

DAFTAR PUSTAKA

1. Trends in Maternal Mortality: 1990 to 2013. 2013:36.
2. Upaya Percepatan Penurunan Angka Kematian Ibu. 2011:2.
3. Irawan M. Pengelolaan Preeklampsia Berat dan Eklampsia pada Tingkat Bidan Praktek, Puskesmas Poned dan Rumah Sakit Ponek. 2012:3.
4. Departemen Kesehatan Republik Indonesia. Data dan Informasi In: Kementrian Kesehatan Republik Indonesia, editor. Jakarta: Departemen Kesehatan Republik Indonesia; 2012.
5. Djaja S, Irianto J, Pangaribuan L. Tren Lahir Mati dan Kematian Neonatal di Indonesia, Hasil Survei Kesehatan Tahun 1995-2007. *Jurnal Ekologi Kesehatan*. 2009;8(2 Jun).
6. Raghuraman N, March MI, Hacker MR, Modest AM, Wenger J, Narcisse R, et al. Adverse Maternal and Fetal Outcomes and Deaths Related to Preeclampsia and Eclampsia in Haiti. *Pregnancy Hypertension: An International Journal of Women's Cardiovascular Health*. 2014;4(4):279-86.
7. Abalos E, Cuesta C, Carroli G, Qureshi Z, Widmer M, Vogel J, et al. Preeclampsia, Eclampsia and Adverse Maternal and Perinatal Outcomes: a Secondary Analysis of the World Health Organization Multicountry Survey on Maternal and Newborn Health. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2014;121(s1):14-24.
8. Arie Indrianto HH. Preeklampsia Berat di RS Dr. Kariadi Semarang Periode 1 Januari 2004 – 31 Januari 2004. Semarang: Universitas Diponegoro; 2004.
9. Sarwono P, Wiknjosastro H. Ilmu kebidanan. Jakarta: PT Bina Pustaka Sarwono Prawirohardjo. 2010:268-9.
10. Djamhoer Martaadisoebrata HW, Firman F. Wirakusumah, Dinan S. Bratakoesoema, Sofie R. Krisnadi, Johanes C. Mose, et al. *Obstetri Patologi*. In: Sulaiman Sastrawinata DM, Firman F. Wirakusumah, editor. Jakarta: Penerbit Buku Kedokteran EGC; 2004.

11. Kaaja R, Laivuori H, Laakso M, Tikkanen MJ, Ylikorkala O. Evidence of a State of Increased Insulin Resistance in Preeclampsia. *Metabolism*. 1999;48(7):892-6.
12. William C. Mabie BMS. Hypertensive States of Pregnancy. In: Alan H. DeCherney MLP, editor. *Current Obstetric & Gynecologist Diagnosis & Treatment 8ed*. Houston: Appleton & Lange; 1994.
13. Steegers EA, von Dadelszen P, Duvekot JJ, Pijnenborg R. Pre-eclampsia. *The Lancet*. 2010;376(9741):631-44.
14. C.H. Backes KM, Pamela Moorehead, Leandro Cordero, C.A. Nankervis, P.J. Giannone. Maternal Preeclampsia and Neonatal Outcomes. 2011;2011:7.
15. Konimusliha P, Dewantiningrum J, Hapsari R. Hubungan antara Frekuensi Perawatan Antenatal dengan Kejadian Preeklampsia Berat di RSUP Dr. Kariadi Tahun 2010: Faculty of Medicine; 2011.
16. Granger JP, Alexander BT, Llinas MT, Bennett WA, Khalil RA. Pathophysiology of Hypertension During Preeclampsia Linking Placental Ischemia with Endothelial Dysfunction. *Hypertension*. 2001;38(3):718-22.
17. Duckitt K, Harrington D. Risk Factors for Pre-eclampsia at Antenatal Booking: Systematic Review of Controlled Studies. *BMJ*. 2005;330(7491):565.
18. Lisonkova S, Joseph K. Incidence of Preeclampsia: Risk Factors and Outcomes Associated with Early-Versus Late-Onset Disease. *American Journal of Obstetrics and Gynecology*. 2013;209(6):544. e1-. e12.
19. Dekker GA, Sibai BM. Etiology and Pathogenesis of Preeclampsia: Current Concepts. *American Journal of Obstetrics and Gynecology*. 1998;179(5):1359-75.
20. Hiby SE, Walker JJ, O'Shaughnessy KM, Redman CW, Carrington M, Trowsdale J, et al. Combinations of Maternal KIR and Fetal HLA-C Genes Influence The Risk of Preeclampsia and Reproductive Success. *The Journal of Experimental Medicine*. 2004;200(8):957-65.
21. Buku Saku Pelayanan Kesehatan Ibu di Fasilitas Kesehatan Dasar dan Rujukan. In: Indonesia KKR, editor. Jakarta2013.

