

## DAFTAR PUSTAKA

1. Depkes RI. Upaya percepatan pencapaian RPJMN 2014 dan MDGs 2015 kementerian kesehatan RI. 2013.Indonesia:Depkes RI.
2. BPS. Survei data kesehatan indonesia.Indonesia:BPS. 2007
3. RISKEDAS. Survei kesehatan. 2007. [disitasi : 26 November 2014].  
Diunduh dari :  
<http://idai.or.id/public-articles/seputar-kesehatan-anak/salah-satu-penanganan-bayi-prematur-yang-perlu-diketahui.html>
4. Latief A, Napitupulu P, Pudjiadi A, Ghazali VM, Putra. Buku ilmu kesehatan anak 3rd ed. Jakarta : FKUI.p.1083-7
5. Hintz S R., et all. Neurodevelopmental outcomes of premature infants with severe respiratory failure enrolled in a randomized controlled trial of inhaled nitric oxide. *The Journal of pediatrics*. 2007;151(1):16-22.
6. Areeg A, A Al-Omrani. Prevalence of membrane disease in cesarean section in al-kadhamia teaching hospital. *Iraqi J Med Sci*. 2009;7(3):82-87.
7. Antoniu P, Hegar B, H Setyo, Idris S N, G Ellen P, H Eva D. Buku pedoman pelayanan medis IDAI 1st ed. Jakarta : FKUI.p.238-42.
8. Beena DK, Emily RMG, Robert LG, et al. Neonatal mortality from respiratory distress syndrome: lessons for low-resource countries. *Pediatrics*..2011;127:1139-46.
9. Seger N, Soll R. Animal derived surfactant extract for treatment of respiratory distress syndrome. *Cochrane Database of Systematic Reviews*. 2009 [disitasi : 24 November 2014]. Diunduh dari :  
[https://www.nichd.nih.gov/cochrane\\_data/segern\\_01/segern\\_01.html](https://www.nichd.nih.gov/cochrane_data/segern_01/segern_01.html)
10. Rojas R MX, Morley CJ, Soll R. Prophylactic versus selective use of surfactant in preventing morbidity and mortality in preterm infants. Bogota: Department of Clinical Epidemiology and Biostatistics, Faculty of Medicine, Pontificia Universidad Javeriana, Colombia. 2012 [disitasi : 24 November 2014].

Diunduh dari :

<http://www.ncbi.nlm.nih.gov/pubmed/22419276>

11. Velaphi S. Early versus delayed selective surfactant treatment for neonatal respiratory distress syndrome: The WHO Reproductive Health Library. Geneva: World Health Organization.2010 [disitasi : 24 November 2014].  
Diunduh dari :  
[http://apps.who.int/rhl/newborn/cd001456\\_velaphis\\_com/en/](http://apps.who.int/rhl/newborn/cd001456_velaphis_com/en/)
12. Sjarif H, Effendi, Leni A. Continuous positive airway pressure (CPAP). 2014 [disitasi : 24 Desember 2014]. Diunduh dari :  
<http://pustaka.unpad.ac.id/wp-content/uploads/2014/07/CPAP.pdf>
13. Dunn PM. Respiratory distress syndrome:continuous positive airway pressure (CPAP) using the gregory box.Proc R SocMed.1974;67(4):245-7.
14. Kamalanathan A. Continous positive airway pressure on NICU clinical guideline-version 1. Wirral University Teaching Hospital. [disitasi 24 November 2014]. Diunduh dari :  
[http://www.whnt.nhs.uk/document\\_uploads/Intranet-Pharmacy/Continuous\\_positive\\_airway\\_pressure-clinical\\_guideline,v1.pdf](http://www.whnt.nhs.uk/document_uploads/Intranet-Pharmacy/Continuous_positive_airway_pressure-clinical_guideline,v1.pdf)
15. Mark DS, Polly EP, Geraldine F. Acute respiratory distress syndrome: prognosis and outcomes in adults. 2014 [disitasi : 22 Desember 2014].  
Diunduh dari : <http://www.uptodate.com/contents/acute-respiratory-distress-syndrome-prognosis-and-outcomes-in-adults>
16. Numan NH, Ra'id KHJ, Ola DS. The use of continuous positive airway pressure in preterm babies with respiratory distress syndrome: a report from Baghdad, Iraq. Journal of Maternal-Fetal & Neonatal Medicine. 2014;27(6):629-632.
17. Ho J, Henderson-Smart DJ, Davis PG. Early versus delayed initiation of continuous distending pressure for respiratory distress syndrome in preterm infants.The Cochrane Library.2009.
18. Carol P. Essentials of pathophysiology: concepts of altered health states. USA : Lippincott Williams & Walkins.2011.p.559

19. Amer A, Mandhir S, et all. Variables associated with the early failure of nasal cpap in very low birth weight infants. *J Pediatr*.2005;147:341-7.
20. Veronica D. radiological imaging of the neonatal chest medical radiology. Springer Berlin Heidelberg.2008.p.67-79
21. Mwansa J, Kambafwile SC, Thomas H, Joy EL. Antenatal steroids in preterm labour for the prevention of neonatal deaths due to complications of preterm birth. *Int J Epidemiol*. 2010 [disitasi : 3 Februari 2015]. Diunduh dari : [http://ije.oxfordjournals.org/content/39/suppl\\_1/i122.long](http://ije.oxfordjournals.org/content/39/suppl_1/i122.long)
22. Nur A, Risa Etika, Sylviati MD , Fatimah I, Agus H. Pemberian surfaktan pada bayi prematur dengan respiratory distress syndrome. Surabaya : Lab/SMF Ilmu Kesehatan Anak FK. Unair/RSUD Dr. Soetomo.
23. Nelson, Waldo E. Nelson Ilmu Kesehatan Anak Volume 1. Editor Richard E, dkk. Editor Bahasa Indonesia A. Samik W. Edisi 15. Jakarta: EGC. 2012p.592-599.
24. Rodriguea R. Management of respiratory distress syndrome:an update. *Respir Care*. 2003;48(3):279-286.
25. Rudolph, Abraham M. Buku Ajar Pediatri Rudolph Volume 3. Jakarta: EGC. 2007.p.1756-63.
26. Pradip L Patel. Lecture notes radiology. Jakarta: Erlangga Medical Science,p.239.
27. Mardiana FW. Peran radiologi dalam gangguan nafas pada neonatus.2010. [disitasi:22 Desember 2014].  
Diunduh dari : [http://eprints.undip.ac.id/14915/1/dr\\_Mardiana\\_-\\_peran\\_radiologi\\_dalam\\_gangguan\\_nafas\\_pada\\_neonatus.pdf](http://eprints.undip.ac.id/14915/1/dr_Mardiana_-_peran_radiologi_dalam_gangguan_nafas_pada_neonatus.pdf)
28. Elizabeth Mc K, Sandie B. Continous positive airway pressure. RPA Guidelines. [disitasi : 24 November 2014]. Diunduh dari : <http://www.sswahs.nsw.gov.au/RPA/neonatal/html/Docs/cpap.pdf>
29. Tom L, Avroy AF, Ricardo J R, Michael W. At a Glance Neonatologi. Jakarta: Erlangga.2009.p.64
30. Ho JJ, Subramaniam P, Henderson-Smart DJ, Davis PG. Continous distending pressure for respiratory distress syndrome in preterm infants

