

INTISARI

Latar belakang: WHO (2013) menunjukkan angka kematian bayi di dunia adalah 33 per 1.000 kelahiran hidup, yang mana 60% terjadi pada periode neonatal (28 hari pertama). Angka kematian neonatal masih tinggi, di Asia Tenggara 25,9 per 1.000 kelahiran hidup. Sesuai dengan yang dikemukakan WHO bahwa infeksi menjadi salah satu penyebab tingginya AKB. Setiap tahun sekitar 3,3 juta kematian neonatal terjadi di dunia, 30% disebabkan oleh infeksi. Sumber infeksi dapat berasal dari tali pusat. WHO merekomendasikan perawatan tali pusat bersih dan kering (*dry clean care*). Namun rekomendasi ini tidak dapat diterapkan di negara dengan penghasilan rendah dan negara berkembang. Karena masih banyak dijumpai persalinan yang dilakukan di rumah dengan lingkungan kurang bersih dan alat kurang steril. Berdasarkan hasil penelitian yang ada, WHO merekomendasikan penggunaan klorheksidin 4% sebagai antiseptik yang efektif digunakan perawatan tali pusat di daerah yang lingkungan kurang bersih.

Tujuan: Mengetahui pengaruh penggunaan klorheksidin 4% pada perawatan tali pusat terhadap kejadian infeksi tali pusat bayi (*omphalitis*) dan lama pelepasan tali pusat.

Metode Penelitian: Penelitian ini menggunakan rancangan uji klinis *Randomized Controlled Trial (RCT)* dengan penyamaran tunggal (*single blinding*). Penelitian akan dilakukan di wilayah kerja Puskesmas Jetis Kota Yogyakarta. Subyek penelitian sebanyak 54 bayi, dialokasikan secara acak (random) menjadi 2 kelompok, (1) perawatan tali pusat klorheksidin 4% (n=27) dan (2) perawatan tali pusat bersih kering (n=27). Analisis data dilakukan dengan univariabel, bivariabel menggunakan *independent t-test* dan *regresi logistik*.

Hasil penelitian: Penelitian ini menunjukkan bahwa pada kelompok intervensi maupun kelompok kontrol tidak ada kejadian infeksi tali pusat, sehingga pengaruh penggunaan klorheksidin 4% terhadap infeksi tali pusat tidak ditemukan. Sedangkan analisis *independent t-test* menunjukkan lama pelepasan tali pusat pada kelompok perawatan tali pusat dengan klorheksidin 4% diperoleh nilai signifikansi 0,020 ($p < 0,05$) yang berarti ada perbedaan yang bermakna antara kelompok intervensi dengan kelompok kontrol. Hasil uji *regresi logistik* menunjukkan bahwa variabel penggunaan klorheksidin 4%, paritas, pendidikan ibu, sosial ekonomi, kejadian sakit bayi dan penolong persalinan berpengaruh tidak bermakna terhadap lama pelepasan tali pusat.

Kesimpulan: Lama pelepasan tali pusat pada perawatan tali pusat dengan klorheksidin 4% lebih cepat 18 jam, daripada perawatan bersih kering. Namun secara statistik pengaruh perawatan tali pusat dengan klorheksidin 4% terhadap lama pelepasan tidak bermakna.

Kata kunci: perawatan tali pusat, klorheksidin 4%, infeksi tali pusat (*omphalitis*), lama pelepasan.

ABSTRACT

Background: WHO (2013) shows that the infant mortality rate in the world is 33 per 1,000 live births, of which 60% occur in the neonatal period (first 28 days). The neonatal mortality rate is still high, in Southeast Asia 25.9 per 1,000 live births. In accordance with WHO stated that infection is one of the causes of high IMR. Every year around 3.3 million neonatal deaths occur in the world, 30% are caused by infections. The source of infection can come from the umbilical cord. WHO recommends clean and dry umbilical cord care. However, this recommendation cannot be applied in low-income and developing countries. Because there are still many births done in homes with less clean environments and less sterile equipment. Based on the results of existing research, WHO recommends the use of 4% chlorhexidine as an effective antiseptic to use cord care in areas with less clean environment.

Objective: To shows the effect of 4% chlorhexidine on umbilical cord care towards an infant umbilical cord infection (*omphalitis*) and umbilical cord separation time.

Methods: This study uses a Randomized Controlled Trial (RCT) clinical trial design with single blind The research will be carried out in the Yogyakarta City Jetis Puskesmas working area. The research subjects were 54 babies, allocated randomly into 2 groups, (1) chlorhexidine umbilical care 4% (n=27) and (2) dry clean umbilical care (n=27). Data analysis was carried out by univariable, bivariable using independent t-test and logistic regression.

Result: This study showed that in the intervention group and in the control group there was no incidence of umbilical cord infection, so that the effect of using 4% chlorhexidine on umbilical cord infection was not found. While the analysis of independent t-test showed umbilical cord separation time in the umbilical cord care group with 4% chlorhexidine obtained a significance value of 0.02 ($p < 0.05$) which means that there was a significant difference between the intervention group and the control group. The results of logistic regression test showed that the variable use of chlorhexidine 4%, parity, maternal education, socio-economic, the incidence of infant illness and childbirth assistance had no significant effect on umbilical cord separation time.

Conclusion: Length of umbilical cord release in umbilical cord care with chlorhexidine is 4% faster 18 hours, than dry clean treatment. But statistically the effect of umbilical cord care with 4% chlorhexidine on the duration of release was not significant.

Keywords: umbilical cord care, 4% chlorhexidine, cord infection (*omphalitis*), separation time.