22. Wagner LK. Diagnosis and Management of Preeclampsia. *Am Fam Physician*. 2004;70(12):2317-24.
23. Program NHBPE. Report of the National High Blood Pressure Education Program Working Group on High Blood Pressure in Pregnancy. *American Journal of Obstetrics And Gynecology*. 2000;183(1):s1-s22.
24. Sibai BM. Magnesium Sulfate Prophylaxis in Preeclampsia: Lessons Learned from Recent Trials. *American Journal of Obstetrics and Gynecology*. 2004;190(6):1520-6.
25. Ghulmiyyah L, Sibai B, editors. *Maternal Mortality from Preeclampsia/Eclampsia. Seminars in Perinatology*; 2012: Elsevier.
26. Duley L, editor *The Global Impact of Preeclampsia and Eclampsia. Seminars in Perinatology*; 2009: Elsevier.
27. Wahdi SA, Praptohardjo U. Kematian Maternal di RSUP Dr. Kariadi Semarang tahun 1996-1998. *Majalah Obstetri dan Ginekologi Indonesia POGI Jakarta*. 2000:65-70.
28. Leveno KJ. Cunningham, 2009. *Obstetri Williams*.
29. Abildgaard U, Heimdal K. Pathogenesis of the Syndrome of Hemolysis, Elevated Liver Enzymes, and Low Platelet Count (HELLP): a Review. *European Journal of Obstetrics & Gynecology and Reproductive Biology*. 2013;166(2):117-23.
30. Simetka O, Klat J, Gumulec J, Dolezalkova E, Salounova D, Kacerovsky M. Early Identification of Women with HELLP Syndrome Who Need Plasma Exchange After Delivery. *Transfusion and Apheresis Science*. 2014.
31. Anggraeni W, Pramono BA. Analisis Faktor Risiko terhadap Luaran Maternal dan Perinatal Pada Kasus Eklampsia di RSUP Dr Kariadi Tahun 2011-2012: Faculty of Medicine Diponegoro University; 2013.
32. Porcel J, Feigal C, Poye L, Postma IR, Zeeman GG, Olowoyeye A, et al. Hypertensive Disorders of Pregnancy and Risk of Screening Positive for Posttraumatic Stress Disorder: A Cross-Sectional Study. *Pregnancy Hypertension: An International Journal of Women's Cardiovascular Health*. 2013;3(4):254-60.

