DAFTAR PUSTAKA

1. Mc Donald HM BP, Gordon A. Antibiotics for treating bacterial vaginosis in pregnancy. Cochrane Database Syst Rev 2007 2007.
2. Georgijevic A, Cjukic-Ivancevic S, Bujko M. [Bacterial vaginosis. Epidemiology and risk factors]. Srp Arh Celok Lek 2000;128(1-2):29-33.
3. Ralph SG, Rutherford AJ, Wilson JD. Influence of bacterial vaginosis on conception and miscarriage in the first trimester: cohort study. BMJ 1999;319(7204):220-3.
4. Hillier SL, Nugent RP, Eschenbach DA, et al. Association between bacterial vaginosis and preterm delivery of a low-birth-weight infant. The Vaginal Infections and Prematurity Study Group. N Engl J Med 1995;333(26):1737-42.
5. D. Ocviyanti YR, N. Wibowo. Profil flora vagina dan keasaman vagina perempuan Indonesia. Maj Obstet Ginekol Indones 2009.
6. Anggarawati D. Studi Prevalensi dan Keberhasilan Terapi Vaginosis Bakterialis pada Ibu Hamil. 2003.
7. Amsel R, Totten PA, Spiegel CA, et al. Nonspecific vaginitis. Diagnostic criteria and microbial and epidemiologic associations. Am J Med 1983;74(1):14-22.
8. Nugent RP, Krohn MA, Hillier SL. Reliability of diagnosing bacterial vaginosis is improved by a standardized method of gram stain interpretation. J Clin Microbiol 1991;29(2):297-301.
9. Watts DH, Krohn MA, Hillier SL, Eschenbach DA. Bacterial vaginosis as a risk factor for post-cesarean endometritis. Obstet Gynecol 1990;75(1):52-8.
10. Riduan JM, Hillier SL, Utomo B, et al. Bacterial vaginosis and prematurity in Indonesia: association in early and late pregnancy. Am J Obstet Gynecol 1993;169(1):175-8.
11. McGregor JA, French JI, Parker R, et al. Prevention of premature birth by screening and treatment for common genital tract infections: results of a prospective controlled evaluation. Am J Obstet Gynecol 1995;173(1):157-67.
12. Clark P, Kurtzer T, Duff P. Role of bacterial vaginosis in peripartum infections. Infect Dis Obstet Gynecol 1994;2(4):179-83.
13. Krohn MA, Hillier SL, Lee ML, et al. Vaginal Bacteroides species are associated with an increased rate of preterm delivery among women in preterm labor. J Infect Dis 1991;164(1):88-93.
14. Greaves WL, Chungafung J, Morris B, et al. Clindamycin versus metronidazole in the treatment of bacterial vaginosis. Obstet Gynecol 1988;72(5):799-802.
15. Lamont RF, Jones BM, Mandal D, et al. The efficacy of vaginal clindamycin for the treatment of abnormal genital tract flora in pregnancy. Infect Dis Obstet Gynecol 2003;11(4):181-9.
16. Dwiana Ocviyanti YR, Shanty Olivia, Ferry Darmawan. Risk factors for bacterial vaginosis among Indonesian women. Med J Indones 2010.

17. Mitchell CM, Hitti JE, Agnew KJ, Fredricks DN. Comparison of oral and vaginal metronidazole for treatment of bacterial vaginosis in pregnancy: impact on fastidious bacteria. BMC Infect Dis 2009;9:89.

18. Swidsinski A, Mendling W, Loening-Baucke V, et al. An adherent Gardnerella vaginalis biofilm persists on the vaginal epithelium after standard therapy with oral metronidazole. Am J Obstet Gynecol 2008;198(1):97 e1-6.

19. Buku Ajar Mikrobiologi Kedokteran. Fakultas Kedokteran Universitas Indonesia.

20. Coughlin G, Secor M. Bacterial vaginosis: update on evidence-based care. Adv Nurse Pract 2010;18(1):41-4, 53.

21. Payne SC, Cromer PR, Stanek MK, Palmer AA. Evidence of African-American women's frustrations with chronic recurrent bacterial vaginosis. J Am Acad Nurse Pract 2010;22(2):101-8.

22. Bradshaw CS, Morton AN, Garland SM, et al. Higher-risk behavioral practices associated with bacterial vaginosis compared with vaginal candidiasis. Obstet Gynecol 2005;106(1):105-14.

23. Schwebke JR, Desmond RA, Oh MK. Predictors of bacterial vaginosis in adolescent women who douche. Sex Transm Dis 2004;31(7):433-6.

24. Tabrizi SN, Fairley CK, Bradshaw CS, Garland SM. Prevalence of Gardnerella vaginalis and Atopobium vaginae in virginal women. Sex Transm Dis 2006;33(11):663-5.

25. Schmid GP. The epidemiology of bacterial vaginosis. Int J Gynaecol Obstet 1999;67 Suppl 1:S17-20.

26. Sobel JD. Bacterial vaginosis. Annu Rev Med 2000;51:349-56.

27. Rao PS, Devi S, Shriyan A, et al. Diagnosis of bacterial vaginosis in a rural setup: comparison of clinical algorithm, smear scoring and culture by semiquantitative technique. Indian J Med Microbiol 2004;22(1):47-50.

28. Dadhwal V, Hariprasad R, Mittal S, Kapil A. Prevalence of bacterial vaginosis in pregnant women and predictive value of clinical diagnosis. Arch Gynecol Obstet 2010;281(1):101-4.

29. Honest H, Bachmann LM, Knox EM, et al. The accuracy of various tests for bacterial vaginosis in predicting preterm birth: a systematic review. BJOG 2004;111(5):409-22.

30. Tamonud Modak PA, Charan Agnes, Raja Ray, Sebanti Goswami, Pramit Ghosh, Nilay Kanti Das. Diagnosis of bacterial vaginosis in cases of abnormal vaginal discharge: comparison of clinical and microbiological criteria. J Infect Dev Ctries 2011;5(5):353-60.

31. Udayalaxmi GB, Subbannayya Kotigadde, Shalini Shenoy. Comparison of the Methods of Diagnosis of Bacterial Vaginosis. Journal of Clinical and Diagnostic Research 2011 June;5(3):498-501.

32. Udayalaxmi GB, Subbannayya Kotigadd, Shalini Shenoy. Comparison of the methods of diagnosis of bacterial vaginosis. Journal of Clinical and Diagnostic Research 2011;5:498-50.

