

DAFTAR PUSTAKA

1. Cunningham FG. *Williams Obstetrics*. 24th ed. (Cunningham FG, ed.). New York: McGraw-Hill Medical; 2014
2. Nursal D, Tamela P, Fitrayeni. Faktor risiko kejadian preeklamsia pada ibu hamil di RSUP Dr M Djamil Padang tahun 2014. *JKMA*. 2014;38-44.
3. Anggaraini DG, Tamela P, Fitrayeni. Faktor Risiko Kejadian Preeklamsia pada Ibu Hamil di RSUP DR. M. Djamil Padang tahun 2014. *Jurnal Kesehatan Masyarakat Andalas*; 2015
4. Levine RJ, Lim K-H, Schisterman EF, Sachs BP, Sibai BM, Karumanchi SA. Circulating Angiogenic Factors and the Risk of Preeclampsia. *The New England Journal of Medicine*. 2004;12.
5. Heilmann L, Rath W, Pollock K. Hemostatic abnormalities in patients with severe preeclampsia. *Clin Appl Thromb*. 2007;13(3):285-291.
6. Pinheiro MB, Carvalho MG, Martins-Filho OA, et al. Severe preeclampsia: Are hemostatic and inflammatory parameters associated? *Clin Chim Acta*. 2014;427:65-70.
7. Marchi RR, Ramirez YL. Haemostatic changes related to fibrin formation and fibrinolysis during the first trimester in normal pregnancy and in recurrent miscarriage. *US Natl Libr Med Natl Institutes Heal*. 2017;97(4).
8. Solomon C, Collis RE, Collins PW. Haemostatic monitoring during postpartum haemorrhage and implications for management. *Br J Anaesth*. 2012;109(6):851-863.
9. Gardiner C, Vatish M. Impact of haemostatic mechanisms on pathophysiology of preeclampsia. *Thromb Res*. 2017;151(1):S48-S52. doi:10.1016/S0049-3848(17)30067-1
10. Erez O, Romero R, Kim SS, et al. Over-expression of the thrombin receptor (PAR-1) in the placenta in preeclampsia: A mechanism for the intersection of coagulation and inflammation. *J Matern Neonatal Med*. 2008;21(6):345-355
11. Liu G, Gurung AS, Qiu W. Lateral flow aptasensor for simultaneous detection of platelet-derived growth factor-BB (PDGF-BB) and thrombin. *Molecules*. 2019;24(4).
12. Winter WE, Greene DN, Beal SG, et al. Clotting factors: Clinical biochemistry and their roles as plasma enzymes. In: Makowski GS, ed. *Advances in Clinical Chemistry*. Vol 94. 1st ed. Elsevier Inc.; 2020:31-84.
13. Schmidlin F, Bunnett NW. Protease-activated receptors: How proteases signal to cells. *Curr Opin Pharmacol*. 2001;1:575-582.
14. Heuberger DM, Schuepbach Ra. Protease-activated receptors (PARs): mechanisms of action and potential therapeutic modulators in PAR-driven inflammatory diseases. *Thromb J*. 2019 Mar 29;17:4.