- (Cochrane review). The Cochrane library. 2008. [disitasi : 24 November 2014]. Diunduh dari : <http://apps.who.int/whl/reviews/CD002271.pdf>
31. Sarosa GI. CPAP (continous positive airway pressure) controversial of cpap using. Semarang : RSUP Dr. Kariadi. [Disitasi : 19 Januari 2015]. Diunduh dari :  
<https://www.scribd.com/doc/250752768/CPAP-Continuous-positive-airway-pressure-Controversial-of-Cpap-Using-pps>
32. Ashok KD, Amit U. Continuous positive airway pressure - a gentler approach to ventilation. Indian Pediatrics. 2004 [Disitasi : 23 Desember 2014];41:459-69. Diunduh dari :  
<http://www.indianpediatrics.net/may2004/may-459-469.htm>
33. Gregory G, Kitterman JA, Phibbs RH, Tooley WH, Hamilton WK. Treatment of the idiopathic respiratory-distress syndrome with continuous positive airway pressure. N Engl J Med. 1971;284(24):1333-40.
34. Alex AG, Aronson RM, Onal E, Lopata M. Effects of positive airway pressure on upper airway and respiratory muscle activity. Journal of Applied Physiology. 1987; 62(5):2026-30
35. Cotton RB, Lindstorm DP, Kanarek KS, Sundell H, Stahlman MT. Effect of positive-end-expiratory-pressure on right ventricular output in lambs with hyaline membrane disease. Acta Paediatrica Scandinavica. 1980;69(5):603-6
36. Speidel BD, Dunn PM. Effect of continous positive airway pressure on breathing pattern of infants with respiratory distress syndrome. Lancet.1975;1(7902):302-4
37. Speidel BD, Dunn PM. Use of nasal continous positive airway pressure to treat severe recurrent apnoe in very preterm infants. Lancet. 1976;2(7987):658-60
38. Jeremy PT, Jane W, Richard M, Leach, Charles M W. At a Glance Sistem Respirasi. Jakarta: Erlangga.2008.p.86

39. Kementerian Kesehatan RI. Paket pelatihan pelayanan obstetri dan neonatal emergensi komprehensif (PONEK). Jakarta: Kementerian Kesehatan RI.p.215
40. Kaufman D, Boyle R, Hazen KC, Patrie JT, Robinson M, Donowitz LG. Fluconazole prophylaxis against fungal colonization and infection in preterm infants. *N Engl J Med.*2001 Dec 6.345(23):1660-6.
41. Nur A, Risa E, Sylviati MD, Fatimah I, Agus H. Pemberian surfaktan pada bayi prematur dengan respiratory distress syndrome. Surabaya : Lab/SMF Ilmu Kesehatan Anak FK. Unair/RSUD Dr. Soetomo
42. Colin JM, Peter GD, Lex WD, Luc PB, Jean MH, John BC. Nasal CPAP or intubation at birth for very preterm infants. *N Engl J Med.*2008 February 14.358:700-708.
43. Dargaville et all. CPAP failure in preterm infants: incidence, predictors and consequences. [disitasi : 11 Januari 2015]. Diunduh dari : [http://www.karger.com/ProdukteDB/miscArchiv/000/346/460/000346460\\_sm\\_Suppl.\\_Material.pdf](http://www.karger.com/ProdukteDB/miscArchiv/000/346/460/000346460_sm_Suppl._Material.pdf)
44. Mathai, A Rajeev, Adhikari. Safety and effectiveness of bubble continous positive airway pressure in preterm neonates with respiratory distress. *Medical Journal Armed Forces India.* 2014;70: 327-31
45. Shamil AZ, Sharba RMR, Umran AJ. Bubble nasal cpap in the management of respiratory distress syndrome (one year experience in low resources unit). Iraq : Dept. of Pediatrics, College of Medicine, University of Kufa. *Medical Journal of Babylon,* 2013;10(4)
46. Carol P. Essentials of pathophysiology: concepts of altered health states. USA : Lippincott Williams & Walkins, 2011.p.559
47. Veronica D. Radiological imaging of the neonatal chest medical radiology.Berlin: Springer Berlin Heidelberg, 2008.p.67-79
48. Christian L, Hermansen, Kevin N, Lorah. Respiratory distress in the newborn. Lancaster, Pennsylvania: Lancaster General Hospital. *Am Fam Physician.*2007 Oct 1;76(7):987-994.

49. Anggraini A, Sumadiono, Setya W. Faktor risiko kematian bayi baru lahir dengan penyakit membran hialin. *Sari Pediatri*.2013;15(2):75-80.
50. Kroustop RW, Brown EG, Sweet AY. The early use of continuous positive airway pressure in the treatment of idiopathic respiratory distress syndrome. *J Pediatr* 1975;87:263-7.
51. Monnaf M H .Perinatal Asphyxia: Cause, Management, Complications. *Neonatology Paediatric Medicine*.2013 May 21 [disitasi : 3 Februari 2015]. Diunduh dari : <http://www.easymbbs.org/perinatal-asphyxia-cause-management-complications/>
52. Hessler JR, Mantilla G, Kirkpatrick BV, Donnelly WH, Cassin S, Eitzman DV. Asphyxia and hyaline membrane disease in neonatal monkeys. *Am J Perinatol*. 1985 Apr;2(2):101-7
53. Brezis M, Rosen S, Silva P, Epstein F. Renal ischemia: a new prospective.*Kidney int*.1994;26:375
54. Friedlich PS, Evans JR. Clinical evaluation of renal and urinary tract disease schaffer & avery's disease of the newborn 8<sup>th</sup> ed. Philadelphia:Elsevier-Saunders. 2005:1267-71
55. World Health Organization. Basic Newborn Resuscitation: A Practical Guide. Geneva, Switzerland: WHO;2008. Diunduh dari: [www.who.int/reproductive-health/publications/newborn\\_resus\\_citation/index.html](http://www.who.int/reproductive-health/publications/newborn_resus_citation/index.html).
56. Mwansa J, Kambafwile SC, Thomas H, Joy EL. Antenatal steroids in preterm labour for the prevention of neonatal deaths due to complications of preterm birth. *Int J Epidemiol*. 2010 [disitasi : 3 Februari 2015]. Diunduh dari : [http://ije.oxfordjournals.org/content/39/suppl\\_1/i122.long](http://ije.oxfordjournals.org/content/39/suppl_1/i122.long)
57. Francisco E M. Antenatal corticosteroid use and clinical evolution of preterm newborn infants. *J Pediatr*.2004 [disitasi : 3 Februari 2015];80(4). Diunduh dari : [http://www.scielo.br/scielo.php?pid=S0021-75572004000500006&script=sci\\_arttext&tlng=en](http://www.scielo.br/scielo.php?pid=S0021-75572004000500006&script=sci_arttext&tlng=en)

58. Tagliaferro T , D Bateman, C Ruzal, RA Polin. Early radiologic evidence of severe respiratory distress syndrome as a predictor of nasal continuous positive airway pressure failure in extremely low birth weight newborns. *Journal of Perinatology*.2014. [disitasi : 23 Desember 2014].  
Diunduh dari :  
<http://www.nature.com/jp/journal/vaop/ncurrent/full/jp2014164a.html>
59. Malloy MH. Impact of caesarean section on neonatal mortality rates among very preterm infants in United state 2000-2003.*Pediatrics*. 2008;122:p.285-92.
60. Pedro N T, Filipa F, Henrique S, Hercilia G.early nCPAP versus intubation in very low birth weight infants.*Journal of Pediatric and Neonatal Individualized Medicine*.2013;2(2):4-5
61. Masoud D, Ehsan RI, Mohemad H. Influence of mode of delivery at term on neonatal respiratory morbidity. *Pediatr Res*;15(7):147-52
62. Szabo, et all. Respiratory Distress Syndrome at Birth Is a Risk Factor for Hospitalization for Lower Respiratory Tract Infections in Infancy. *Des* 2012;31(12):1245-51. [disitasi : 13 Juni 2015]. Diunduh dari :  
[http://journals.lww.com/pidj/Abstract/2012/12000/Respiratory\\_Distress\\_Syndrom\\_at\\_Birth\\_Is\\_a\\_Risk.7.aspx](http://journals.lww.com/pidj/Abstract/2012/12000/Respiratory_Distress_Syndrom_at_Birth_Is_a_Risk.7.aspx)
63. Fidanovski D, Milev V, Sajkovski A, Hristovski A, Kojiv L, Kimovska M. Mortality risk factor in premature infants with respiratory distress syndrome treated by mechanical ventilation.*Srp Arch Celok*.2005;133:p.29-35.
64. Bry K, Lappalainen U, Hallman M. Intraamniotic interleukin-1 accelerates surfactant protein synthesis in fetal rabbits and improve lung atability after premature birth. *J Clin Invest*.1997;99:p.2992-9.
65. Chien L, et all. Variations in antenatal corticosteroid therapy: a persistent problem despite 30 years of evidence. *Obstet Gynecol*.2002;99:p.401-8
66. Luerti M, Adriano L, Enco C, Guido Z. An alternative to steroid for prevention of respiratory distress syndrome (RDS): multicenter controlled

