus Hospital of Jakarta are got medical treatment more than time standard according to Comprehensive Care for Emergency Obstetry and Neonatal (PONEK). The waiting time to get medical treatment more then 30 minutes after decision making. Evaluations of appropriate indication and impact of emergency section caesarea towrads clinical outcome on mother and infant also have never been done.

Objective: The study aims to determine the affected factors towards clinical outcome on patient with emergency section caasarea in Sint Carolus Hospital of Jakarta.

Method: The type of study was analytic observational with cross sectional design. The study was conducted in St. Carolus Hospital of Jakarta from August to October 2017. Subjects were collected consecutively within the prescribed time limit. Respondent were selected through inclusion and exclusion criteria. Samples were examined for accuracy of emergency cesarean section (CS) indications, influencing factors and their impact on the clinical outcomes of mothers and infants.

Result: Respondent who participated in this study were 41 respondents. Identifying the affected factors towards mothers clinical outcome showed no significant effect. Maternal parity became a predictor factor for initiation of early breastfeeding (IMD) (OR 4,5 CI 95% 1,009-20,24). Of 41 respondent identified the delivery time interval of 22 % respondent appropriate with emergency standard for mothers and fetus. Total decision to delivery was 170 minutes, and in emergency situation, both mother and fetus were 77 minutes. Cesarean section (CS) was performed by emergecy categories of emergency cesarean section (CS). ($p<0,05$). **Conclusion:** Maternal parity against IMD plays a role as factor to clinical outcomes of Emergency cesarean section (CS). Emergency cesarean section (CS) has been performed appropriate with clinical aspect and decision to delivery interval (DDI) is not a predictor but an indicator of emergency service

Keyword: Emergency cesarean section (CS), Clinical Outcome, Decision to Delivery Interval

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