33. Borzychowski A, Sargent I, Redman C, editors. Inflammation and Preeclampsia. *Seminars in Fetal and Neonatal Medicine*; 2006: Elsevier.
34. auf Altenstadt JFvS, Hukkelhoven CW, van Roosmalen J, Bloemenkamp KW. Pre-Eclampsia Increases the Risk of Postpartum Haemorrhage: A Nationwide Cohort Study in The Netherlands. *PloS one*. 2013;8(12):e81959.
35. Sari LPA, Harahap M. Perbedaan Mortalitas antara Pasien Sepsis dan Sepsis Komplikasi Disseminated Intravascular Coagulation di ICU RSUP Dr. Kariadi: Faculty of Medicine Diponegoro University; 2013.
36. Acosta CD, Knight M, Lee HC, Kurinczuk JJ, Gould JB, Lyndon A. The Continuum of Maternal Sepsis Severity: Incidence and Risk Factors in a Population-Based Cohort Study. *PloS one*. 2013;8(7):e67175.
37. Gandhi S, Sun D, Park AL. The Pulmonary Edema Preeclampsia Evaluation (PEPE) Study. *J Obstet Gynaecol Can*. 2014;36(12):1065-70.
38. Ngoc NTN, Merialdi M, Abdel-Aleem H, Carroli G, Purwar M, Zavaleta N, et al. Causes of Stillbirths and Early Neonatal Deaths: Data from 7993 Pregnancies in Six Developing Countries. *Bulletin of the World Health Organization*. 2006;84(9):699-705.
39. Knight M. Eclampsia in the United kingdom 2005. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2007;114(9):1072-8.
40. Group TETC. Which Anticonvulsant for Women with Eclampsia? Evidence from the Collaborative Eclampsia Trial. *The Lancet*. 1995;345(8963):1455-63.
41. Goldenberg RL, Culhane JF, Iams JD, Romero R. Epidemiology and Causes of Preterm Birth. *The Lancet*. 2008;371(9606):75-84.
42. Saigal S, Doyle LW. An Overview of Mortality and Sequelae of Preterm Birth from Infancy To Adulthood. *The Lancet*. 2008;371(9608):261-9.
43. Collins M, Paneth N. Preeclampsia and Cerebral Palsy: Are They Related? *Developmental Medicine & Child Neurology*. 1998;40(3):207-11.
44. Wati LK. Hubungan antara Preeklampsia/Eklampsia dengan Kejadian Berat Badan Lahir Rendah (BBLR) Di RSUD Dokter Soedarso Pontianak Tahun 2012. *Jurnal Mahasiswa PSPD FK Universitas Tanjungpura*. 2013;3(1).

45. Heinonen S, Saarikoski S. Reproductive Risk Factors of Fetal Asphyxia at Delivery: A Population Based Analysis. *Journal of Clinical Epidemiology*. 2001;54(4):407-10.
46. Budi Bawono S. Gambaran Analisis Gas Darah Arteri Umbilikalis Neonatus pada Preeklampsia Berat: Program Pasca Sarjana Universitas Diponegoro; 2005.
47. Giurgescu C, Sanguanklin N, Engeland CG, White-Traut RC, Park C, Mathews HL, et al. Relationships Among Psychosocial Factors, Biomarkers, Preeclampsia, and Preterm Birth in African American Women: A pilot. *Applied Nursing Research*. 2014.
48. Tubbergen P, Lachmeijer A, Althuisius S, Vlak M, Van Geijn H, Dekker G. Change in Paternity: A Risk Factor for Preeclampsia in Multiparous Women? *Journal of Reproductive Immunology*. 1999;45(1):81-8.
49. Hernández-Díaz S, Toh S, Cnattingius S. Risk of Pre-Eclampsia in First and Subsequent Pregnancies: Prospective Cohort Study. *BMJ*. 2009;338:b2255.
50. Hnat MD, Sibai BM, Caritis S, Hauth J, Lindheimer MD, MacPherson C, et al. Perinatal Outcome in Women With Recurrent Preeclampsia Compared with Women Who Develop Preeclampsia as Nulliparas. *American Journal Of Obstetrics and Gynecology*. 2002;186(3):422-6.
51. van Rijn BB, Hoeks LB, Bots ML, Franx A, Bruinse HW. Outcomes of Subsequent Pregnancy after First Pregnancy with Early-Onset Preeclampsia. *American Journal of Obstetrics And Gynecology*. 2006;195(3):723-8.
52. Gupta T, Gupta N, Jain J, Gupta S, Bhatia P, Bagla J. Maternal and Perinatal Outcome in Patients With Severe Preeclampsia/Eclampsia with and without HELLP Syndrome. *Journal of Universal College of Medical Sciences*. 2014;1(4):7-12.