- study to compare ambroxol and betamethasone. *Journal of Perinatal Medicine*. 2009;15(3):227–38
67. Pieper C H, J. Smith, D. Maree1. F. C. Pohl. Is nCPAP of Value in Extreme Preterms with No Access to Neonatal Intensive Care. *J Trop Pediatr*. 2003;49(3):148-152.
  68. Zaw W, Gagnon R, da Silva O. The risks of edverse neonatal outcome among preterm small for gestational age infants according to neonatal versus fetal growth standarts. *Pediatrics*. 2003;111:p.1273.
  69. Nichpanit S. Risk factors for death among newborn with respiratory distress syndrome at Kalasin Hospital. *Srinagarind Med J*. 2005;20:p.255-61
  70. A Ammari, et all. Variables Associated with the Early Failure of Nasal CPAP in Very Low Birth Weight Infants. *The Journal of Pediatrics*. 2005;147(3):341-47.
  71. Allen LP, Reynolds ER, Rivers, PM Le Souef, Wimberley. Controlled trial of continuous positive airway pressure given by face mask for hyaline membrane disease. [disitasi : 13 Juni 2015].  
Diunduh dari : <http://adc.bmj.com/content/52/5/373.short>
  72. Jones RWA, Pickering D. Persistent ductus arteriosus complicating the respiratory distress syndrome. *Arch Dis Child*.1977;52:p.274-81.
  73. Anonim.Equine neonatal.[disitasi : 23 Juni 2015]. Diunduh dari : [http://www.diss.fu-berlin.de/diss/servlets/MCRFileNodeServlet/FU DISS\\_derivate\\_000000001258/04\\_litrev.pdf?hosts=](http://www.diss.fu-berlin.de/diss/servlets/MCRFileNodeServlet/FU DISS_derivate_000000001258/04_litrev.pdf?hosts=)
  74. Rojas M A, et all. Very early surfactant without mandatory ventilation in premature infants treated with early continuous positive airway pressure:A randomized controlled trial. *Pediatrics*. 2009;123:p.137.
  75. Henrik V, Kajsa B, Jens K, Robert L, Baldvin J. Nasal CPAP and surfactant for treatment of respiratory distress syndrome and prevention of bronchopulmonary dysplasia. *Acta Paediatrica*. 2009;98(9):1400–08.



76. Ho N K. Factors affecting responses of infants with respiratory distress syndrome to exogenous surfactant therapy. Singapore Med J. 1993;34:p.74-7.
77. Narang A, Praveen K, Sourabh D, Rajesh K. Surfactant therapy for hyaline membrane disease: the chandigarh experience. Indian Pediatrics. 2001;38:p.640-46.

Lampiran 1. Ethical Clearance

	<p>KOMISI ETIK PENELITIAN KESEHATAN (KEPK) FAKULTAS KEDOKTERAN UNIVERSITAS DIPONEGORO DAN RSUP dr KARIADI SEMARANG Sekretariat : Kantor Dekanat FK Undip Lt.3 Jl. Dr. Soetomo 18, Semarang Telp./Fax. 024-8318350</p>	
<b>ETHICAL CLEARANCE</b> No. 141/EC/FK-RSDK/2015		
<p>Komis Etik Penelitian Kesehatan Fakultas Kedokteran Universitas Diponegoro-RSUP, Dr. Kariadi Semarang, setelah membaca dan menelaah Usulan Penelitian dengan judul :</p>		
<b>FAKTOR RISIKO KEMATIAN BAYI BARU LAHIR DENGAN PENYAKIT MEMBRAN HIALIN YANG DIBERI CONTINUOUS POSITIVE AIRWAY PRESSURE (CPAP)</b>		
<b>Peneliti Utama</b>	:	<b>Mustika Rahmania</b>
<b>Pembimbing</b>	:	1. dr. Gatot Irwan S, Sp. A(K) 2. dr. Anila Eka Rini, M.Si. Med. Sp. A
<b>Penelitian</b>	:	Dilaksanakan di Instalasi Rekam Medik RSUP Dr. Kariadi Semarang
<p>Seluju untuk dilaksanakan, dengan memperhatikan prinsip-prinsip yang dinyatakan dalam Deklarasi Helsinki 1975, yang diamended di Seoul 2008 dan Pedoman Nasional Etik Penelitian Kesehatan (PNEPK) Departemen Kesehatan RI 2011</p>		
<p>Penelitian ini adalah Rekam Medik, jadi tidak memerlukan Informed Consent Peneliti diwajibkan menyerahkan :</p>		
<ul style="list-style-type: none"><li>- Laporan kemajuan penelitian (clinical trial)</li><li>- Laporan kejadian efek samping jika ada</li><li>- Laporan ke KEPK jika penelitian sudah selesai &amp; dilampiri Abstrak Penelitian</li></ul>		
<p>Semarang, 06 APR 2015</p>  <p>Komis Etik Penelitian Kesehatan Fakultas Kedokteran Undip-RS, Dr. Kariadi Sekretariat</p> 		
<p>Dr. dr. Selama Budjiono, M.Sl Med, Sp.B, Sp.B(K), Onk, FICS NIP. 19710807 200812 1 001</p>		

Lampiran 2. Surat Izin Peminjaman Rekam Medis



KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN  
UNIVERSITAS DIPONEGORO  
FAKULTAS KEDOKTERAN

Jalan Prof. H. Soedarto, SH, Tembalang Semarang Kotak Pos 1269, Kode Pos 50275  
Telepon (024) 76928010 Faksimile (024) 76928011 Email : dean\_fmdu@undip.ac.id

Nomor : 1011 /UN7.3.4/D1/PP/2015  
Lampiran : 1 bendel  
Perihal : Permohonan izin penelitian dan peminjaman data rekam medik

06 MAR 2015

Yth. Direktur Utama  
RSUP Dr. Kariadi  
Semarang

Bersama ini kami hadapkan mahasiswa Program Studi Pendidikan Dokter Fakultas Kedokteran Universitas Diponegoro Semarang :

Nama/ NIM : Mustika Rahmalia /22010111110148  
Semester : VIII (delapan)

Mohon diijinkan melakukan penelitian dan meminjam data rekam medik di Instalasi Rekam Medik RSUP Dr. Kariadi Semarang, dalam rangka penyusunan Karya Tulis Ilmiah mahasiswa. Terlampir proposal mahasiswa yang bersangkutan.

Judul/ Topik : Faktor Risiko Kematian Bayi Baru Lahir dengan Penyakit Membran Hialin yang Diberi *Continuous Positive Airway Pressure (CPAP)*

Pembimbing : dr. Gatot Inawan Samoa, Sp.A(K)/ dr. Arsita Eka Rini, M.Si.Med, Sp.A

Atas perhatian dan kerjasamanya diucapkan terima kasih.



