

# Profil trauma pada kehamilan di RSUPN Cipto Mangunkusumo Jakarta dan RSUD Dok II Jayapura tahun 2016-2018 = Profile of trauma in pregnancy at Cipto Mangunkusumo Hospital Jakarta and Dok II Hospital Jayapura 2016-2018

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## Abstrak

### **ABSTRAK**

**Latar Belakang:** Sekitar 6-7% kehamilan disertai trauma, yang berkontribusi menyebabkan kematian maternal hingga 46%, namun jarang dibicarakan karena bersifat non-obstetrik. Komplikasi maternal meliputi ketuban pecah, solusio plasenta, cedera organ intraabdomen, perdarahan, terminasi seksio sesarea, bahkan kematian. Morbiditas dan mortalitas janin bahkan dapat terjadi tanpa cedera signifikan pada ibu. Hingga saat ini, belum ada publikasi mengenai trauma pada kehamilan di Indonesia.

**Tujuan:** Penelitian ini bertujuan mengetahui profil trauma pada kehamilan di RSUPN Cipto Mangunkusumo Jakarta dan RSUD Dok II Jayapura.

**Metode:** Penelitian bersifat deskriptif observasional. Semua ibu hamil dengan trauma yang memeriksakan dirinya ke RSUPN Cipto Mangunkusumo dan RSUD Dok II tahun 2016-2018 dimasukkan sebagai subyek penelitian. Data demografis, obstetrik, karakteristik trauma, gejala dan temuan klinis, serta luaran ibu dan janin dianalisa secara deskriptif.

**Hasil:** Didapatkan 100 kasus trauma dari 7130 ibu hamil dalam penelitian ini. Berdasarkan ISS (Injury Severity Score), 76% subyek termasuk trauma derajat ringan, 20% derajat sedang, dan 4% derajat berat. Tiga mekanisme trauma terbanyak adalah jatuh (61%), kecelakaan lalu lintas (24%), dan kekerasan domestik (9%) dengan jenis trauma kontusio (82%) dan trauma superfisial (60%). Gejala klinis meliputi nyeri abdomen (60%), perdarahan pervaginam (13%), dan ketuban pecah (8%). Didapatkan 1 kasus syok, 2 kasus solusio plasenta, dan 2 kasus gawat janin. Luaran ibu baik, dengan 3% abortus, 3% seksio sesarea, 9% induksi pervaginam, dan 85% konservatif (di mana 91,8% kehamilan berhasil dipertahankan, 7,0% lahir prematur dan 1,2% abortus spontan). Luaran janin menunjukkan 1% lahir mati, 4% abortus, 10% lahir prematur, 7% lahir aterm, dan 78% konservatif.

**Kesimpulan:** Insidens trauma pada kehamilan pada penelitian ini sebesar 1.4%. Sebagian besar subyek termasuk kategori trauma derajat ringan (76%), disebabkan mekanisme jatuh (61%), dengan jenis trauma kontusio (82%) dan klinis nyeri abdomen (60%). Didapatkan 1% kasus syok, 2% solusio plasenta, 2% gawat janin, 4% abortus, dan 1% lahir mati, tanpa adanya mortalitas ibu. ISS (Injury Severity Score) dapat diterapkan untuk menilai derajat trauma ibu hamil, namun tidak menggambarkan luaran ibu maupun janin.

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### **ABSTRACT**

**Background:** Trauma complicates 6-7% pregnancies and causes up to 46% maternal deaths. Yet, it is rarely taken into consideration because of its non-obstetric origin. Maternal complications include membrane rupture, placental abruption, internal organ injury or hemorrhage, caesarean section termination,

even maternal death. Fetal mortality and morbidity can even occur without significant maternal injuries. So far, there is no publication regarding trauma in pregnancy in

Indonesia.

**Objectives:** This study aimed to determine the profile of trauma in pregnancy at RSUPN Cipto Mangunkusumo Jakarta and RSUD Dok II

Jayapura.

**Methods:** This was a descriptive cross-sectional study. All pregnant women with trauma went to RSUPN Cipto Mangunkusumo and RSUD Dok II during 2016-2018 were included.

Demographic and obstetrics data, trauma characteristics, clinical findings, and all maternal and fetal outcomes were analysed.

**Results:** Of all 7130 pregnant women included, there were 100 trauma cases. Using ISS (Injury Severity Score), 76% subjects had mild trauma, 20% moderate trauma, and 4% severe trauma. Three main trauma mechanisms were fall (61%), motor vehicle accidents (24%), and domestic assaults (9%), with contusion (82%) and superficial trauma (60%). Clinical symptoms included abdominal pain (60%), vaginal bleeding (13%), and water broke (8%). There were 1 hypovolemic shock and 2 placental abruption cases, with 2 fetuses showing fetal distress. Maternal outcomes were good; with 3% abortion, 3% caesarean-section, 9% vaginal induction, and 85% conservative cases (of which 91% managed to continue the pregnancy, 7% had preterm labor, and 1,2% had spontaneous abortion). Fetal outcomes showed 1% stillbirth, 4% abortion, 10% preterm birth, 7% term birth, and 78% conservative pregnancy.

**Conclusions:** Incidence of trauma in pregnancy in this study is 1.4%. Most subjects have mild trauma (76%), caused by fall (61%), presented mostly with contusion (82%) and abdominal pain (60%). We reported no maternal mortality, 1% hypovolemic shock, 2% placental abruption, 2% fetal distress, 4% abortion rate, and 1% stillbirth. ISS can be applied to assess maternal trauma degree, but does not represent maternal or fetal outcomes.