LAMPIRAN

Lampiran 1. Output SPSS

1. RIWAYAT PREEKLAMPSIA DAN SINDROMA HELLP

Crosstab

			SINDROMA HELLP		Total
			YA	TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	0	4	4
		% within RIWAYAT PREEKLAMPSIA	0.0%	100.0%	100.0%
	TIDAK	Count	4	51	55
		% within RIWAYAT PREEKLAMPSIA	7.3%	92.7%	100.0%
Total	Count	4	55	59	
	% within RIWAYAT PREEKLAMPSIA	6.8%	93.2%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.312 ^a	1	.576		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.582	1	.445		
Fisher's Exact Test				1.000	.749
Linear-by-Linear Association	.307	1	.580		
N of Valid Cases	59				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .27.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort SINDROMA HELLP = TIDAK	1.078	1.001	1.161
N of Valid Cases	59		

2. RIWAYAT PREEKLAMPSIA DAN GAGAL GINJAL AKUT

Crosstab

			AKI	Total
			TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	4	4
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
	TIDAK	Count	55	55
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
Total	Count	59	59	
	% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%	

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	59

a. No statistics are computed because AKI is a constant.

Risk Estimate

	Value
Odds Ratio for RIWAYAT PREEKLAMPSIA (YA / TIDAK)	. ^a

a. No statistics are computed because AKI is a constant.

3. RIWAYAT PREEKLAMPSIA DAN EDEMA PARU

Crosstab

			EDEMA PARU		Total
			YA	TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	0	4	4
		% within RIWAYAT PREEKLAMPSIA	0.0%	100.0%	100.0%
	TIDAK	Count	4	51	55
		% within RIWAYAT PREEKLAMPSIA	7.3%	92.7%	100.0%
Total	Count	4	55	59	
	% within RIWAYAT PREEKLAMPSIA	6.8%	93.2%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.312 ^a	1	.576	1.000	.749
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.582	1	.445		
Fisher's Exact Test					
Linear-by-Linear Association	.307	1	.580		
N of Valid Cases	59				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .27.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort EDEMA PARU = TIDAK	1.078	1.001	1.161
N of Valid Cases	59		

4. RIWAYAT PREEKLAMPSIA DAN SEPSIS

Crosstab

			SEPSIS	Total
			TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	4	4
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
	TIDAK	Count	55	55
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
Total		Count	59	59
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	59

a. No statistics are computed because SEPSIS is a constant.

Risk Estimate

	Value
Odds Ratio for RIWAYAT PREEKLAMPSIA (YA / TIDAK)	. ^a

a. No statistics are computed because SEPSIS is a constant.

5. RIWAYAT PREEKLAMPSIA DAN PERDARAHAN POSTPARTUM

Crosstab

			PERDARAHAN POSTPARTUM		Total
			YA	TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	0	4	4
		% within RIWAYAT PREEKLAMPSIA	0.0%	100.0%	100.0%
	TIDAK	Count	1	54	55
		% within RIWAYAT PREEKLAMPSIA	1.8%	98.2%	100.0%
Total	Count	1	58	59	
	% within RIWAYAT PREEKLAMPSIA	1.7%	98.3%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.074 ^a	1	.786		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.142	1	.707		
Fisher's Exact Test				1.000	.932
Linear-by-Linear Association	.073	1	.787		
N of Valid Cases	59				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .07.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort PERDARAHAN POSTPARTUM = TIDAK	1.019	.983	1.056
N of Valid Cases	59		

6. RIWAYAT PREEKLAMPSIA DAN EDEMA SEREBRI

Crosstab

			EDEMA OTAK	Total
			TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	4	4
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
	TIDAK	Count	55	55
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
Total		Count	59	59
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	59

a. No statistics are computed because EDEMA OTAK is a constant.

Risk Estimate

	Value
Odds Ratio for RIWAYAT PREEKLAMPSIA (YA / TIDAK)	. ^a

a. No statistics are computed because EDEMA OTAK is a constant.

7. RIWAYAT PREEKLAMPSIA DAN PERDARAHAN SEREBRAL

Crosstab

			PERDARAHAN	Total
			OTAK	
			TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	4	4
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
	TIDAK	Count	55	55
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
Total		Count	59	59
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%

Crosstab

			PERDARAHAN	Total
			OTAK	
			TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	4	4
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
	TIDAK	Count	55	55
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
Total		Count	59	59
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	59

a. No statistics are computed because PERDARAHAN OTAK is a constant.