Anto Dekan I,

dr. Herman Kristanto, MS, Sp. OG(K)  
NIP. 196305051989031003 A

Tembusan :

1. Dekan (sebagai laporan)
2. Ketua Tim Karya Tulis Ilmiah
3. Kepala Bagian Diklit RSUP Dr. Kariadi Semarang
4. Kepala Instalasi Rekam Medik RSUP Dr. Kariadi Semarang
5. Pembimbing
6. Mahasiswa Yang Bersangkutan

Lampiran 3. Spreadsheet

NO. CM	BBLR	INFEKSI	PREMATUR	MULAI CPAP >5 JAM	DERAJAT PMH	ASFIKSIA	ANTENATAL STEROID	SURFAKTAN
	1. Ya	1. Ya	1. Ya	1. Ya	I-IV	1. Ya	1. Ya	1. Ya
	2. Tidak	2. Tidak	2. Tidak	2. Tidak		2. Tidak	2. Tidak	2. Tidak
C439700	1	1	1	1	2	1	1	2
C454700	1	2	1	2	3	1	2	1
C491913	2	1	2	2	3	1	2	2
C432521	1	2	1	2	3	1	2	2
C416821	1	1	1	1	1	1	1	2
C437003	1	2	1	2	3	1	2	2
C439373	1	1	1	2	3	1	1	2
C420855	1	2	1	2	1	1	2	2
C390817	1	1	1	1	3	1	2	1
C492677	1	1	1	1	3	1	2	2
C416138	1	2	1	2	3	1	1	2
C445258	1	1	1	1	2	1	2	2
C426758	1	1	1	1	2	1	2	2
C426759	1	2	1	2	3	1	2	2
C413063	1	1	1	1	3	1	2	2
C447147	1	2	1	2	4	1	2	2
C464577	1	1	1	2	1	1	2	2
C495725	1	2	1	2	4	1	2	2
C446345	1	1	1	2	2	1	2	2
C512410	2	1	1	2	1	1	1	2
C464581	1	1	1	1	1	1	2	2
C463992	1	1	1	2	2	1	2	2
C443884	1	2	1	2	2	1	2	2
C467375	1	1	1	2	2	1	1	2
C445416	1	1	1	2	2	1	1	2
C491357	1	2	1	2	1	1	2	2
C466338	1	1	1	1	1	1	2	2
C429798	1	2	1	1	2	1	1	2
C492469	2	1	1	1	1	2	2	2
C420739	1	1	1	2	4	1	2	1
C505547	2	1	2	1	2	1	2	2
C491343	1	1	1	2	2	1	1	2
C466193	2	1	1	2	3	1	2	1
C462007	2	1	1	2	2	1	2	2
C445817	1	2	1	2	2	1	1	2
C511317	1	1	1	1	1	1	2	2

C441603	2	1	1	2	2	1	2	2
C451242	1	1	1	2	2	1	2	2

Lampiran 4. Hasil Analisis SPSS

**1. Karakteristik Subyek Penelitian**

1.1 Karakteristik Bayi

Jenis Kelamin

**Jenis Kelamin \* kelompok Crosstabulation**

		kelompok		Total	
		kasus	kontrol		
Jenis Kelamin	perempuan	Count	12	4	16
		Expected Count	8	8	16,0
		% within Jenis Kelamin	75,0%	25,0%	100,0%
		% within kelompok	60,0%	20,0%	40,0%
		% of Total	30,0%	10,0%	40,0%
	laki-laki	Count	8	16	24,0
		Expected Count	12	12	24,0
		% within Jenis Kelamin	33,3%	66,7%	100,0%
		% within kelompok	40,0%	80,0%	60,0%
	% of Total	20,0%	40,0%	60,0%	
Total	Count	20	20	40	
	Expected Count	20,0	20,0	40,0	
	% within Jenis Kelamin	50,0%	50,0%	100,0%	
	% within kelompok	100,0%	100,0%	100,0%	
	% of Total	50,0%	50,0%	100,0%	

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.667 <sup>b</sup>	1	.010		
Continuity Correction <sup>a</sup>	5.104	1	.024		
Likelihood Ratio	6.904	1	.009		
Fisher's Exact Test				.022	.011
Linear-by-Linear Association	6.500	1	.011		
N of Valid Cases	40				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8.00.

## Berat Badan Lahir

Berat Badan Lahir

kelompok	Mean	Std. Deviation	Median	Minimum	Maximum
kasus	1551,25	693,959	1280,00	740	3710
kontrol	2229,75	661,868	2300,00	1400	3300
Total	1890,50	752,380	1600,00	740	3710

### Tests of Normality

Kelompok		Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Berat Badan Lahir	Kasus	.241	20	.003	.795	20	.001
	Kontrol	.179	20	.091	.899	20	.039
Lama rawat	Kasus	.252	20	.002	.724	20	.000
	Kontrol	.168	20	.140	.908	20	.058
Usia ibu	Kasus	.134	20	.200*	.930	20	.153
	Kontrol	.133	20	.200*	.932	20	.170
Umur gestasi	Kasus	.130	20	.200*	.947	20	.329
	Kontrol	.187	20	.064	.943	20	.273

\*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

## NPar Tests

### Mann-Whitney Test

### Ranks

	Kelompok	N	Mean Rank	Sum of Ranks
Berat Badan Lahir	Kasus	20	14.23	284.50
	Kontrol	20	26.78	535.50
	Total	40		
Lama rawat	Kasus	20	16.05	321.00
	Kontrol	20	24.95	499.00
	Total	40		

### Test Statistics<sup>b</sup>

	Berat Badan Lahir	Lama rawat
Mann-Whitney U	74.500	111.000
Wilcoxon W	284.500	321.000
Z	-3.399	-2.416
Asymp. Sig. (2-tailed)	.001	.016
Exact Sig. [2*(1-tailed Sig.)]	.000 <sup>a</sup>	.015 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## Cara Persalinan

### Crosstab

			Kelompok		Total
			Kasus	Kontrol	
Cara persalinan	Spontan	Count	5	13	18
		Expected Count	9.0	9.0	18.0
		% within Kelompok	25.0%	65.0%	45.0%
		% of Total	12.5%	32.5%	45.0%
	SCTP	Count	15	7	22
		Expected Count	11.0	11.0	22.0
		% within Kelompok	75.0%	35.0%	55.0%
		% of Total	37.5%	17.5%	55.0%
Total	Count	20	20	40	
	Expected Count	20.0	20.0	40.0	
	% within Kelompok	100.0%	100.0%	100.0%	
	% of Total	50.0%	50.0%	100.0%	

### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	6.465 <sup>b</sup>	1	.011		
Continuity Correction <sup>a</sup>	4.949	1	.026		
Likelihood Ratio	6.660	1	.010		
Fisher's Exact Test				.025	.012
Linear-by-Linear Association	6.303	1	.012		
N of Valid Cases	40				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.00.



## Paritas

### Crosstab

			Kelompok		Total
			Kasus	Kontrol	
Paritas	Primipara	Count	15	6	21
		Expected Count	10.5	10.5	21.0
		% within Kelompok	75.0%	30.0%	52.5%
		% of Total	37.5%	15.0%	52.5%
	Multipara	Count	5	14	19
		Expected Count	9.5	9.5	19.0
Total	Count		20	20	40
	Expected Count		20.0	20.0	40.0
	% within Kelompok		100.0%	100.0%	100.0%
	% of Total		50.0%	50.0%	100.0%

### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.120 <sup>b</sup>	1	.004		
Continuity Correction <sup>a</sup>	6.416	1	.011		
Likelihood Ratio	8.424	1	.004		
Fisher's Exact Test				.010	.005
Linear-by-Linear Association	7.917	1	.005		
N of Valid Cases	40				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9.50.