15. Zhao Y, Zheng Y, Liu X, Luo Q, Wu D, Liu X, et al. Inhibiting trophoblast PAR-1 overexpression suppresses sFlt-1-induced anti-angiogenesis and abnormal vascular remodeling: a possible therapeutic approach for preeclampsia. *MHR: Basic science of reproductive medicine*. 2018 Mar 1;24(3):158–69.
16. Ismail SK, Higgins JR. Hemostasis in Pre-Eclampsia. *Semin Thromb Hemost*. 2011;37(2):111-117.
17. Tanjung MT, Siddik HD, Hariman H, Koh SCL. Coagulation and fibrinolysis in preeclampsia and neonates. *Clin Appl Thromb*. 2005;11(4):467- 473.
18. Murray EKI, Murphy MSQ, Smith GN, Graham CH, Othman M. Thromboelastographic analysis of haemostasis in preeclamptic and normotensive pregnant women. *Blood Coagul Fibrinolysis*. 2018;29(6):567-572.
19. ACOG. Hypertension in pregnancy. Washington DC: The American College of Obstetricians and Gynecologists. 2013.
20. Adhi P. Preeklamsia Stoppable. Jakarta: Sagung Seto; 2019.
21. Raymond D, Peterson E. A critical review of early-onset and late-onset preeclampsia. *Obstet Gynecol Surv*. 2011;66(8):497-506.
22. Chaiworapongsa T, Chaemsaihong P, Korzeniewski SJ, Yeo L, Romero R. Pre-eclampsia part 2: Prediction, prevention and management. *Nat Rev Nephrol*. 2014;10(9):531-540.
23. English F, Kenny L, McCarthy F. Risk factors and effective management of preeclampsia. *Integr Blood Press Control*. 2015;8:7-12.
24. Suhardjono. Hipertensi Pada Kehamilan. Dalam. In: Siti S, Idrus A, Aru W, Marcellus S, Bambang S, Ari F, eds. *Ilmu Penyakit Dalam*. VI. Jakarta: Interna Publishing; 2017:4005-4008.
25. Yusrawati. Faktor risiko individual pada preeklamsia. *OBGIN EMAS*. 2014;1(15).
26. Laskowska M. Preeclampsia-aetiopathogenesis and clinical management. *Curr Pharm Biotechnol*. 2018;19(10):762-763.
27. Travaglino A. Placental morphology, apoptosis, angiogenesis and epithelial mechanisms in early-onset preeclampsia. *Eur J Obs Gynecol Reprod Biol*. 2019;234:200-206.
28. Giyanto. Perbandingan profil hematologi preeklampsia/eklamsia dengan kehamilan normotensi di RSUP Dr. Kariadi. 2015.
29. Silasi M, Cohen B, Karumanchi SA, Rana S. Abnormal placentation, angiogenic factors, and the pathogenesis of preeclampsia. *Obs Gynecol Clin North Am*. 2010;37:239-253.
30. Machado S, Nevees M, Freitas L, Campos M. Diagnosis, pathophysiology, and management of preeclampsia. *Port J Nephrol Hypertens*. 2017;3:151-161.

31. Baumwell S, Karumanchi S. Pre-eclampsia: clinical manifestations and molecular mechanisms. *Nephron Clin Pr.* 2007;106(2):72-81.
32. Yusrawati. Peran Takik Diastolik Arteri Uterina Sebagai Faktor Risiko dan Perbedaan Resistensi Insulin, ADMA, hs-CRP dan Adinopektin Antara Preeklamsia Awitan Dini dan Preeklamsia Awitan Lambat. 2015.
33. Akhilesh M, Mahalingam V, Nalliah S, Ali R, Ganesalingam, Haleagrahara N. Participation of hypoxia-inducible factor-1a in the pathogenesis of preeclampsia-related placental ischemia and its potential as a marker for preeclampsia. *Biomark Genom Med.* 2014;6:121-125.
34. Mayrink J, Costa M, Cecatti J. Preeclampsia in 2018: revisiting concepts, physiopathology, and prediction. *Sci World J.* 2018;6:1-9.
35. Dharma R, Wibowo N, Raranta HPT. Disfungsi endotel pada preeklamsia. *MAKARA Kesehat.* 2005;9(2):63-69.
36. Gao Q, Tang J, Li N, Liu B, Zhang M, Sun M. What is precise pathophysiology in development of hypertension in pregnancy? Precision medicine requires precise physiology and pathophysiology. *Drug Discov Today.* 2018;23(2):286-299.
37. Furuya M, Kurasawa K, Nagahama K, Kawachi K, Nozawa A, Takahashi. Disrupted balance of angiogenic and antiangiogenic signalings in preeclampsia. *J Pregnancy.* 2011.
38. Rubilar M, Chaves S. Hypertension in preeclampsia. *Adv Hypertens Res.* 2014;69.
39. Lockwood C, Huang S, Krikun G, Caze R, Rahman M. Decidual Haemostasis, Inflammation, and Angiogenesis in Pre-Eclampsia. *Semin Thromb Hemost.* 2011;37(2).
40. Sibai B. Hypertension. In: Gabbe S, Niebyl J, Simpson J, Landon M, Galan H, Jauniaux E, eds. *Obstetrics Normal and Problem Pregnancies.* 7th ed. Philadelphia: Elsevier Inc; 2017:661-705.
41. Keizo K, Raghu K. The biology of preeclampsia. *Int Soc Nephrol.* 2009.
42. Angsar M. Hipertensi dalam kehamilan. In: Prawirohardjo S, ed. *Ilmu Kebidanan.* 4th ed. Jakarta: PT Bina Pustaka Sarwono Prawirohardjo; 2013:530-550.
43. Adang D, Dewi A. Hemostasis. Kementerian Kesehatan Republik Indonesia. 2018:3-126.
44. Brosens I, Brosens J, Muter J, Puttemans P, Benagiano G. Preeclampsia: the role of persistent endothelial cells in uteroplacental arteries. *Am J Obs Gynecol.* 2019.
45. Dahlback B, Villoutreix B. The anticoagulant protein C pathway. *FEBS Lett.* 2005:579.
46. Faranita T, Trisnawati Y, Lubis M. Gangguan koagulasi pada sepsis. Sari.
47. Hoffbrand A V, Pettit JE, Moss PAH. No Title. In: *Kapita Selekt.* 4th ed. Jakarta: EGC; 2005:221-231.
48. Pediatr Baskett T. Disseminated intravascular coagulation (DIC) in