8. RIWAYAT PREEKLAMPSIA DAN GANGGUAN PENGLIHATAN

Crosstab

			GANGGUAN PENGLIHATAN		Total
			YA	TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	2	2	4
		% within RIWAYAT PREEKLAMPSIA	50.0%	50.0%	100.0%
	TIDAK	Count	23	32	55
		% within RIWAYAT PREEKLAMPSIA	41.8%	58.2%	100.0%
Total	Count	25	34	59	
	% within RIWAYAT PREEKLAMPSIA	42.4%	57.6%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.102 ^a	1	.749		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.101	1	.750		
Fisher's Exact Test				1.000	.569
Linear-by-Linear Association	.100	1	.751		
N of Valid Cases	59				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 1.69.

b. Computed only for a 2x2 table

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for RIWAYAT PREEKLAMPSIA (YA / TIDAK)	1.391	.182	10.613
For cohort GANGGUAN PENGLIHATAN = YA	1.196	.428	3.344
For cohort GANGGUAN PENGLIHATAN = TIDAK	.859	.314	2.348
N of Valid Cases	59		

9. RIWAYAT PREEKLAMPSIA DAN EKLAMPSIA

Crosstab

			EKLAMPSIA		Total
			YA	TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	0	4	4
		% within RIWAYAT PREEKLAMPSIA	0.0%	100.0%	100.0%
	TIDAK	Count	9	46	55
		% within RIWAYAT PREEKLAMPSIA	16.4%	83.6%	100.0%
Total	Count	9	50	59	
	% within RIWAYAT PREEKLAMPSIA	15.3%	84.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.772 ^a	1	.379		
Continuity Correction ^b	.025	1	.874		
Likelihood Ratio	1.375	1	.241		
Fisher's Exact Test				1.000	.506
Linear-by-Linear Association	.759	1	.384		
N of Valid Cases	59				

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 EKLAMPSIA = TIDAK	1.196	1.064	1.344
N of Valid Cases	59		

10. RIWAYAT PREEKLAMPSIA DAN PERAWATAN DI ICU

Crosstab

			ICU	Total
			TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	4	4
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
	TIDAK	Count	55	55
		% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%
Total	Count	59	59	
	% within RIWAYAT PREEKLAMPSIA	100.0%	100.0%	

Chi-Square Tests

	Value
Pearson Chi-Square	. ^a
N of Valid Cases	59

a. No statistics are computed because ICU is a constant.

Risk Estimate

	Value
Odds Ratio for RIWAYAT PREEKLAMPSIA (YA / TIDAK)	. ^a

a. No statistics are computed because ICU is a constant.

11. RIWAYAT PREEKLAMPSIA DAN KEMATIAN MATERNAL

Crosstab

			KEMATIAN MATERNAL		Total
			YA	TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	0	4	4
		% within RIWAYAT PREEKLAMPSIA	0.0%	100.0%	100.0%
	TIDAK	Count	1	54	55
		% within RIWAYAT PREEKLAMPSIA	1.8%	98.2%	100.0%
Total	Count	1	58	59	
	% within RIWAYAT PREEKLAMPSIA	1.7%	98.3%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.074 ^a	1	.786		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.142	1	.707		
Fisher's Exact Test				1.000	.932
Linear-by-Linear Association	.073	1	.787		
N of Valid Cases	59				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .07.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort KEMATIAN MATERNAL = TIDAK	1.019	.983	1.056
N of Valid Cases	59		

12. RIWAYAT PREEKLAMPSIA DAN KEMATIAN PERINATAL

Crosstab

			KEMATIAN PERINATAL		Total
			YA	TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	0	4	4
		% within RIWAYAT PREEKLAMPSIA	0.0%	100.0%	100.0%
	TIDAK	Count	2	53	55
		% within RIWAYAT PREEKLAMPSIA	3.6%	96.4%	100.0%
Total	Count	2	57	59	
	% within RIWAYAT PREEKLAMPSIA	3.4%	96.6%	100.0%	