33. Livengood CH. Bacterial vaginosis: an overview for 2009. Rev Obstet Gynecol 2009;2(1):28-37.

34. Donati L, Di Vico A, Nucci M, et al. Vaginal microbial flora and outcome of pregnancy. Arch Gynecol Obstet 2010;281(4):589-600.
35. Fahey JO. Clinical management of intra-amniotic infection and chorioamnionitis: a review of the literature. J Midwifery Womens Health 2008;53(3):227-35.
36. Pellati D, Mylonakis I, Bertoloni G, et al. Genital tract infections and infertility. Eur J Obstet Gynecol Reprod Biol 2008;140(1):3-11.
37. Gillet E, Meys JF, Verstraelen H, et al. Association between bacterial vaginosis and cervical intraepithelial neoplasia: systematic review and meta-analysis. PLoS One 2012;7(10):e45201.
38. ACOG Practice Bulletin. Clinical management guidelines for obstetrician-gynecologists, Number 72, May 2006: Vaginitis. Obstet Gynecol 2006;107(5):1195-206.
39. Workowski KA, Berman SM. Sexually transmitted diseases treatment guidelines, 2006. MMWR Recomm Rep 2006;55(RR-11):1-94.
40. Compound P. Clindamycin. v. 2014.
41. Buhimschi CS, Weiner CP. Medications in pregnancy and lactation: Part 2. Drugs with minimal or unknown human teratogenic effect, 2009/01/22 ed. Vol. 113, 2009; 417-32.
42. Alan H. DeCherney LN. Current Obstetric & Gynecologic Diagnosis & Treatment, ninth ed, 2003.
43. Chamber HF. Chloramfenicol, tetracyclines, macrolides, clindamycin, and streptogramins. In: Katzung BG, ed. Basic and clinical pharmacology, Eight ed. New York: McGraw-Hill, 2001.
44. Steigbigel NH. Macrolides and clindamycin. In: Mandell GL, Bennett JE, Dolin R, eds. Mandell, Douglas, and Bennett's principles and practice of infectious diseases, Fifth ed, 2000; v. 1.
45. Compound P. Metronidazole. v. 2014.
46. Lamont RF, Nhan-Chang CL, Sobel JD, et al. Treatment of abnormal vaginal flora in early pregnancy with clindamycin for the prevention of spontaneous preterm birth: a systematic review and metaanalysis. Am J Obstet Gynecol 2011;205(3):177-90.
47. Ugwumadu A, Reid F, Hay P, Manyonda I. Natural history of bacterial vaginosis and intermediate flora in pregnancy and effect of oral clindamycin. Obstet Gynecol 2004;104(1):114-9.
48. Hauth JC, Goldenberg RL, Andrews WW, et al. Reduced incidence of preterm delivery with metronidazole and erythromycin in women with bacterial vaginosis. N Engl J Med 1995;333(26):1732-6.
49. Carey JC, Klebanoff MA, Hauth JC, et al. Metronidazole to prevent preterm delivery in pregnant women with asymptomatic bacterial vaginosis. National Institute of Child Health and Human Development Network of Maternal-Fetal Medicine Units. N Engl J Med 2000;342(8):534-40.
50. Koss CA, Baras DC, Lane SD, et al. Investigation of metronidazole use during pregnancy and adverse birth outcomes. Antimicrob Agents Chemother 2012;56(9):4800-5.

51. Dewi Anggraini SWM, Eza Nia Pratiwi. Prevalensi dan Karakteristik Wanita Hamil Penderita *Bacterial Vaginosis* di Poliklinik Obstetri dan Ginekologi RSUD Arifin Achmad Pekanbaru. 2012.

52. Azargoon A, Darvishzadeh S. Association of bacterial vaginosis, trichomonas vaginalis, and vaginal acidity with outcome of pregnancy. Arch Iran Med 2006;9(3):213-7.

53. Bhalla P KA. Epidemilogical and microbiological correlates of bacterial vaginosis. Indian J Dermatol Venereol Leprol [serial online] 1994;60:8-14.

54. Desseauve D, Chantrel J, Fruchart A, et al. Prevalence and risk factors of bacterial vaginosis during the first trimester of pregnancy in a large French population-based study. Eur J Obstet Gynecol Reprod Biol 2012;163(1):30-4.

55. Paavonen J, Mangioni C, Martin MA, Wajszczuk CP. Vaginal clindamycin and oral metronidazole for bacterial vaginosis: a randomized trial. Obstet Gynecol 2000;96(2):256-60.

56. Schmitt C, Sobel JD, Meriwether C. Bacterial vaginosis: treatment with clindamycin cream versus oral metronidazole. Obstet Gynecol 1992;79(6):1020-3.

Lampiran 1. *Ethical Clearance*

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 50231
Telp/Fax. 024-8318350

RSUP Dr. KARIADI

ETHICAL CLEARANCE
No. 166 /EC/FK-RSDK/2014

Komisi Etik Penelitian Kesehatan Fakultas Kedokteran Universitas Diponegoro/ RSUP Dr. Kariadi Semarang, setelah membaca dan menelaah Usulan Penelitian dengan judul :

PERBEDAAN KEBERHASILAN TERAPI KLINDAMISIN ORAL DAN METRONIDAZOL ORAL TERHADAP BAKTERIAL VAGINOSIS PADA KEHAMILAN

Peneliti Utama	:	Mazidah Zulfa
Pembimbing	:	1. dr. Julian D, M.Si.Med,Sp.OG(K) 2. dr. V.Rizke Ciptaningtyas, Sp.MK
Penelitian	:	Dilaksanakan di Poliklinik Obstetri Ginekologi RSUP Dr. Kariadi, Puskesmas Halmahera, Puskesmas Jatingaleh dan Bidan Praktek Swasta (Bidan Suprihartiningsih)

Setuju 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

Peneliti harus melampirkan 2 kopi lembar Informed consent yang telah disetujui dan ditandatangani oleh peserta penelitian pada laporan penelitian.
Peneliti diwajibkan menyerahkan :
- Laporan kemajuan penelitian (clinical Trial)
- Laporan kejadian efek samping jika ada
- Laporan ke KEPK jika penelitian sudah selesai & dilampiri Abstrak Penelitian.