Pregnancy. 2010.

49. Labelle C, Kitchens C. Disseminated intravascular coagulation: Treat the cause, not the lab values. *Cleve Clin J Med*. 2015;72(5):377-397.
50. Sucak GT, Acar K, Sucak A, Kirazli S, Haznedar R. Increased global fibrinolytic capacity as a clue for activated fibrinolysis in pre-eclampsia. *Blood Coagul Fibrinolysis*. 2006;17(5):347-352.
51. Chandra S, Tripathi AK, Misra S. Physiological changes in hematological parameters during pregnancy. *Indian J hematol blood transfus*. 2012;28(3):144-145
52. Townsley DM. Hematologic complications of pregnancy. *Natl institutes Heal*. 2013;50(3):222-231.
53. Longmulr J, Pavord S. Haematology of pregnancy. *Medicine (Baltimore)*. 2013;41(4):248-251.
54. Hellgren M. Hemostasis during normal pregnancy and puerperium. *Semin thrombois Hemost*. 2003;29(2):125-130.
55. Tchaikovski SN, Thomassen MCLGD, Costa SD. Role of protein S and tissue factor pathway inhibitor in the development of activated protein C resistance early in pregnancy in women with a history of preeclampsia. *Thromb Haemost*. 2011;106:914-921.
56. Portelinha A, Cerdeira AS, Belo L, et al. Haemostatic factors in women with history of Preeclampsia. *Thromb Res*. 2009;124(1):52-56.
57. Shamshirsaz AA, Paidas M, Krikun G. Preeclampsia, hypoxia, thrombosis, and inflammation. *J Pregnancy*. 2012;2012:1-7.
58. Dusse LMS, Godoi LC, Alpoim PN, et al. FVIIa-antithrombin levels in early and late preeclampsia. *Clin Chim Acta*. 2017;474:67-69.
59. Onisai M, Vladareanu A, Bumbea H, Ciorascu M, Pop C, Andri C. A study of hematologycal picture and of platelet function in preeclampsia. *A J Clin Med*. 2009;4(4):327-337.
60. Üstün Y, Engin-Üstün Y, Kamaci M. Association of fibrinogen and C-reactive protein with severity of preeclampsia. *Eur J Obstet Gynecol Reprod Biol*. 2005;121(2):154-158.
61. Di Cera E. Thrombin as procoagulant and anticoagulant. *J Thromb Haemost*. 2007;5(SUPPL. 1):196-202.
62. Lancé MD. A general review of major global coagulation assays: thrombelastography, thrombin generation test and clot waveform analysis. *Thromb J*. 2015;13(1):1-6.
63. Duarte RCF, Ferreira CN, Rios DRA, Reis HJ dos, Carvalho M das G. Thrombin generation assays for global evaluation of the hemostatic system: perspectives and limitations. *Rev Bras Hematol Hemoter*. 2017;39(3):259- 265.
64. Egan K, O'Connor H, Kevane B, et al. Elevated plasma TFPI activitycauses attenuated Tf- Dependent thrombin generation in early onset