## Lama Perawatan

### Case Summaries

#### Lama Perawatan

Kelompok	Mean	Std. Deviation	Median	Minimum	Maximum
Kasus	7,05	8,016	4,00	1	29
Kontrol	12,20	8,715	10,00	1	31
Total	9,63	8,667	7,00	1	31

### Tests of Normality

Kelompok	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk			
	Statistic	df	Sig.	Statistic	df	Sig.	
Berat Badan Lahir	Kasus	.241	20	.003	.795	20	.001
	Kontrol	.179	20	.091	.899	20	.039
Lama rawat	Kasus	.252	20	.002	.724	20	.000
	Kontrol	.168	20	.140	.908	20	.058
Usia ibu	Kasus	.134	20	.200*	.930	20	.153
	Kontrol	.133	20	.200*	.932	20	.170
Umur gestasi	Kasus	.130	20	.200*	.947	20	.329
	Kontrol	.187	20	.064	.943	20	.273

\*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

### NPar Tests

#### Mann-Whitney Test

### Ranks

Kelompok	N	Mean Rank	Sum of Ranks
Berat Badan Lahir	Kasus	14.23	284.50
	Kontrol	26.78	535.50
	Total	40	
Lama rawat	Kasus	16.05	321.00
	Kontrol	24.95	499.00
	Total	40	

### Test Statistics<sup>b</sup>

	Berat Badan Lahir	Lama rawat
Mann-Whitney U	74.500	111.000
Wilcoxon W	284.500	321.000
Z	-3.399	-2.416
Asymp. Sig. (2-tailed)	.001	.016
Exact Sig. [2* (1-tailed Sig.)]	.000 <sup>a</sup>	.015 <sup>a</sup>

a. Not corrected for ties.

b. Grouping Variable: Kelompok

## 1.2 Karakteristik Ibu

### Usia Ibu

### Case Summaries

#### Usia Ibu

Kelompok	Mean	Std. Deviation	Median	Minimum	Maximum
Kasus	27,20	6,685	26,00	18	43

Kontrol	30,00	7,574	29,00	18	43
Total	28,80	7,193	27,00	18	43

#### Tests of Normality

Kelompok		Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Berat Badan Lahir	Kasus	.241	20	.003	.795	20	.001
	Kontrol	.179	20	.091	.899	20	.039
Lama rawat	Kasus	.252	20	.002	.724	20	.000
	Kontrol	.168	20	.140	.908	20	.058
Usia ibu	Kasus	.134	20	.200*	.930	20	.153
	Kontrol	.133	20	.200*	.932	20	.170
Umur gestasi	Kasus	.130	20	.200*	.947	20	.329
	Kontrol	.187	20	.064	.943	20	.273

\*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

#### T-Test

#### Group Statistics

Kelompok	N	Mean	Std. Deviation	Std. Error Mean
Usia ibu Kasus	20	27.20	6.685	1.495
Kontrol	20	30.00	7.574	1.694

#### Independent Samples Test

		Usia ibu	
		Equal variances assumed	Equal variances not assumed
Levene's Test for Equality of Variances	F	.351	
	Sig.	.557	
t-test for Equality of Means	t	-1.239	-1.239
	df	38	37.423
	Sig. (2-tailed)	.223	.223
	Mean Difference	-2.800	-2.800
	Std. Error Difference	2.259	2.259
95% Confidence Interval of the Difference	Lower	-7.373	-7.375
	Upper	1.773	1.775

#### Umur Gestasi

#### Case Summaries

#### Umur Gestasi

Kelompok	Mean	Std. Deviation	Median	Minimum	Maximum
Kasus	30,70	3,658	31,00	23	36
Kontrol	34,10	2,989	34,50	29	39

Total	32,40	3,720	32,00	23	39
-------	-------	-------	-------	----	----

#### Tests of Normality

Kelompok	Kolmogorov-Smirnov <sup>a</sup>			Shapiro-Wilk			
	Statistic	df	Sig.	Statistic	df	Sig.	
Berat Badan Lahir	Kasus	.241	20	.003	.795	20	.001
	Kontrol	.179	20	.091	.899	20	.039
Lama rawat	Kasus	.252	20	.002	.724	20	.000
	Kontrol	.168	20	.140	.908	20	.058
Usia ibu	Kasus	.134	20	.200*	.930	20	.153
	Kontrol	.133	20	.200*	.932	20	.170
Umur gestasi	Kasus	.130	20	.200*	.947	20	.329
	Kontrol	.187	20	.064	.943	20	.273

\*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

#### T-Test

#### Group Statistics

Kelompok	N	Mean	Std. Deviation	Std. Error Mean	
Umur gestasi	Kasus	20	30.70	3.658	.818
	Kontrol	20	34.10	2.989	.668

#### Independent Samples Test

		Umur gestasi	
		Equal variances assumed	Equal variances not assumed
Levene's Test for Equality of Variances	F	.156	
	Sig.	.695	
t-test for Equality of Means	t	-3.219	-3.219
	df	38	36.552
	Sig. (2-tailed)	.003	.003
	Mean Difference	-3.400	-3.400
	Std. Error Difference	1.056	1.056
95% Confidence Interval of the Difference	Lower	-5.538	-5.541
	Upper	-1.262	-1.259

Pendidikan

Crosstab

			Kelompok		Total
			Kasus	Kontrol	
Pendidikan	SD	Count	1	3	4
		Expected Count	2.0	2.0	4.0
		% within Kelompok	5.0%	15.0%	10.0%
		% of Total	2.5%	7.5%	10.0%
	SMP	Count	2	0	2
		Expected Count	1.0	1.0	2.0
		% within Kelompok	10.0%	.0%	5.0%
		% of Total	5.0%	.0%	5.0%
	SMA	Count	15	13	28
		Expected Count	14.0	14.0	28.0
		% within Kelompok	75.0%	65.0%	70.0%
		% of Total	37.5%	32.5%	70.0%
	PT	Count	2	4	6
		Expected Count	3.0	3.0	6.0
		% within Kelompok	10.0%	20.0%	15.0%
		% of Total	5.0%	10.0%	15.0%
Total	Count	20	20	40	
	Expected Count	20.0	20.0	40.0	
	% within Kelompok	100.0%	100.0%	100.0%	
	% of Total	50.0%	50.0%	100.0%	

Chi-Square Tests

	Value	df	Asy mp. Sig. (2-sided)
Pearson Chi-Square	3.810 <sup>a</sup>	3	.283
Likelihood Ratio	4.642	3	.200
Linear-by-Linear Association	.000	1	1.000
N of Valid Cases	40		

a. 6 cells (75.0%) have expected count less than 5. The minimum expected count is 1.00.

Pendidikan\_\_ \* Kelompok Crosstabulation

			Kelompok		Total
			Kasus	Kontrol	
Pendidikan__	SD-SMP	Count	3	3	6
		Expected Count	3,0	3,0	6,0
	SMA-PT	Count	17	17	34
		Expected Count	17,0	17,0	34,0
Total	Count	20	20	40	
	Expected Count	20,0	20,0	40,0	

### Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,000 <sup>a</sup>	1	1,000		
Continuity Correction <sup>b</sup>	,000	1	1,000		
Likelihood Ratio	,000	1	1,000		
Fisher's Exact Test				1,000	,669
Linear-by-Linear Association	,000	1	1,000		
N of Valid Cases	40				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 3,00.

b. Computed only for a 2x2 table

### Pekerjaan

#### Crosstab

			Kelompok		Total
			Kasus	Kontrol	
Pekerjaan	Tidak bekerja	Count	12	9	21
		Expected Count	10.5	10.5	21.0
		% within Kelompok	60.0%	45.0%	52.5%
		% of Total	30.0%	22.5%	52.5%
Buruh		Count	1	0	1
		Expected Count	.5	.5	1.0
		% within Kelompok	5.0%	.0%	2.5%
		% of Total	2.5%	.0%	2.5%
Swasta		Count	7	8	15
		Expected Count	7.5	7.5	15.0
		% within Kelompok	35.0%	40.0%	37.5%
		% of Total	17.5%	20.0%	37.5%
PNS		Count	0	3	3
		Expected Count	1.5	1.5	3.0
		% within Kelompok	.0%	15.0%	7.5%
		% of Total	.0%	7.5%	7.5%
Total		Count	20	20	40
		Expected Count	20.0	20.0	40.0
		% within Kelompok	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%

#### Chi-Square Tests

	Value	df	Asy mp. Sig. (2-sided)
Pearson Chi-Square	4.495 <sup>a</sup>	3	.213
Likelihood Ratio	6.042	3	.110
Linear-by-Linear Association	2.031	1	.154
N of Valid Cases	40		

a. 4 cells (50.0%) have expected count less than 5. The minimum expected count is .50.

