

Risiko kelahiran BBLR berdasarkan kualitas layanan antenatal dan status gizi di RSUD Tangerang tahun 2015 = Risk of low birth weight by prenatal care quality and nutritional status in RSUD Tangerang in 2015

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Abstrak

[ABSTRAK

Berat lahir merupakan indikator penting perkiraan maturitas dan kemampuan neonatus untuk bisa bertahan, bayi dengan BBLR meningkatkan resiko kematian. Prevalensi BBLR RSUD Kabupaten Tangerang mengalami peningkatan secara signifikan setiap tahunnya, tahun 2013 mencapai 14%. Penelitian ini bertujuan untuk mengetahui Hubungan Kualitas Layanan Antenatal, Status Gizi Dan Pengetahuan Dengan Kelahiran BBLR Di RSUD Tangerang Tahun 2015 Desain penelitian yang digunakan kasus kontrol dengan jumlah sampel 73 kasus dan 156 kontrol. Kualitas Layanan Antenatal kurang, meningkatkan kelahiran BBLR 3.7 kali ($p=0.02$, $CI=1,3?10.6$) serta kualitas layanan cukup sebesar 2.0 kali ($p=0.17$, $CI= 0.7?5.3$) dibandingkan dengan ibu yang mendapatkan kualitas layanan baik. Status gizi 4.6 kali ($p=0.01$, $CI= 2.7 - 11.1$) dibandingkan ibu dengan status gizi baik, setelah dikontrol oleh usia ibu, komplikasi kehamilan, status ekonomi, status anemia, pekerjaan dan riwayat BBLR. Dengan demikian petugas diminta memotivasi ibu untuk melakukan kunjungan minimal 4 kali selama kehamilannya dan memberikan pelayanan standar minimal ?10T?, mampu mendeteksi kelainan tumbuh kembang janin, dengan cara skrining dan manajemen tatalaksana kasus pada ibu dengan status gizi kurang.

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ABSTRACT

Birth weight is an important indicator to estimate maturity and ability of neonatal to survive. Low birth weight increases the risk of death. Prevalence of LBW in RSUD Tangerang has Increased significantly each year, in 2013 reach 14%. This studi examine risk LBW by quality of prenatal care and nutritional status in RSUD Tangerang in 2015. This is a case-control study with a sample of 73 cases and 156 controls. Women with less prenatal care quality, increasing the LBW baby 3.7 times ($p=0.02$, $CI=1,3?10.6$) and twice among women with enought prenatal care quality ($p=0.17$, $CI= 0.7?5.3$), compare to women who get good prenatal care quality. The nutritional status 4.6 times ($p=0.01$, $CI= 2.7 - 11.1$) compare women who have good nutritional status, after controlled by maternal age, complications of pregnancy, economic status, anemia status, jobs, and history of LBW. Thus, health workers need to motivate a mother to visit at least 4 times during pregnancy and provide a minimum standard care ?10T?, able to detect abnormalities in fetal development by screening and management cases in women

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