- preeclampsia. *Thromb Haemost.* 2017;117(8):1549-1557.
65. Roshal M, Reyes Gil M. Thrombin Generation Assays. In: Shaz BH, Gil MR, Hillyer CD, eds. *Transfusion Medicine and Hemostasis*. Third Edit. Elsevier; 2019:965-968.
 66. Huang QI, Chen JI, Tunggu LI, Liao SH, Zhong ME. Activation of PAR-1/NADPH Oxidase/ROS Signaling Pathways is Crucial for the Thrombin-Induced sFlt-1 Production in Extravillous Trophoblasts: Possible Involvement in the Pathogenesis of Preeclampsia. *Cell Physiol Biochem.* 2015; 1654-1662
 67. Almonte AG, Sweatt JD. Serine proteases, serine protease inhibitors, and protease-activated receptors: Roles in synaptic function and behavior. *Brain Res.* 2011;1407:107-122.
 68. Weithauser A, Rauch U. Role of protease-activated receptors for the innate immune response of the heart. *Trends Cardiovasc Med.* 2014;24(6):249- 255.
 69. Rosero RA, Villares GJ, Bar-Eli M. Protease-activated receptors and other G-protein-coupled receptors: The melanoma connection. *Front Genet.* 2016;7(JUN):1-6.
 70. Sugimura M. Is thrombin a -toxin in the pathogenesis of preeclampsia? *Hypertens Res Pregnancy.* 2015;3(1):13-18.
 71. Dorothea MH, Reto AS. Protease-activated receptors (PARs) : mechanisms of action and potential therapeutic modulators in PAR-driven inflammatory diseases. *Thrombosis Journal.* 2019; 17:4.
 72. Duerschmied D, Bode C. Vorapaxar expands antiplatelet options. *Cardiology and Angiology University Medical Center Freiburg.* 2012 ; 32 : 221-227
 73. Hashemzadeh ME, Arreguin JM, Roberts TY, Movahed MR. A Novel Inhibitor of Protease –Activated Receptor 1 : A Review of Chemical Structure and Mode Of Action. *Reviews in Cardiovascular Medicine.* 2015 :Vol 16:1.
 74. Alan T, William W, Andrews. Diagnosis and Management of Clinical Chorioamnionitis. *Clin Perinatol.* 2010.37(2): 339-354.
 75. Dahlan, MS. Seri Evidence Based Medicine (Seri 2). Dalam : Besar Sampel dalam Penelitian Kedokteran dan Kesehatan. Jakarta : Arkans. 2006, 59-63
 76. Sastroasmoro, S. Perkiraan Besar Sampel. *Dasar-Dasar Metodologi Penelitian Klinis* Jakarta : Sagung Seto. 2011 : 376.
 77. Perucci LO, Vieira ELM, Teixeira AL, Gomes KB, Dusse LM, Sousa LP. Decreased plasma concentrations of brain-derived neurotrophic factor in preeclampsia *Clinica Chimica Acta* 2017;464:142-7.
 78. Vincent NTF, Darmayasa M, Suardika A. Risk factors of preeclampsia and eclampsia in Sanglah General Hospital from March 2016 to March 2017. *Intisari Sains Medis* 9(3). 2018. p: 131-136.
 79. Utama, Sri Yun. Faktor Risiko yang Berhubungan dengan Kejadian Preeklampsia Berat pada Ibu Hamil di RSD Raden Mattaher Jambi Tahun 2017. *Jurnal Ilmiah Universitas Batanghari Jambi.* Vol. 8, no. 2, pp.71-79

80. Artikasari, Kurniawati. Hubungan antara primigravida dengan angkakejadian preeklamsia/eklamsia di RSUD DR. Moewardi Surakarta periode 1 Januari – 31 Desember 2008. Skripsi. Surakarta. Universitas Muhammadiyah Surakarta. 2009.
81. Bastani, P., Kobra, H., Hossein, N. Risk Factors for Preeclampsia in Multigravida Woman. *Research Journal of Biological Sciences*. vol.3, no. 1. 2008. p; 148-153.
82. Denantika, O., Serudji, J., Revilla, G. Hubungan Status Gravida dan Usia Ibu Terhadap Kejadian Preeklamsia di RSUP Dr.M. Djamil Pdang Tahun 2012-2013. *Jurnal Kesehatan Andalas*. Vol. 4, no. 1, 2015. p: 212-217
83. Sohlberg S, Stephansson O, Cnattingius S, et al. Maternal body mass index, height, and risks of preeclampsia. *Am J Hypertens* 25(1). 2012 p: 120- 125.
84. Erez O, Romero R, Vaisbuch E, et al. The pattern and magnitude of "in vivo thrombin generation" differ in women with preeclampsia and in those with SGA fetuses without preeclampsia. *J Matern Fetal Neonatal Med*. 2018;31(13):1671-1680.