Semarang, 1 6 APR 2014

Komisi Etik Penelitian Kesehatan
Fakultas Kedokteran Undip-RSUP Dr. Kariadi
Ketua

Prof.Dr.dr.Suprihati, M.Sc. Sp.THT-KL(K)
NIP. 19500621197703 2 001

Lampiran 2. Surat Ijin Penelitian RSUP Dr. Kariadi

KEMENTERIAN KESEHATAN RI
DIREKTORAT JENDERAL BINA UPAYA KESEHATAN
RUMAH SAKIT UMUM PUSAT DOKTER KARIADI
Jalan Dr. Sutomo No. 16 Semarang, PO BOX 1104
Telepon : (024) 8413993, 8413476, 8413764 Fax : (024) 8318617
Website : http://www.rskariadi.com email : rsdk@indosat.net.id ; rsdk@rskariadi.com

RSUP Dr. KARIA

S U R A T   I Z I N
MELAKSANAKAN PENELITIAN

DL.00.02 / I.II / 1077 / 2014

Yang bertanda tangan di bawah ini :

Nama	:	Dr. Agus Suryanto, Sp.PD-KP, MARS
N I P	:	19610818 198812 1001
Jabatan	:	Direktur SDM dan Pendidikan RSUP Dr. Kariadi

Memberikan ijin melakukan penelitian untuk :

Nama peneliti	:	Mazidah Zulfa
Institusi peneliti	:	Universitas Diponegoro (Fakultas Kedokteran)
Judul penelitian	:	Perbedaan Keberhasilan Terapi Klindamisin Oral Dan Metronidazol Oral Terhadap Bakterial Vaginosis Pada Kehamilan
Pembimbing	:	1. dr.Julian Dewantiningrum,M.Si.Med,Sp.OG(K) 2. dr.V.Rizkeciptaningtyas,Sp.MK
DPJP	:	dr.Julian Dewantiningrum,M.Si.Med,Sp.OG(K)
Lokasi penelitian	:	1. Instalasi Laboratorium 2. Instalasi Rawat Jalan

untuk melaksanakan kegiatan penelitian selama ± 4 bulan.

Peneliti wajib melakukan :
1. Informed Consent dilampirkan pada rekam medis responden
2. Lapcran monitoring evaluasi penelitian secara periodik
3. Lapcran selesai penelitian dengan menyerahkan monitoring evaluasi penelitian
4. Menyerahkan laporan hasil akhir penelitian (1 berkas)

Semarang, 3 0 APR 2014
An. Direktur Utama
Direktur SDM dan Pendidikan

Dr. Agus Suryanto, Sp.PD-KP, MARS
NIP. 19610818 198812 1 001

Lampiran 3. Surat Ijin Penelitian Dinas Kesehatan Kota Semarang

PEMERINTAH KOTA SEMARANG
DINAS KESEHATAN

Jl. Pandanaran 79 Telp. (024) 8415269 - 8318070 Fax. (024) 8318771 Kode Pos : 50241 SEMARANG

Semarang, 2 9 APR 2014

Nomor   : 071 / 3972

Sifat   :

Lampiran :

Perihal   : Ijin Penelitian

Kepada;

Yth. 1. Ka.Puskesmas Halmahera
       2. Ka.Puskesmas Ngesrep
      di -
              S E M A R A N G

Dasar surat dari Fakultas Kedokteran Universitas Diponegoro Semarang, tanggal 4 April 2014. Nomor; 194/UN7.3.4/D1/PP/2014. Perihal tersebut pada pokok surat.

Sehubungan hal tersebut diatas, bersama ini kami beritahukan kepada Saudara bahwa pada prinsipnya kami dapat menerima mahasiswa dibawah ini, atas:

N a m a   : Mazidah Zulfa

N I M   : 220110130146

Judul   : Perbedaan keberhasilan terapi klindamisin oral metronoidazol oral terhadap bakteri vaginosis padaa kehamilan.

yang akan melaksanakan kegiatan penelitian di wilayah kerja Puskesmas Saudara, mulai tanggal 1 Mei s/d 1 Juli 2014. Dengan catatan selama melaksanakan kegiatan tersebut harus mentaati peraturan yang berlaku di Puskesmas dan Pemerintah Kota Semarang.

Demikian harap maklum, atas perhatian dan kerjasamanya kami ucapkan terimakasih.

An.KEPALA DINAS KESEHATAN
SEKRETARIS

SRI SULISTYOWATI, SH
Pembina Tk.I
NIP. 19580512 198603 2 009

TEMBUSAN, Kepada Yth. :

1. Ka.Dinas Kesehatan Kota Semarang (sebagai laporan);
2. PD I FK UNDIP Semarang;
3. Mahasiswa bersangkutan;
4. A r s i p.

Lampiran 4. Informasi penelitian kepada responden

Salam sejahtera,

Dalam pemeriksaan kehamilan saat ini, kami ingin melakukan skrining bakterial vaginosis. Yaitu suatu penyakit infeksi yang dapat diderita oleh Ibu selama kehamilan. Bakterial vaginosis dapat menyebabkan beberapa komplikasi seperti abortus, persalinan prematur dan ketuban pecah dini. Tujuan kami melakukan penelitian ini yaitu ingin membantu Ibu mengurangi resiko komplikasi tersebut.

Ibu akan diberi pertanyaan-pertanyaan mengenai riwayat kehamilan dan reproduksi, hal-hal yang berkaitan dengan kesehatan reproduksi, aktivitas seksual dan sosial ekonomi. Setelah itu akan dilakukan usap vagina yang selanjutnya akan diteliti apakah jumlah bakteri yang ada pada liang vagina cukup memenuhi untuk menimbulkan suatu infeksi yang pada akhirnya dapat menyebabkan komplikasi tersebut.

Apabila Ibu terbukti terdiagnosa infeksi bakterial vaginosis maka akan diberikan terapi obat sesuai dengan dosis. Setelah penggunan obat tersebut akan dilakukan pemeriksaan kembali untuk mengecek apakah jumlah bakteri yang ada pada liang vagina masih menimbulkan infeksi atau sudah mengalami penurunan. Dalam pelaksanaannya Ibu tidak akan dipungut biaya.