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.151 ^a	1	.698		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.286	1	.593		
Fisher's Exact Test				1.000	.868
Linear-by-Linear Association	.148	1	.700		
N of Valid Cases	59				

a. 3 cells (75.0%) have expected count less than 5. The minimum expected count is .14.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort KEMATIAN PERINATAL = TIDAK	1.038	.986	1.092
N of Valid Cases	59		

13. RIWAYAT PREEKLAMPSIA DAN KELAHIRAN PREMATUR

			KELAHIRAN PREMATUR		Total
			YA	TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	1	3	4
		% within RIWAYAT PREEKLAMPSIA	25.0%	75.0%	100.0%
	TIDAK	Count	13	42	55
		% within RIWAYAT PREEKLAMPSIA	23.6%	76.4%	100.0%
Total	Count	14	45	59	
	% within RIWAYAT PREEKLAMPSIA	23.7%	76.3%	100.0%	

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.004 ^a	1	.951		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.004	1	.951		
Fisher's Exact Test				1.000	.673
Linear-by-Linear Association	.004	1	.951		
N of Valid Cases	59				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .95.

b. Computed only for a 2x2 table

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for RIWAYAT PREEKLAMPSIA (YA / TIDAK)	1.077	.103	11.260
For cohort KELAHIRAN PREMATUR = YA	1.058	.181	6.164
For cohort KELAHIRAN PREMATUR = TIDAK	.982	.547	1.762
N of Valid Cases	59		

14. RIWAYAT PREEKLAMPSIA DAN IUGR

Crosstab

			IUGR		Total
			YA	TIDAK	
RIWAYAT PREEKLAMPSIA	YA	Count	1	3	4
		% within RIWAYAT PREEKLAMPSIA	25.0%	75.0%	100.0%
	TIDAK	Count	8	47	55
		% within RIWAYAT PREEKLAMPSIA	14.5%	85.5%	100.0%
Total	Count	9	50	59	
	% within RIWAYAT PREEKLAMPSIA	15.3%	84.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.315 ^a	1	.574		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.277	1	.599		
Fisher's Exact Test				.494	.494
Linear-by-Linear Association	.310	1	.578		
N of Valid Cases	59				

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
Odds Ratio for RIWAYAT PREEKLAMPSIA (YA / TIDAK)	1.958	.181	21.246
For cohort IUGR = YA	1.719	.280	10.547
For cohort IUGR = TIDAK	.878	.493	1.562
N of Valid Cases	59		

15. RIWAYAT PREEKLAMPSIA DAN APGAR1

Crosstab

Count

		APGAR1		Total
		ASFIKSIA	TIDAK ASFIKSIA	
RIWAYAT PREEKLAMPSIA	YA	0	3	3
	TIDAK	12	42	54
	3	0	1	1
	21	0	1	1
Total		12	47	59

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.315 ^a	1	.574		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.277	1	.599		
Fisher's Exact Test				.494	.494
Linear-by-Linear Association	.310	1	.578		
N of Valid Cases	59				

a. 2 cells (50.0%) have expected count less than 5. The minimum expected count is .61.

b. Computed only for a 2x2 table

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.395 ^a	3	.707
Likelihood Ratio	2.390	3	.496
Linear-by-Linear Association	.201	1	.654
N of Valid Cases	59		

a. 6 cells (75.0%) have expected count less than 5. The minimum expected count is .20.

16. RIWAYAT PREEKLAMPSIA DAN APGAR5

Crosstab

Count

		APGAR5		Total
		ASFIKSIA	TIDAK ASFIKSIA	
RIWAYAT PREEKLAMPSIA	YA	0	3	3
	TIDAK	11	43	54
	3	0	1	1
	21	0	1	1
Total		11	48	59

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.252 ^a	3	.741
Likelihood Ratio	2.167	3	.538
Linear-by-Linear Association	.181	1	.671
N of Valid Cases	59		

a. 6 cells (75.0%) have expected count less than 5. The minimum expected count is .19.