**pekerjaann \* Kelompok Crosstabulation**

			Kelompok		Total
			Kasus	Kontrol	
Pekerjaann	tidak bekerja-buruh	Count	13	9	22
		Expected Count	11,0	11,0	22,0
	swasta-pns	Count	7	11	18
		Expected Count	9,0	9,0	18,0
Total	Count	20	20	40	
	Expected Count	20,0	20,0	40,0	

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1,616 <sup>a</sup>	1	,204	,341	,170
Continuity Correction <sup>b</sup>	,909	1	,340		
Likelihood Ratio	1,628	1	,202		
Fisher's Exact Test					
Linear-by-Linear Association	1,576	1	,209		
N of Valid Cases	40				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 9,00.

b. Computed only for a 2x2 table

**Riwayat Penyakit Kehamilan**

**Crosstab**

			Kelompok		Total
			Kasus	Kontrol	
Riwayat penyakit kehamilan	Ada	Count	5	5	10
		Expected Count	5.0	5.0	10.0
		% within Kelompok	25.0%	25.0%	25.0%
		% of Total	12.5%	12.5%	25.0%
	Tidak ada	Count	15	15	30
		Expected Count	15.0	15.0	30.0
		% within Kelompok	75.0%	75.0%	75.0%
		% of Total	37.5%	37.5%	75.0%
Total	Count	20	20	40	
	Expected Count	20.0	20.0	40.0	
	% within Kelompok	100.0%	100.0%	100.0%	
	% of Total	50.0%	50.0%	100.0%	

**Chi-Square Tests**

	Value	df	Asy mp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.000 <sup>b</sup>	1	1.000		
Continuity Correction <sup>a</sup>	.000	1	1.000		
Likelihood Ratio	.000	1	1.000		
Fisher's Exact Test				1.000	.642
Linear-by-Linear Association	.000	1	1.000		
N of Valid Cases	40				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.00.

**Sosial Ekonomi**

**Crosstab**

			Kelompok		Total
			Kasus	Kontrol	
Sosial Ekonomi	Mampu	Count	3	8	11
		Expected Count	5.5	5.5	11.0
		% within Kelompok	15.0%	40.0%	27.5%
		% of Total	7.5%	20.0%	27.5%
	Tidak mampu	Count	17	12	29
		Expected Count	14.5	14.5	29.0
		% within Kelompok	85.0%	60.0%	72.5%
		% of Total	42.5%	30.0%	72.5%
Total	Count	20	20	40	
	Expected Count	20.0	20.0	40.0	
	% within Kelompok	100.0%	100.0%	100.0%	
	% of Total	50.0%	50.0%	100.0%	

**Chi-Square Tests**

	Value	df	Asy mp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.135 <sup>b</sup>	1	.077		
Continuity Correction <sup>a</sup>	2.006	1	.157		
Likelihood Ratio	3.225	1	.073		
Fisher's Exact Test				.155	.078
Linear-by-Linear Association	3.056	1	.080		
N of Valid Cases	40				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5.50.



## 2. Analisis

### 2.1 Berat Lahir (<2500 gram)

**Berat lahir (<2500 gram) \* Kelompok Crosstabulation**

			Kelompok		Total
			Kasus	Kontrol	
Berat lahir (<2500 gram)	Ya	Count	19	14	33
		Expected Count	16,5	16,5	33,0
	Tidak	Count	1	6	7
		Expected Count	3,5	3,5	7,0
Total	Count	20	20	40	
	Expected Count	20,0	20,0	40,0	

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4,329 <sup>a</sup>	1	,037	,091	,046
Continuity Correction <sup>b</sup>	2,771	1	,096		
Likelihood Ratio	4,723	1	,030		
Fisher's Exact Test					
Linear-by-Linear Association	4,221	1	,040		
N of Valid Cases	40				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 3,50.

b. Computed only for a 2x2 table

**Risk Estimate**

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Berat lahir (<2500 gram) (Ya / Tidak)	8,143	,878	75,479
For cohort Kelompok = Kasus	4,030	,641	25,328
For cohort Kelompok = Kontrol	,495	,300	,816
N of Valid Cases	40		

## 2.2 Kejadian Infeksi

**Crosstab**

			Kelompok		Total
			Kasus	Kontrol	
Infeksi	Ya	Count	12	16	28
		Expected Count	14.0	14.0	28.0
		% within Kelompok	60.0%	80.0%	70.0%
		% of Total	30.0%	40.0%	70.0%
	Tidak	Count	8	4	12
		Expected Count	6.0	6.0	12.0
		% within Kelompok	40.0%	20.0%	30.0%
		% of Total	20.0%	10.0%	30.0%
Total	Count	20	20	40	
	Expected Count	20.0	20.0	40.0	
	% within Kelompok	100.0%	100.0%	100.0%	
	% of Total	50.0%	50.0%	100.0%	

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.905 <sup>b</sup>	1	.168		
Continuity Correction <sup>a</sup>	1.071	1	.301		
Likelihood Ratio	1.933	1	.164		
Fisher's Exact Test				.301	.150
Linear-by-Linear Association	1.857	1	.173		
N of Valid Cases	40				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.00.

**Risk Estimate**

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Infeksi (Ya / Tidak)	.375	.091	1.543
For cohort Kelompok = Kasus	.643	.358	1.155
For cohort Kelompok = Kontrol	1.714	.724	4.059
N of Valid Cases	40		

### 2.3 Prematuritas

**Crosstab**

			Kelompok		Total
			Kasus	Kontrol	
Lahir prematur	Ya	Count	19	19	38
		Expected Count	19.0	19.0	38.0
		% within Kelompok	95.0%	95.0%	95.0%
		% of Total	47.5%	47.5%	95.0%
	Tidak	Count	1	1	2
		Expected Count	1.0	1.0	2.0
		% within Kelompok	5.0%	5.0%	5.0%
		% of Total	2.5%	2.5%	5.0%
Total	Count	20	20	40	
	Expected Count	20.0	20.0	40.0	
	% within Kelompok	100.0%	100.0%	100.0%	
	% of Total	50.0%	50.0%	100.0%	

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.000 <sup>b</sup>	1	1.000		
Continuity Correction <sup>a</sup>	.000	1	1.000		
Likelihood Ratio	.000	1	1.000		
Fisher's Exact Test				1.000	.756
Linear-by-Linear Association	.000	1	1.000		
N of Valid Cases	40				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.00.

**Risk Estimate**

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Lahir prematur (Ya / Tidak)	1.000	.058	17.181
For cohort Kelompok = Kasus	1.000	.241	4.145
For cohort Kelompok = Kontrol	1.000	.241	4.145
N of Valid Cases	40		

## 2.4 Mulai CPAP >5 Jam dari Kelahiran

**Crosstab**

			Kelompok		Total
			Kasus	Kontrol	
Mulai CPAP < 5 jam	Ya	Count	8	7	15
		Expected Count	7.5	7.5	15.0
		% within Kelompok	40.0%	35.0%	37.5%
		% of Total	20.0%	17.5%	37.5%
	Tidak	Count	12	13	25
		Expected Count	12.5	12.5	25.0
		% within Kelompok	60.0%	65.0%	62.5%
		% of Total	30.0%	32.5%	62.5%
Total	Count	20	20	40	
	Expected Count	20.0	20.0	40.0	
	% within Kelompok	100.0%	100.0%	100.0%	
	% of Total	50.0%	50.0%	100.0%	

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.107 <sup>b</sup>	1	.744		
Continuity Correction <sup>a</sup>	.000	1	1.000		
Likelihood Ratio	.107	1	.744		
Fisher's Exact Test				1.000	.500
Linear-by-Linear Association	.104	1	.747		
N of Valid Cases	40				

a. Computed only for a 2x2 table

b. 0 cells (.0%) have expected count less than 5. The minimum expected count is 7.50.

### Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Mulai CPAP < 5 jam (Ya / Tidak)	1.238	.343	4.464
For cohort Kelompok = Kasus	1.111	.595	2.076
For cohort Kelompok = Kontrol	.897	.464	1.735
N of Valid Cases	40		

### 2.5 Derajat PMH

#### Crosstab

			Kelompok		Total
			Kasus	Kontrol	
Derajat PMH	IV	Count	2	1	3
		Expected Count	1.5	1.5	3.0
		% within Kelompok	10.0%	5.0%	7.5%
		% of Total	5.0%	2.5%	7.5%
	III	Count	11	1	12
		Expected Count	6.0	6.0	12.0
		% within Kelompok	55.0%	5.0%	30.0%
		% of Total	27.5%	2.5%	30.0%
	II	Count	4	11	15
		Expected Count	7.5	7.5	15.0
		% within Kelompok	20.0%	55.0%	37.5%
		% of Total	10.0%	27.5%	37.5%
	I	Count	3	7	10
		Expected Count	5.0	5.0	10.0
		% within Kelompok	15.0%	35.0%	25.0%
		% of Total	7.5%	17.5%	25.0%
Total	Count	20	20	40	
	Expected Count	20.0	20.0	40.0	
	% within Kelompok	100.0%	100.0%	100.0%	
	% of Total	50.0%	50.0%	100.0%	

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	13.533 <sup>a</sup>	3	.004
Likelihood Ratio	15.134	3	.002
Linear-by-Linear Association	7.704	1	.006
N of Valid Cases	40		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is 1.50.

**Penggabungan sel**

**Derajat\_PMH \* Kelompok Crosstabulation**

		Kelompok		Total	
		Kasus	Kontrol		
Derajat_PMH	III-IV	Count	13	2	15
		Expected Count	7,5	7,5	15,0
	II	Count	4	11	15
		Expected Count	7,5	7,5	15,0
	I	Count	3	7	10
		Expected Count	5,0	5,0	10,0
Total	Count	20	20	40	
	Expected Count	20,0	20,0	40,0	

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	12,933 <sup>a</sup>	2	,002
Likelihood Ratio	14,057	2	,001
Linear-by-Linear Association	9,000	1	,003
N of Valid Cases	40		

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 5,00.

## 2.6 Asfiksia

**Crosstab**

			Kelompok		Total
			Kasus	Kontrol	
Asfiksia	Ya	Count	20	19	39
		Expected Count	19.5	19.5	39.0
		% within Kelompok	100.0%	95.0%	97.5%
		% of Total	50.0%	47.5%	97.5%
	Tidak	Count	0	1	1
		Expected Count	.5	.5	1.0
		% within Kelompok	.0%	5.0%	2.5%
		% of Total	.0%	2.5%	2.5%
Total	Count	20	20	40	
	Expected Count	20.0	20.0	40.0	
	% within Kelompok	100.0%	100.0%	100.0%	
	% of Total	50.0%	50.0%	100.0%	

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1.026 <sup>b</sup>	1	.311		
Continuity Correction <sup>a</sup>	.000	1	1.000		
Likelihood Ratio	1.412	1	.235		
Fisher's Exact Test				1.000	.500
Linear-by-Linear Association	1.000	1	.317		
N of Valid Cases	40				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .50.

**Risk Estimate**

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Kelompok = Kontrol	.487	.353	.672
N of Valid Cases	40		

## 2.7 Tidak diberikan Antenatal Steroid

**Crosstab**

			Kelompok		Total
			Kasus	Kontrol	
tidak diberikan antenatal steroid	ya	Count	16	13	29
		Expected Count	14,5	14,5	29,0
	tidak	Count	4	7	11
		Expected Count	5,5	5,5	11,0
Total	Count	20	20	40	
	Expected Count	20,0	20,0	40,0	

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	1,129 <sup>a</sup>	1	,288	,480	,240
Continuity Correction <sup>b</sup>	,502	1	,479		
Likelihood Ratio	1,140	1	,286		
Fisher's Exact Test					
Linear-by-Linear Association	1,100	1	,294		
N of Valid Cases	40				

a. 0 cells (0,0%) have expected count less than 5. The minimum expected count is 5,50.

b. Computed only for a 2x2 table

**Risk Estimate**

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for tidak diberikan antenatal steroid (ya / tidak)	2,154	,515	9,000
For cohort Kelompok = Kasus	1,517	,650	3,542
For cohort Kelompok = Kontrol	,704	,386	1,286
N of Valid Cases	40		



## 2.8 Tidak diberikan Surfaktan

**Crosstab**

		Kelompok		Total	
		Kasus	Kontrol		
tidak diberikan surfaktan	ya	Count	18	18	36
		Expected Count	18,0	18,0	36,0
	tidak	Count	2	2	4
		Expected Count	2,0	2,0	4,0
Total		Count	20	20	40
		Expected Count	20,0	20,0	40,0

**Chi-Square Tests**

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	,000 <sup>a</sup>	1	1,000	1,000	,698
Continuity Correction <sup>b</sup>	,000	1	1,000		
Likelihood Ratio	,000	1	1,000		
Fisher's Exact Test					
Linear-by-Linear Association	,000	1	1,000		
N of Valid Cases	40				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,00.

b. Computed only for a 2x2 table

**Risk Estimate**

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for tidak diberikan surfaktan (ya / tidak)	1,000	,127	7,893
For cohort Kelompok = Kasus	1,000	,356	2,809
For cohort Kelompok = Kontrol	1,000	,356	2,809
N of Valid Cases	40		

### 3. Analisis Multivariat

#### Logistic Regression

Case Processing Summary

Unweighted Cases <sup>a</sup>		N	Percent
Selected Cases	Included in Analysis	40	100,0
	Missing Cases	0	,0
	Total	40	100,0
Unselected Cases		0	,0
Total		40	100,0

a. If weight is in effect, see classification table for the total number of cases.

Dependent Variable Encoding

Original Value	Internal Value
Kasus	0
Kontrol	1

Categorical Variables Codings

		Frequency	Parameter coding
			(1)
Berat lahir (<2500 gram)	Ya	33	1,000
	Tidak	7	,000

#### Block 0: Beginning Block

Classification Table<sup>a,b</sup>

	Observed	Predicted		
		Kelompok		Percentage Correct
		Kasus	Kontrol	
Step 0	Kelompok Kasus	0	20	,0
	Kelompok Kontrol	0	20	100,0
Overall Percentage				50,0

a. Constant is included in the model.

b. The cut value is ,500

**Variables in the Equation**

	B	S.E.	Wald	df	Sig.	Exp(B)
Step 0 Constant	,000	,316	,000	1	1,000	1,000

**Variables not in the Equation**

	Score	df	Sig.
Step 0 Variables			
Infeksi	1,905	1	,168
Berat_lahir(1)	4,329	1	,037
Derajat_PMH	9,231	1	,002
Overall Statistics	12,710	3	,005

**Block 1: Method = Backward Stepwise (Likelihood Ratio)**

**Omnibus Tests of Model Coefficients**

	Chi-square	df	Sig.
Step 1 Step	14,763	3	,002
Step 1 Block	14,763	3	,002
Model	14,763	3	,002
Step 2 <sup>a</sup> Step	-,006	1	,939
Step 2 <sup>a</sup> Block	14,758	2	,001
Model	14,758	2	,001

a. A negative Chi-squares value indicates that the Chi-squares value has decreased from the previous step.

**Model Summary**

Step	-2 Log likelihood	Cox & Snell R Square	Nagelkerke R Square
1	40,688 <sup>a</sup>	,309	,412
2	40,694 <sup>a</sup>	,309	,411

a. Estimation terminated at iteration number 5 because parameter estimates changed by less than ,001.