Untuk itulah kami mengharapkan kerjasama Ibu dalam pelaksanaanya demi kepentingan bersama. Mohon dimaklumi bahwa identitas dan informasi mengenai Ibu pribadi akan dirahasiakan. Terimakasih

Mazidah Zulfa

Lampiran 5. *Informed Consent*

JUDUL PENELITIAN : Perbedaan Keberhasilan Terapi Klindamisin Oral dan Metronidazol Oral terhadap Bakterial Vaginosis pada Kehamilan

PENELITI : Mazidah Zulfa

<u>Persetujuan Setelah Penjelasan</u>
(INFORMED CONSENT)

Berikut ini naskah yang akan dibacakan pada Ibu Responden Penelitian :

Ibu Yth,

Saya mahasiswa Fakultas Kedokteran Universitas Diponegoro ingin melakukan penelitian dengan judul "Perbedaan Keberhasilan Terapi Klindamisin Oral dan Metronidazol Oral terhadap Bakterial Vaginosis pada Kehamilan". Dalam rangka untuk mendapatkan informasi tersebut, saya memohon kesediaan Ibu untuk dapat diperiksa dan diteliti. Hasil pemeriksaan tersebut akan saya jamin kerahasiaannya. Selain itu apabila ditengah perjalanan Ibu mengundurkan diri sebagai responden penelitian, saya sangat menghargai keputusan tersebut tanpa konsekuensi apapun.

Terima kasih atas kerjasama Ibu

Setelah mendengar dan memahami penjelasan Penelitian, dengan ini saya menyatakan

SETUJU / TIDAK SETUJU

Untuk ikut sebagai responden / sampel penelitian.

Semarang,………………

Saksi   Responden

1.

2.   (………………………….)

Lampiran 6. Kuesioner Penelitian

No. sampel   : ………..

KUESIONER PENELITIAN

PERBEDAAN KEBERHASILAN TERAPI INFEKSI BV

- Nama   : …………………………………………..
- Tempat/ Tgl lahir   : …………………………………………..
- Alamat   : …………………………………………..
- No. HP   : …………………………………………..
- Pekerjaan Ibu   :

○ Ibu rumah tangga   ○ Mahasiswa/pelajar   ○ Bidan/perawat   ○ Guru/PNS

○ Karyawati   ○ Wiraswata   ○ Buruh tani   ○ Lain-lain

- Pendidikan Ibu   :

○ SD   ○ SMP   ○ SMA   ○ Perguruan tinggi

- No. catatan medik   : …………………………………………..
- Tanggal datang   : …………………………………………..
- Menikah   : …..……………………………………tahun
- HPHT   : ………………………….…………………
- Saat ini merupakan kehamilan yang keberapa? Ke ………………………
- Saat ini memiliki berapa anak?....…………………………………………
- Apakah terdapat keluhan gatal-gatal di daerah vagina?

   ○ Ya   ○ Tidak

- Apakah terdapat cairan kental berwarna putih yang keluar dari vagina?

   ○ Ya   ○ Tidak

- Kalau ada, apakah tercium bau amis pada cairan tersebut?

   ○ Ya   ○ Tidak

- Apakah sebelumnya pernah mengalami keguguran?

   ○ Ya   ○ Tidak

- Apakah memiliki riwayat ketuban pecah dini?

   ○ Ya   ○ Tidak

- Apakah memiliki riwayat penyakit Diabetes Melitus/ kencing manis?

  ○ Ya   ○ Tidak

- Apakah memiliki riwayat penyakit Infeksi Saluran Kemih?

  ○ Ya   ○ Tidak

- Apakah memiliki riwayat keputihan sebelumnya?

  ○ Ya   ○ Tidak

- Pemakaian KB yang digunakan sebelumnya

  ○ Tidak KB   ○ Kondom/IUD   ○ Pil/ Suntik   ○ Lainnya

- Apakah sedang mengkonsumsi obat antibiotik?

  ○ Ya   ○ Tidak

- Apakah memiliki riwayat alergi obat?

  ○ Ya   ○ Tidak

- Kalau Ya, alergi terhadap obat …………………………………………

- Catatan tambahan:

Lampiran 7. Hasil Pemeriksaan

No. sampel   : ………..

HASIL PEMERIKSAAN

1. **PEMERIKSAAN FISIK**
   - Keadaan umum   : ……………………..
   - Tanda vital   TD :……   N :……   RR :……   t :……
   - Berat badan   : ……………. kg   Tinggi badan :………….cm

2. **STATUS OBSTETRI**
   - Usia kehamilan   : ………………………minggu
   - TFU   : ……………. ……   TBJ   :…………….. gram
   - His   : …………………..   DJJ   : …………….
   - Inspikulo   :   Fluor ( ) , Fluxus ( )

                             Vulva/uretra/vagina ……………….

                             Porsio ………………………………

                             OUI …………………………………

3. **HASIL LABORATORIUM**
   - Level bakterial vaginosis:

        0 – 3 :(normal),

        4 – 6 :(intermediate),

        7 – 10:   (bakterial vaginosis)

4. **DIAGNOSIS**
   - Bakterial vaginosis (   )

5. **PENGELOLAAN**

   Apabila bakterial vaginosis positif,

   (   ) Klindamisin 300 mg tiap 12 jam dengan sediaan tablet selama 7 hari tanpa terputus

   atau

   (   ) Metronidazol 500 mg tiap 12 jam dengan sediaan tablet selama 7 hari tanpa terputus

Lampiran 8. Lembar Penilaian Sebelum Terapi

No. sampel :

Kelompok : Klindamisin/ Metronidazol

Tanggal diterapi :

LEMBAR PENILAIAN SKOR KRITERIA NUGENT

SEBELUM TERAPI

No.	*Morfotipe* Bakteri	Jumlah bakteri per lapangan emersi	Skor	Jumlah bakteri per lapangan emersi	Skor
1.	Kuman batang gram positif besar (*Lactobacillus*)	0 <1 1-5 6-30 >30	4 3 2 1 0		
2.	Kuman batang gram negatif kecil (*Gardnerella vaginalis*, & kuman anaerob)	>30 6-30 1-5 <1 0	4 3 2 1 0		
3.	Kokus gram negatif/batang berlekuk (*Mobiluncus*)	≥5 <5 0	2 1 0		
Total Skor					

Interprestasi Skor :

- Total skor 7 – 10 = BV Positif
- Total skor 4 – 6 = BV *intermediate*
- Total skor 0 – 3 = BV negatif

Hasil pemeriksaan :

- BV positif   (   )
- BV *intermediate*   (   )
- BV negatif   (   )

Pemeriksa

(   )

Lampiran 9. Lembar Penilaian Sesudah Terapi

No. sampel :

Kelompok : Klindamisin/Metronidazol

Tanggal *Follow up* :

