

INTISARI

Latar belakang: Bayi berat lahir sangat rendah (BBLSR) kurang bulan berhubungan dengan morbiditas yang menghambat capaian nutrisi untuk tumbuh. Inisiasi *trophic feeding* dini diketahui dapat meningkatkan adaptasi fungsi dan maturitas saluran gastrointestinal sehingga bayi dapat tumbuh optimal. Penelitian-penelitian sebelumnya menunjukkan perbedaan mengenai faktor prediktor yang berpengaruh pada capaian *full enteral feeding* (FEF).

Tujuan: Mengetahui faktor prediktor waktu pencapain FEF pada BBLSR kurang bulan dengan inisiasi *trophic feeding* dalam 24 jam kehidupan selama perawatan.

Metode: Penelitian observasional kohort retrospektif, menggunakan data rekam medis unit perinatologi RSUP Dr. Sardjito selama kurun waktu 2011-2016. Uji *Chi-square* digunakan untuk menilai hubungan antara variabel bebas dengan variabel terikat dilanjutkan analisis multivariat.

Hasil: Subjek sebanyak 111 bayi dengan proporsi BBLSR KMK rendah (36,9%). FEF baru tercapai pada minggu kedua-ketiga kehidupan. Analisis bivariat menunjukkan BBLSR dengan umur kehamilan <32 minggu dan distres respirasi berisiko mengalami pemanjangan waktu pencapaian FEF. Namun, hanya distres respirasi yang terbukti signifikan berpengaruh dalam waktu pencapaian FEF.

Kesimpulan: Distres respirasi merupakan prediktor waktu pencapaian *full enteral feeding* pada BBLSR kurang bulan dengan inisiasi *trophic feeding* dalam 24 jam pertama kehidupan. Komorbid perinatal lain yaitu PDA, sepsis, EKN, dan faktor usia kehamilan muda maupun KMK tidak memengaruhi waktu capaian FEF.

Keywords: *trophic feeding*, BBLSR, kurang bulan, pencapaian *full enteral feeding* (FEF).

ABSTRACT

Background: Preterm very low birth weight (VLBW) infants are associated with morbidities that inhibits to achieve appropriate postnatal growth rate. Early trophic feeding is known to increase functional adaptation and maturity of the gastrointestinal tract in order to attain improved clinical outcomes. Previous studies showed different results about factors that contribute to time to full enteral feeding (FEF).

Objective: To determine the predictive factors of time to FEF in preterm VLBW with early trophic feeding.

Methods: A retrospective observational cohort study at perinatology unit of Dr. RSUP Sardjito, Yogyakarta on preterm VLBW infants during the period 2011-2016. Chi-square test followed by multivariate analysis with logistic regression test to obtain factors contribute to time to FEF.

Results: A total of 111 infants with a low proportion of SGA (36.9%). Bivariate analysis showed VLBW infants with a gestational age <32 weeks and respiratory distress had risk of having an extended period of attainment of FEF. Respiratory distress proved to be significant factor in the time to achieve FEF.

Conclusion: Respiratory distress is a predictor of the time to achieve FEF in VLBW infants with early trophic feeding. Other morbidities such as PDA, sepsis, NEC, SGA or lower gestational age did not contribute to FEF.

Keywords: trophic feeding, VLBW infants, preterm, time to full enteral feeding (FEF).