

**FAKTOR RISIKO DAN LUARAN MATERNAL PLASENTA AKRETA
DI RSUP DR. M. DJAMIL PADANG**



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RISK FACTORS AND MATERNAL OUTCOMES IN PLACENTA ACCRETA IN RSUP DR. M. DJAMIL PADANG

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ABSTRACT

Placenta accreta syndrome is a collection of symptoms that indicate an abnormal implantation of the placenta that embedded deep into the myometrium. Incidence of placenta accreta increases with the increasing number of cesarean section (CS). There are risk factors of placenta accreta such as prior CS, placenta previa, parity, maternal age, prior curettage, and prior uterine surgery (myomectomy). Placenta accreta is a complication of pregnancy which can cause maternal morbidity and mortality, including hysterectomy, Intensive Care Unit (ICU) admission, hospitalization for more than 7 days, requires blood transfusion, bladder injury, and death. The purpose of this study was to determine the frequency of occurrence, the association between risk factors, and maternal outcomes with placenta accreta in RSUP Dr. M. Djamil Padang from January 2016 - December 2017. This is an observational analytic with cross sectional design. This study was conducted in the medical record. Total samples of the study were eighty four people divided into 2 groups, placenta accreta group and control group. The data were analyzed by univariate analysis, bivariate with the Chi square test, and multivariate with the logistic regression test. The result showed 64 people (4.3%) were diagnosed with suspect placenta accreta. There were significant association between age, parity, history of CS, and placenta previa ($p < 0.05$) with placenta accreta. The dominant factor in placenta accreta is ≥ 2 prior CS (OR 6,038, 95% CI 2,145-16,995). There were significant association between length of stay more than 7 days, need blood transfusion, and hysterectomy ($p < 0,05$) with placenta accreta.

Keywords: Placenta accreta, cesarean section, placenta previa

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Sindroma plasenta akreta adalah kumpulan gejala yang menunjukkan adanya implantasi abnormal dari plasenta yang tertanam jauh ke miometrium. Insiden plasenta akreta semakin meningkat seiring dengan semakin meningkatnya angka *sectio cesarea* (SC). Beberapa faktor risiko plasenta akreta yaitu riwayat SC, plasenta previa, paritas, usia ibu, riwayat kuretase, dan riwayat operasi uterus lainnya (miomektomi). Plasenta akreta merupakan komplikasi kehamilan dapat menyebabkan morbiditas dan mortalitas pada ibu, di antaranya histerektomi, membutuhkan rawatan di *Intensive Care Unit* (ICU), masa rawat > 7 hari, membutuhkan transfusi darah, trauma kandung kemih, dan meninggal. Tujuan penelitian ini adalah untuk mengetahui frekuensi kejadian, hubungan faktor risiko, dan luaran maternal dengan plasenta akreta di RSUP dr. M. Djamil Padang periode Januari 2016-Desember 2017.

Jenis penelitian ini adalah analitik observasional dengan desain *cross sectional*. Penelitian ini dilakukan di bagian rekam medis. Total sampel penelitian berjumlah 84 orang yang terbagi dalam 2 kelompok, yaitu kelompok suspek plasenta akreta dan kelompok kontrol. Analisis data menggunakan analisis univariat, bivariat dengan uji *Chi square*, dan multivariat dengan uji regresi logistik.

Hasil penelitian didapatkan sebanyak 64 orang (4,3%) terdiagnosa dengan suspek plasenta akreta. Terdapat hubungan yang bermakna antara usia, paritas, riwayat SC, dan plasenta previa ($p < 0,05$) dengan plasenta akreta. Didapatkan riwayat SC merupakan faktor dominan pada plasenta akreta (OR 6,038, 95% CI 2,145-16,995). Terdapat hubungan yang bermakna antara lama rawat > 7 hari, butuh transfusi darah, dan histerektomi ($p < 0,05$) dengan plasenta akreta.

Kata kunci: Plasenta akreta, *sectio cesarea*, plasenta previa

DAFTAR ISI