LEMBAR PENILAIAN SKOR KRITERIA NUGENT

SESUDAH TERAPI

No.	*Morfotipe* Bakteri	Jumlah bakteri per lapangan emersi	Skor	Jumlah bakteri per lapangan emersi	Skor
1.	Kuman batang gram positif besar (*Lactobacillus*)	0 <1 1-5 6-30 >30	4 3 2 1 0		
2.	Kuman batang gram negatif kecil (*Gardnerella vaginalis*, & kuman anaerob)	>30 6-30 1-5 <1 0	4 3 2 1 0		
3.	Kokus gram negatif/batang berlekuk (*Mobiluncus*)	≥5 <5 0	2 1 0		
Total Skor					

Interprestasi Skor :

- Total skor 7 – 10 = BV Positif
- Total skor 4 – 6 = BV *intermediate*
- Total skor 0 – 3 = BV negatif

Hasil pemeriksaan :

- BV positif ( )
- BV *intermediate* ( )
- BV negatif ( )

Pemeriksa

( )

Lampiran 10. Hasil perhitungan data dengan SPSS

1. Karakteristik Sampel

Descriptives

			Statistic	Std. Error
Usia wanita hamil	Mean		27.64	.820
	95% Confidence Interval for Mean	Lower Bound	26.00	
		Upper Bound	29.29	
	5% Trimmed Mean		27.39	
	Median		27.00	
	Variance		37.652	
	Std. Deviation		6.136	
	Minimum		17	
	Maximum		45	
	Range		28	
	Interquartile Range		7	
	Skewness		.609	.319
	Kurtosis		.541	.628
Usia kehamilan	Mean		25.64	1.038
	95% Confidence Interval for Mean	Lower Bound	23.56	
		Upper Bound	27.72	
	5% Trimmed Mean		25.87	
	Median		25.00	
	Variance		60.379	
	Std. Deviation		7.770	
	Minimum		5	
	Maximum		39	
	Range		34	
	Interquartile Range		11	
	Skewness		-.222	.319
	Kurtosis		-.213	.628
Pekerjaan	Mean		3.25	.307
	95% Confidence Interval for Mean	Lower Bound	2.63	
		Upper Bound	3.87	
	5% Trimmed Mean		3.22	
	Median		2.50	
	Variance		5.282	
	Std. Deviation		2.298	
	Minimum		1	
	Maximum		6	
	Range		5	
	Interquartile Range		5	
	Skewness		.176	.319
	Kurtosis		-1.871	.628
Pendidikan	Mean		3.13	.122
	95% Confidence Interval for Mean	Lower Bound	2.88	
		Upper Bound	3.37	
	5% Trimmed Mean		3.19	
	Median		3.00	
	Variance		.839	
	Std. Deviation		.916	
	Minimum		1	
	Maximum		4	
	Range		3	
	Interquartile Range		1	
	Skewness		-.992	.319
	Kurtosis		.372	.628

Paritas	Mean		.50	.111
	95% Confidence Interval for Mean	Lower Bound	.28	
		Upper Bound	.72	
	5% Trimmed Mean		.39	
	Median		.00	
	Variance		.691	
	Std. Deviation		.831	
	Minimum		0	
	Maximum		3	
	Range		3	
	Interquartile Range		1	
	Skewness		1.773	.319
	Kurtosis		2.585	.628
Gatal	Mean		1.34	.064
	95% Confidence Interval for Mean	Lower Bound	1.21	
		Upper Bound	1.47	
	5% Trimmed Mean		1.32	
	Median		1.00	
	Variance		.228	
	Std. Deviation		.478	
	Minimum		1	
	Maximum		2	
	Range		1	
	Interquartile Range		1	
	Skewness		.698	.319
	Kurtosis		-1.571	.628
Cairan	Mean		1.18	.052
	95% Confidence Interval for Mean	Lower Bound	1.08	
		Upper Bound	1.28	
	5% Trimmed Mean		1.14	
	Median		1.00	
	Variance		.149	
	Std. Deviation		.386	
	Minimum		1	
	Maximum		2	
	Range		1	
	Interquartile Range		0	
	Skewness		1.725	.319
	Kurtosis		1.011	.628
Bau	Mean		1.54	.067
	95% Confidence Interval for Mean	Lower Bound	1.40	
		Upper Bound	1.67	
	5% Trimmed Mean		1.54	
	Median		2.00	
	Variance		.253	
	Std. Deviation		.503	
	Minimum		1	
	Maximum		2	
	Range		1	
	Interquartile Range		1	
	Skewness		-.147	.319
	Kurtosis		-2.053	.628
Keluhan	Mean		1.3036	.06200
	95% Confidence Interval for Mean	Lower Bound	1.1793	
		Upper Bound	1.4278	
	5% Trimmed Mean		1.2817	
	Median		1.0000	
	Variance		.215	
	Std. Deviation		.46396	
	Minimum		1.00	
	Maximum		2.00	
	Range		1.00	

	Interquartile Range		1.00	
	Skewness		.878	.319
	Kurtosis		-1.276	.628
	Mean		1.98	.018
	95% Confidence Interval for Mean	Lower Bound	1.95	
		Upper Bound	2.02	
	5% Trimmed Mean		2.00	
	Median		2.00	
	Variance		.018	
Riwayat abortus	Std. Deviation		.134	
	Minimum		1	
	Maximum		2	
	Range		1	
	Interquartile Range		0	
	Skewness		-7.483	.319
	Kurtosis		56.000	.628
	Mean		1.96	.025
	95% Confidence Interval for Mean	Lower Bound	1.91	
		Upper Bound	2.01	
	5% Trimmed Mean		2.00	
	Median		2.00	
	Variance		.035	
Riwayat prematuritas	Std. Deviation		.187	
	Minimum		1	
	Maximum		2	
	Range		1	
	Interquartile Range		0	
	Skewness		-5.142	.319
	Kurtosis		25.350	.628
	Mean		1.93	.035
	95% Confidence Interval for Mean	Lower Bound	1.86	
		Upper Bound	2.00	
	5% Trimmed Mean		1.98	
	Median		2.00	
	Variance		.068	
Riwayat ketuban pecah dini	Std. Deviation		.260	
	Minimum		1	
	Maximum		2	
	Range		1	
	Interquartile Range		0	
	Skewness		-3.421	.319
	Kurtosis		10.058	.628
	Mean		2.46	.092
	95% Confidence Interval for Mean	Lower Bound	2.28	
		Upper Bound	2.65	
	5% Trimmed Mean		2.52	
	Median		3.00	
	Variance		.471	
Pemakaian kontrasepsi	Std. Deviation		.687	
	Minimum		1	
	Maximum		3	
	Range		2	
	Interquartile Range		1	
	Skewness		-.916	.319
	Kurtosis		-.337	.628

