Background: Cerebral palsy is an umbrella term covering a group of non-progressive, but often changing, motor impairment syndromes secondary to lesions or anomalies of the brain arising in the early stages of its development. A total of 1 – 5 of every 1,000 live born children in Indonesia have the condition. Many causes of cerebral palsy are still not known or understood. But the etiology may be multifactor.

Objective: To know the prenatal and perinatal risk factors that influence the occurrence of cerebral palsy.

Method: This observational research was carried out using case control approach. The sample consist of 86 cases and 86 controls. Cases are children with cerebral palsy based on YPAC medical record and diagnosed clinically. Randomly selected controls are children without cerebral palsy who are students in Al Azhar 25 Islamic Elementary School and diagnosed clinically. Data analyzing was performed using univariate, bivariate, and multivariate logistic regression method.

Result: Pregnancy exposure to alcohol, cigarette, medicine and herbs was the prenatal risk factor to CP (OR=66,0; 95%CI 3,5 – 1,232,8). Perinatal risk factors that influence the occurrence of CP were antenatal care < 4 times during pregnancy (OR=7,7; 95%CI 1,1 – 56,1); gestational age < 37 weeks (OR=4,2; 95%CI 1,1 – 15,9); rupture of membranes > 6 hours before delivery (OR=18,9; 95%CI 3,4 – 106,2); duration of labour > 12 hours (OR=13,3; 95%CI 2,6 – 66,9); low birthweight (<2500 grams) (OR=173,3; 95%CI 24,4 – 1,232,9) and neonatal asphyxia (OR=32,4; 95%CI 1,9 – 526,1).

Suggestion: For mothers: Don’t take any herbs, especially herbs that may not be good for women who are pregnant or nursing; don’t take any medicine without consulting to the doctor; antenatal care at least 4 times during pregnancy; when premature membrane rupture occurred, admit to the public health services immediately and to get optimal fetus brain development, mother should increase the maternal caloric intake. For health professionals: Early pathological findings using fetal monitoring, at least once during pregnancy; doing immediate action to avoid fetal distress of premature rupture of membrane and prolonged labour and give resuscitation to baby with neonatal asphyxia.

Keywords: Cerebral palsy, prenatal risk faktor, perinatal risk factors, multivariate analysis