**Classification Table<sup>a</sup>**

	Observed	Predicted		
		Kelompok		Percentage Correct
		Kasus	Kontrol	
Step 1	Kelompok Kasus	16	4	80,0
	Kelompok Kontrol	9	11	55,0
	Overall Percentage			67,5
Step 2	Kelompok Kasus	16	4	80,0
	Kelompok Kontrol	9	11	55,0
	Overall Percentage			67,5

a. The cut value is ,500

**Variables in the Equation**

	B	S.E.	Wald	df	Sig.	Exp(B)	95% C.I. for EXP(B)		
							Lower	Upper	
Step 1 <sup>a</sup>	Infeksi	-,068	,890	,006	1	,939	,934	,163	5,343
	Berat_lahir(1)	-2,356	1,299	3,291	1	,070	,095	,007	1,208
	Derajat_PMH	1,531	,569	7,245	1	,007	4,623	1,516	14,096
	Constant	-2,294	2,148	1,141	1	,285	,101		
Step 2 <sup>a</sup>	Berat_lahir(1)	-2,383	1,252	3,623	1	,057	,092	,008	1,073
	Derajat_PMH	1,540	,556	7,662	1	,006	4,666	1,568	13,888
	Constant	-2,385	1,794	1,768	1	,184	,092		

a. Variable(s) entered on step 1: Infeksi, Berat\_lahir, Derajat\_PMH.

**Model if Term Removed**

Variable	Model Log Likelihood	Change in -2 Log Likelihood	df	Sig. of the Change	
Step 1	Infeksi	-20,347	,006	1	,939
	Berat_lahir	-22,488	4,287	1	,038
	Derajat_PMH	-25,041	9,394	1	,002
Step 2	Berat_lahir	-22,757	4,821	1	,028
	Derajat_PMH	-25,364	10,035	1	,002

**Variables not in the Equation**

			Score	df	Sig.
Step 2 <sup>a</sup>	Variables	Infeksi	,006	1	,939
	Overall Statistics		,006	1	,939

a. Variable(s) removed on step 2: Infeksi.

## Lampiran 5. Dokumentasi Penelitian



(4)

**REKAM MEDIS RAWAT INAP**

<b>RESUME PASIEN PULANG (RAHASIA)</b>	Nama: <b>DEWI</b> Alamat: <b>PERUMAHAN TERANG DA...</b> DPT: <b>LENGKONG KOSILA, 20.000 AGC</b> Tanggal Masuk RS: <b>24/07/2013</b> Tanggal Keluar RS:	Nama: <b>DR. MURAHAN SUK...</b> Tgl. Lahir: <b>14/07/1953</b> No. MR: <b>741190</b> Tgl. Keluar: <b>24/07/13</b> No. Revisi: <b>131999</b> Rumah: <b>01.04.01</b> Pekerjaan: <b>DIKAR. BERKETA...</b>
---------------------------------------	--	---

TANGGUNGJAWAB: **PT ASKES (PUSPITERA)**  
KODE RUJUKAN: **11**

**RINGKASAN PERAWATAN PASIEN**  
(tuliskan diagnosis awal dan gejala)

**ALERGI:** Tidak Ada Alergi

**DIAGNOSIS KERJA:** GANGGUAN MARIKEMIAL, NEKROTISIS, NEKROTISIS, NEKROTISIS, NEKROTISIS

**DIAGNOSIS AWAL:** GANGGUAN MARIKEMIAL

**PEMERIKSAAN FISIK:** HE 132, RR 32, T 36.7

**HASIL PEMERIKSAAN PENUNJANG:** HMD GRADE II

**TERAPI YANG DIBERIKAN SAAT DI RUMAH SAKIT:** SUPPLAKAN INFUS ANTIBIOTIK OKSIGEN

**DIAGNOSIS UTAMA / HANYA ADA SATU DIAGNOSIS UTAMA:** RESPIRATORY DISTRESS SYNDROME OF NEWBORN

**MORFOLOGI UTAMA:**

No	TGL TINDAKAN	NAMA TINDAKAN / OPERASI
1		

**DIAGNOSIS SEKUNDER:**

No	DIAGNOSIS SEKUNDER
1	SEPTIC SHOCK
2	PNEUMONIA IN BACTERIAL DISEASES CLASSIFIED ELSEWHERE
3	SINGLETON, BORN IN HOSPITAL

**MORFOLOGI SEKUNDER:**

No	MORFOLOGI SEKUNDER
1	

DATA KEMATIAN PASIEN RAWAT INAP

**LEMBAR KETERANGAN PENYEBAB KEMATIAN**

**I. KETERANGAN KEMATIAN**

1. Ruang / Bangsal : \_\_\_\_\_

2. Dokter Pemeriksa Jenazah (menyatakan kematian) : \_\_\_\_\_

3. Waktu Pemeriksaan Jenazah: Tgl [ ]/ [ ]/ [ ] Th [ ]/ [ ]/ [ ] Jam [ ]/ [ ]/ [ ] WIB

**II. PENYEBAB KEMATIAN**

**1. DASAR DIAGNOSIS (Dapat lebih dari satu)**

Rekam Medis  Autopsi Klinik  Autopsi Verbal  Pemeriksaan Luar Jenazah

Autopsi Forensik  Ket Lainnya : \_\_\_\_\_

**2. PENYAKIT PENYEBAB KEMATIAN (Lingkari Salah Satu)**

Penyakit Khusus  Gangguan Maternal (kehamilan/persalinan/mifas)  Cedera Kecelakaan Lalu Lintas

Penyakit Menular  Gangguan Perinatal (0-6 hari)  Cedera Kecelakaan Kerja

Penyakit Tidak Menular  Gejala, Tanda dan Kondisi Lainnya : \_\_\_\_\_  Cedera Lainnya

**3. DIAGNOSIS PENYEBAB KEMATIAN**

**A. KEMATIAN UMUR > (7 HARI KE ATAS/DEWASA)**

1. Penyebab Langsung a : \_\_\_\_\_

Penyebab Antara b : \_\_\_\_\_

c : \_\_\_\_\_

Penyebab Dasar d : \_\_\_\_\_

2. Kondisi lain yang : \_\_\_\_\_  
(Kontribusi tapi tidak terkait dengan 1. a-d)

**B. KEMATIAN UMUR < (7 HARI TERMASUK BY LAHIR)**

1. Penyebab Utama Bayi : **HMD GRADE II**

2. Penyebab Lain Bayi : **Asfiksia Cedang**

3. Penyebab Utama Ibu : \_\_\_\_\_

4. Penyebab Lain Ibu : \_\_\_\_\_

5. Penyebab Lain yang : \_\_\_\_\_

Semarang, **14** / **07** / **13**  
Dokter yang Menyatakan Ket

## Lampiran 6. Identitas Diri

Nama : Mustika Rahmalia  
NIM : 22010111110148  
Tempat/Tanggal lahir : Jepara, 3 Januari 1993  
Jenis Kelamin : Perempuan  
Alamat : Pendosawalan RT 021 RW 008 Kec. Kalinyamatan Kab. Jepara  
No. HP : 087833610361  
Email : [mustika.rahmalia@gmail.com](mailto:mustika.rahmalia@gmail.com)

### Riwayat Pendidikan :

1. TK : ABA Aisyah Kriyan Jepara, lulus tahun : 1999
2. SD : SD Negeri 01 Kriyan Jepara, lulus tahun : 2005
3. SMP : SMP Negeri 1 Pecangaan Jepara, lulus tahun : 2008
4. SMA : MA Negeri 2 Kudus, lulus tahun : 2011
5. PT : Universitas Diponegoro (Fakultas Kedokteran), masuk tahun : 2011

### Riwayat Organisasi :

1. Organisasi Siswa Intra Sekolah SMP (ketua umum) : 2006-2007
2. Palang Merah Remaja SMP (ketua) : 2006-2007
3. Himpunan Mahasiswa Pendidikan Dokter : 2011-2012
4. Asian Medical Students Assosiation (AMSA) Universitas Diponegoro : 2011-2012
5. Kelompok Studi Mahasiswa (KSM) Universitas Diponegoro : 2011-2013
6. Reproduction Health Unit FK Undip (Wakil divisi internal) : 2013-2014
7. Kerohanian Islam (ROHIS) Kedokteran Umum Universitas Diponegoro : 2011-2015