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Usia wanita hamil	.114	56	.068	.962	56	.079
Usia kehamilan	.122	56	.036	.972	56	.215
Pekerjaan	.301	56	.000	.730	56	.000
Pendidikan	.267	56	.000	.792	56	.000
Paritas	.387	56	.000	.643	56	.000
Gatal	.422	56	.000	.598	56	.000
Cairan	.499	56	.000	.465	56	.000
Bau	.358	56	.000	.635	56	.000
Keluhan	.440	56	.000	.578	56	.000
Riwayat abortus	.535	56	.000	.116	56	.000
Riwayat prematuritas	.540	56	.000	.184	56	.000
Riwayat ketuban pecah dini	.537	56	.000	.282	56	.000
Pemakaian kontrasepsi	.354	56	.000	.720	56	.000

a. Lilliefors Significance Correction

2. Hubungan usia subyek dengan kejadian infeksi BV

Crosstab

			Bakterial vaginosis		Total
			Negatif	Positif	
klasifikasi usia	17-35	Count	9	24	33
		% within Bakterial vaginosis	52.9%	61.5%	58.9%
	>35	Count	8	15	23
		% within Bakterial vaginosis	47.1%	38.5%	41.1%
Total		Count	17	39	56
		% within Bakterial vaginosis	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.362[a]	1	.548		
Continuity Correction[b]	.094	1	.760		
Likelihood Ratio	.359	1	.549		
Fisher's Exact Test				.569	.378
Linear-by-Linear Association	.355	1	.551		
N of Valid Cases	56				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 6.98.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for klasifikasi usia (17-35 / >35)	.703	.223	2.221
For cohort Bakterial vaginosis = Negatif	.784	.356	1.727
For cohort Bakterial vaginosis = Positif	1.115	.775	1.605
N of Valid Cases	56		

3. Hubungan usia kehamilan dengan kejadian infeksi BV

Crosstab

			Bakterial vaginosis		Total
			Negatif	Positif	
usia kehamilan	5-28	Count	11	27	38
		% within Bakterial vaginosis	64.7%	69.2%	67.9%
	29-39	Count	6	12	18
		% within Bakterial vaginosis	35.3%	30.8%	32.1%
Total		Count	17	39	56
		% within Bakterial vaginosis	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.111[a]	1	.739		
Continuity Correction[b]	.000	1	.982		
Likelihood Ratio	.110	1	.740		
Fisher's Exact Test				.763	.485
Linear-by-Linear Association	.109	1	.741		
N of Valid Cases	56				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.46.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for usia kehamilan (5-28 / 29-39)	.815	.244	2.719
For cohort Bakterial vaginosis = Negatif	.868	.382	1.975
For cohort Bakterial vaginosis = Positif	1.066	.726	1.566
N of Valid Cases	56		

4. Hubungan pendidikan subyek dengan kejadian infeksi BV

Crosstab

			Bakterial vaginosis		Total
			Negatif	Positif	
pendidikan	SD, SMP	Count	1	9	10
		% within Bakterial vaginosis	5.9%	23.1%	17.9%
	SMA, D3/S1	Count	16	30	46
		% within Bakterial vaginosis	94.1%	76.9%	82.1%
Total		Count	17	39	56
		% within Bakterial vaginosis	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	2.386[a]	1	.122		
Continuity Correction[b]	1.358	1	.244		
Likelihood Ratio	2.810	1	.094		
Fisher's Exact Test				.253	.119
Linear-by-Linear Association	2.344	1	.126		
N of Valid Cases	56				

a. 1 cells (25.0%) have expected count less than 5. The minimum expected count is 3.04.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for pendidikan (SD, SMP / SMA, D3/S1)	.208	.024	1.794
For cohort Bakterial vaginosis = Negatif	.288	.043	1.924
For cohort Bakterial vaginosis = Positif	1.380	1.027	1.854
N of Valid Cases	56		

5. Hubungan paritas dengan kejadian infeksi BV

Crosstab

			Bakterial vaginosis		Total
			Negatif	Positif	
Paritas	Nulipara	Count	8	29	37
		% within Bakterial vaginosis	47.1%	74.4%	66.1%
	Multipara	Count	9	10	19
		% within Bakterial vaginosis	52.9%	25.6%	33.9%
Total		Count	17	39	56
		% within Bakterial vaginosis	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	3.936[a]	1	.047		
Continuity Correction[b]	2.813	1	.094		
Likelihood Ratio	3.832	1	.050		
Fisher's Exact Test				.067	.048
Linear-by-Linear Association	3.866	1	.049		
N of Valid Cases	56				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.77.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Paritas (Nulipara / Multipara)	.307	.093	1.011
For cohort Bakterial vaginosis = Negatif	.456	.210	.991
For cohort Bakterial vaginosis = Positif	1.489	.941	2.356
N of Valid Cases	56		

6. Hubungan keluhan dengan kejadian infeksi BV

Crosstab

			Bakterial vaginosis		Total
			Negatif	Positif	
Keluhan	Ada	Count	6	33	39
		% within Bakterial vaginosis	35.3%	84.6%	69.6%
	Tidak ada	Count	11	6	17
		% within Bakterial vaginosis	64.7%	15.4%	30.4%
Total		Count	17	39	56
		% within Bakterial vaginosis	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	13.622[a]	1	.000		
Continuity Correction[b]	11.389	1	.001		
Likelihood Ratio	13.191	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	13.379	1	.000		
N of Valid Cases	56				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 5.16.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Keluhan (Ada / Tidak ada)	.099	.026	.372
For cohort Bakterial vaginosis = Negatif	.238	.105	.537
For cohort Bakterial vaginosis = Positif	2.397	1.242	4.627
N of Valid Cases	56		

7. Hubungan riwayat abortus dengan kejadian infeksi BV

Crosstab

			Bakterial vaginosis		Total
			Negatif	Positif	
Riwayat abortus	Ya	Count	0	1	1
		% within Bakterial vaginosis	0.0%	2.6%	1.8%
	Tidak	Count	17	38	55
		% within Bakterial vaginosis	100.0%	97.4%	98.2%
Total		Count	17	39	56
		% within Bakterial vaginosis	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.444[a]	1	.505		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.731	1	.392		
Fisher's Exact Test				1.000	.696
Linear-by-Linear Association	.436	1	.509		
N of Valid Cases	56				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .30.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Bakterial vaginosis = Positif	1.447	1.213	1.727
N of Valid Cases	56		