17. RIWAYAT PREEKLAMPSIA DAN APGAR10

Crosstab

Count

	APGAR10		Total
	ASFIKSIA	TIDAK ASFIKSIA	
YA	0	3	3
TIDAK	6	48	54
3	0	1	1
21	0	1	1
Total	6	53	59

Chi-Square Tests




	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	.618 ^a	3	.892
Likelihood Ratio	1.123	3	.771
Linear-by-Linear Association	.089	1	.765
N of Valid Cases	59		

a. 6 cells (75.0%) have expected count less than 5. The minimum expected count is .10.

Lampiran 2. Dokumentasi



Lampiran 3. 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>	
<p style="text-align: center;">ETHICAL CLEARANCE No. 255/EC/FK-RSDK/2015</p>		
<p>Komisi Etik Penelitian Kesehatan Fakultas Kedokteran Universitas Diponegoro-RSUP. Dr. Kariadi Semarang, setelah membaca dan menelaah Usulan Penelitian dengan judul :</p>		
<p style="text-align: center;">LUARAN MATERNAL DAN PERINATAL PADA IBU HAMIL DENGAN PREEKLAMSI BERAT</p>		
<p>Peneliti Utama : Sarah Dyaanggari Akip</p>		
<p>Pembimbing : 1. dr. Putri Sekar Wiyati, Sp.OG(K) 2. dr. Noor Wijayahadi, M.Kes, Ph.D</p>		
<p>Penelitian : Dilaksanakan di Instalasi Rekam Medik RSUP Dr. Kariadi Semarang</p>		
<p>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</p>		
<p>Penelitian ini adalah Rekam Medik, jadi tidak memerlukan Informed Consent Peneliti diwajibkan menyerahkan :</p>		
<ul style="list-style-type: none">- Laporan kemajuan penelitian (<i>clinical trial</i>)- Laporan kejadian efek samping jika ada- Laporan ke KEPK jika penelitian sudah selesai & dilampiri Abstrak Penelitian		
<p style="text-align: center;">Semarang, 05 MAY 2015</p>		
<p style="text-align: center;">Komisi Etik Penelitian Kesehatan Fakultas Kedokteran Undip-RS. Dr. Kariadi Ketua</p> <p style="text-align: center;"></p>		
<p style="text-align: center;">Prof. Dr.dr. Suprihati, M.Sc, Sp.THT-KL(K) NIP.19500621 197703 2 001</p>		

Lampiran 4. Surat Izin Penelitian



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



SURAT IZIN
MELAKSANAKAN PENELITIAN

DL.00.02/1.II/1567/2015

Yang bertanda tangan di bawah ini :

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

Memberikan ijin melakukan penelitian untuk :

Nama peneliti : Sarah Dyanggari Akip
Pembimbing : 1. dr. Putri Sekar Wiyati, Sp.OG(K)
2. dr. Noor Wijayahadi, M.Kes, Ph.D
Institusi peneliti : Program Studi Pendidikan Dokter Fakultas Kedokteran UNDIP
Judul penelitian : Luaran Maternal dan Perinatal pada Ibu Hamil dengan Preeklamsia Berat
Lokasi penelitian : Instalasi Rekam Medis

Untuk melaksanakan kegiatan penelitian selama 2 bulan, terhitung mulai sejak diterbitkan surat ijin penelitian ini.

Peneliti wajib melakukan :

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

Semarang, 21 MAY 2015

An. Direktur Utama
Direktur SDM dan Pendidikan



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

Lampiran 5. Identitas mahasiswa

IDENTITAS MAHASISWA



NAMA : Sarah Dyaanggari Akip

NIM : 22010111140188

TEMPAT/TANGGAL LAHIR : Bandung/25 Mei 1993

ALAMAT : Jalan Jangli Perbalan Harlien II/8

NO. HANDPHONE : 082110722169

EMAIL : dyaanggari@gmail.com

TAHUN MASUK FK UNDIP : 2011

Sarah Dyaanggari Akip