8. Hubungan riwayat prematuritas dengan kejadian infeksi BV

Crosstab

			Bakterial vaginosis		Total
			Negatif	Positif	
Riwayat prematuritas	Ya	Count	2	0	2
		% within Bakterial vaginosis	11.8%	0.0%	3.6%
	Tidak	Count	15	39	54
		% within Bakterial vaginosis	88.2%	100.0%	96.4%
Total		Count	17	39	56
		% within Bakterial vaginosis	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.758^a	1	.029		
Continuity Correction^b	1.955	1	.162		
Likelihood Ratio	4.941	1	.026		
Fisher's Exact Test				.088	.088
Linear-by-Linear Association	4.673	1	.031		
N of Valid Cases	56				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .61.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Bakterial vaginosis = Negatif	3.600	2.342	5.535
N of Valid Cases	56		

9. Hubungan riwayat KPD dengan kejadian infeksi BV

Crosstab

			Bakterial vaginosis		Total
			Negatif	Positif	
Riwayat ketuban pecah dini	Ya	Count	1	3	4
		% within Bakterial vaginosis	5.9%	7.7%	7.1%
	Tidak	Count	16	36	52
		% within Bakterial vaginosis	94.1%	92.3%	92.9%
Total		Count	17	39	56
		% within Bakterial vaginosis	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.058[a]	1	.809		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.061	1	.806		
Fisher's Exact Test				1.000	.647
Linear-by-Linear Association	.057	1	.811		
N of Valid Cases	56				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.21.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Riwayat ketuban pecah dini (Ya / Tidak)	.750	.072	7.775
For cohort Bakterial vaginosis = Negatif	.813	.142	4.655
For cohort Bakterial vaginosis = Positif	1.083	.598	1.962
N of Valid Cases	56		

10. Hubungan pemakaian kontrasepsi dengan kejadian infeksi BV

Crosstab

			Bakterial vaginosis		Total
			Negatif	Positif	
Pemakaian kontrasepsi	Ya	Count	7	17	24
		% within Bakterial vaginosis	41.2%	43.6%	42.9%
	Tidak	Count	10	22	32
		% within Bakterial vaginosis	58.8%	56.4%	57.1%
Total		Count	17	39	56
		% within Bakterial vaginosis	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.028[a]	1	.867		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.028	1	.867		
Fisher's Exact Test				1.000	.552
Linear-by-Linear Association	.028	1	.868		
N of Valid Cases	56				

a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 7.29.
b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Pemakaian kontrasepsi (Ya / Tidak)	.906	.285	2.875
For cohort Bakterial vaginosis = Negatif	.933	.416	2.094
For cohort Bakterial vaginosis = Positif	1.030	.728	1.458
N of Valid Cases	56		

11. Analisis skor perbedaan sebelum dan sesudah terapi

    a. Uji Normalitas kelompok

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Lactobacillus1	19	2.5263	1.57651	.00	4.00
Gardnerella1	19	3.3684	1.16479	1.00	4.00
Mobiluncus1	19	1.8947	.99413	.00	4.00
Skor1	19	7.7895	2.14939	4.00	10.00
Lactobacillus2	19	.0000	.00000	.00	.00
Gardnerella2	19	.0000	.00000	.00	.00
Mobiluncus2	19	.1053	.31530	.00	1.00
Skor2	19	.1053	.31530	.00	1.00
Kelompok	19	1.68	.478	1	2

Klindamisin

Tests of Normality[c,d]

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Lactobacillus1	.367	5	.026	.684	5	.006
Gardnerella1	.254	5	.200*	.803	5	.086
Mobiluncus1	.473	5	.001	.552	5	.000
Skor1	.127	5	.200*	.999	5	1.000
Mobiluncus2	.473	5	.001	.552	5	.000
Skor2	.473	5	.001	.552	5	.000

*. This is a lower bound of the true significance.
a. Lilliefors Significance Correction
c. Lactobacillus2 is constant. It has been omitted.
d. Gardnerella2 is constant. It has been omitted.

Metronidazol

Tests of Normality[c,d]

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Lactobacillus1	.319	6	.056	.683	6	.004
Gardnerella1	.312	6	.069	.767	6	.029
Mobiluncus1	.492	6	.000	.496	6	.000
Skor1	.190	6	.200*	.934	6	.614
Mobiluncus2	.492	6	.000	.496	6	.000
Skor2	.492	6	.000	.496	6	.000

*. This is a lower bound of the true significance.
a. Lilliefors Significance Correction
c. Lactobacillus2 is constant. It has been omitted.
d. Gardnerella2 is constant. It has been omitted.

b.   Skor *Lactobacillus* sebelum dan sesudah terapi

Klindamisin

Test Statistics[a]

	Lactobacillus2 - Lactobacillus1
Z	-2.070[b]
Asymp. Sig. (2-tailed)	.038

a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

Metronidazol

Test Statistics[a]

	Lactobacillus2 - Lactobacillus1
Z	-3.066[b]
Asymp. Sig. (2-tailed)	.002

a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

c.   Skor *Gardnerella* sebelum dan sesudah terapi

Klindamisin

Test Statistics[a]

	Gardnerella2 - Gardnerella1
Z	-2.041[b]
Asymp. Sig. (2-tailed)	.041

a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

Metronidazol

Test Statistics[a]

	Gardnerella2 - Gardnerella1
Z	-3.606[b]
Asymp. Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

d.   Skor *Mobiluncus* sebelum dan sesudah terapi

Klindamisin

Test Statistics[a]

	Mobiluncus2 - Mobiluncus1
Z	-2.060[b]
Asymp. Sig. (2-tailed)	.039

a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

Metronidazol

Test Statistics[a]

	Mobiluncus2 - Mobiluncus1
Z	-3.071[b]
Asymp. Sig. (2-tailed)	.002

a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

e.   Jumlah skor sebelum dan sesudah terapi
Klindamisin

Test Statistics^a

	Skor2 - Skor1
Z	-2.032^b
Asymp. Sig. (2-tailed)	.042

a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

Metronidazol

Test Statistics^a

	Skor2 - Skor1
Z	-3.216^b
Asymp. Sig. (2-tailed)	.001

a. Wilcoxon Signed Ranks Test
b. Based on positive ranks.

12. Analisis skor perbedaan klindamisin dan metronidazol

a. Uji normalitas

Tests of Normality[c,d,e,f,g]

	Kelompok	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Skor1	Klindamisin	.127	5	.200[*]	.999	5	1.000
	Metronidazol	.299	13	.002	.754	13	.002
Skor2	Klindamisin	.473	5	.001	.552	5	.000
	Metronidazol	.532	13	.000	.311	13	.000
Lactobacillus1	Klindamisin	.367	5	.026	.684	5	.006
	Metronidazol	.359	13	.000	.694	13	.000
Gardnerella1	Klindamisin	.254	5	.200[*]	.803	5	.086
Mobiluncus1	Klindamisin	.473	5	.001	.552	5	.000
	Metronidazol	.416	13	.000	.638	13	.000
Mobiluncus2	Klindamisin	.473	5	.001	.552	5	.000
	Metronidazol	.532	13	.000	.311	13	.000

*. This is a lower bound of the true significance.
a. Lilliefors Significance Correction
c. Gardnerella1 is constant when Kelompok = Metronidazol. It has been omitted.
d. Lactobacillus2 is constant when Kelompok = Klindamisin. It has been omitted.
e. Lactobacillus2 is constant when Kelompok = Metronidazol. It has been omitted.
f. Gardnerella2 is constant when Kelompok = Klindamisin. It has been omitted.
g. Gardnerella2 is constant when Kelompok = Metronidazol. It has been omitted.

b. Skor *Lactobacillus* klindamisin dan metronidazol

Test Statistics[a]

	Lactobacillus1	Lactobacillus2
Mann-Whitney U	24.000	32.500
Wilcoxon W	39.000	123.500
Z	-.923	.000
Asymp. Sig. (2-tailed)	.356	1.000
Exact Sig. [2*(1-tailed Sig.)]	.443[b]	1.000[b]

a. Grouping Variable: Kelompok
b. Not corrected for ties.

c. Skor *Gardnerella* klindamisin dan metronidazol

Test Statistics[a]

	Gardnerella1	Gardnerella2
Mann-Whitney U	13.000	32.500
Wilcoxon W	28.000	123.500
Z	-2.962	.000
Asymp. Sig. (2-tailed)	.003	1.000
Exact Sig. [2*(1-tailed Sig.)]	.059[b]	1.000[b]

a. Grouping Variable: Kelompok
b. Not corrected for ties.

d. Skor *Mobiluncus* klindamisin dan metronidazol

Test Statistics[a]

	Mobiluncus1	Mobiluncus2
Mann-Whitney U	18.000	28.500
Wilcoxon W	109.000	119.500
Z	-1.812	-.723
Asymp. Sig. (2-tailed)	.070	.470
Exact Sig. [2*(1-tailed Sig.)]	.173[b]	.703[b]

a. Grouping Variable: Kelompok
b. Not corrected for ties.

e. Jumlah skor klindamisin dan metronidazol

Test Statistics^a

	Skor1	Skor2
Mann-Whitney U	18.500	28.500
Wilcoxon W	33.500	119.500
Z	-1.449	-.723
Asymp. Sig. (2-tailed)	.147	.470
Exact Sig. [2*(1-tailed Sig.)]	.173^b	.703^b

a. Grouping Variable: Kelompok

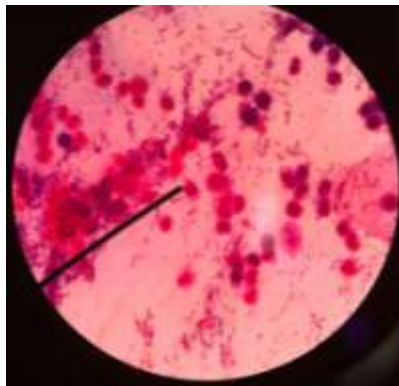b. Not corrected for ties.

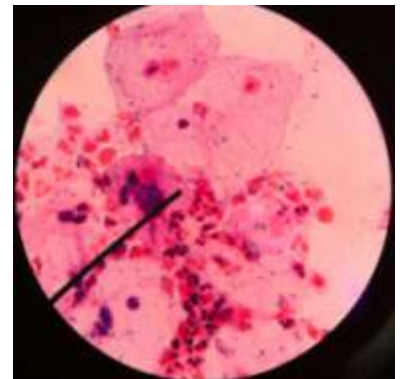**Lampiran 11.** Dokumentasi Penelitian

Ruang pengambilan sampel
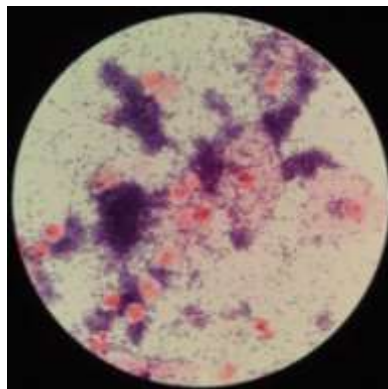

Bahan dan alat pemeriksaan
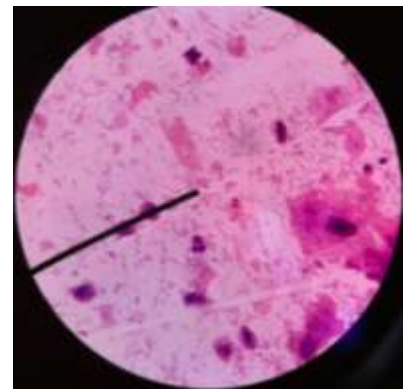

Pengecatan preparat

Preparat sebelum terapi klindamisin

Preparat sesudah terapi klindamisin

Preparat sebelum terapi metronidazol

Preparat sesudah terapi metronidazol

LAMPIRAN 12

BIODATA MAHASISWA

Identitas

Nama	:	Mazidah Zulfa
NIM	:	22010110130146
Tempat/tanggal lahir	:	Rembang, 22 Januari 1992
Jenis kelamin	:	Perempuan
Alamat	:	Jalan Rembang Blora Km 12 No.15 Sulang
Nomor telepon	:	-
Nomor HP	:	085640577075
Email	:	mazidahzulfa@gmail.com

Riwayat Pendidikan Formal

1. SD   : SD Negeri Sulang 2   Lulus tahun : 2005
2. SMP : SMP Negeri 1 Sulang   Lulus tahun : 2007
3. SMA : SMA Negeri 1 Rembang   Lulus tahun : 2010
4. S1   : Fakultas Kedokteran Universitas Diponegoro   Masuk tahun: 2010

Keanggotaan Organisasi

1. Staf Bendahara BEM KU FK Universitas Diponegoro   Tahun : 2010/2011
2. Bendahara HIMA KU Universitas Diponegoro   Tahun : 2011/2012
3. Sekretaris BEM FK KM Universitas Diponesoro   Tahun : 2012/2013