

# Luaran panduan asuhan nutrisi pada bayi sangat prematur dan/atau berat lahir sangat rendah di Rumah Sakit dr. Cipto Mangunkusumo = The outcome of nutritional care guideline on very preterm and/or very low birth weight infants in Cipto Mangunkusumo Hospital

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## Abstrak

Latar belakang: Pada tahun 2016, Divisi Perinatologi RS dr. Cipto Mangunkusumo (RSCM) menerapkan panduan asuhan nutrisi terbaru untuk mencegah weight faltering, yang sangat rentan dialami bayi sangat prematur (<32 minggu) atau berat lahir sangat rendah (<1.500 gram). Penelitian ini bertujuan mengevaluasi luaran panduan tersebut. Metode: Penelitian kohort prospektif dilakukan di RSCM sejak Juli 2018 hingga Juni 2019. Subyek merupakan bayi lahir hidup dengan usia gestasi <32 minggu atau berat lahir <1.500 gram. Bayi dengan kelainan metabolisme bawaan, kelainan genetik, atau malformasi kongenital mayor dieksklusi. Data antropometrik mingguan dan komplikasi (enterokolitis nekrotikans, hipertrigliseridemia, kolestasis, dan sindrom refeeding) dicatat secara berkala. Extrauterine growth restriction (EUGR) adalah berat badan saat pulang kurang dari persentil 10 kurva Fenton 2013 pada kelompok bayi yang lahir sesuai masa kehamilan.

Hasil: Sebanyak 111 subyek lahir dengan kesintasan hingga pulang sebesar 42,3% dan median lama rawat 37 (8-89) hari. Median usia mulai diberi nutrisi enteral, mencapai full enteral feeding, dan durasi nutrisi parenteral adalah 2, 9, dan 6 hari. Insidens EUGR adalah 32%. Rerata kenaikan berat badan pada bayi yang pulang adalah 15 (SB 5,4) g/kg/hari, dan pada bayi kecil masa kehamilan adalah 17 (SB 5,5) g/kg/hari. Insidens hipofosfatemia, enterokolitis nekrotikans, hipertrigliseridemia, hipokalemia, kolestasis, dan hipomagnesemia pada minggu pertama adalah 61,7%; 14,4%; 13,9%; 11,9%; 9,3%; dan 8,2%.

Kesimpulan: Bayi sangat prematur dan berat lahir sangat rendah memiliki tingkat mortalitas yang tinggi, terutama pada kelompok ekstrem prematur dan ekstrem rendah. Panduan asuhan nutrisi terbaru dapat mencapai target kenaikan berat badan, dengan komplikasi terbanyak adalah hipofosfatemia.

.....Background and aim: In 2016, a nutritional care guideline was implemented in Cipto Mangunkusumo Hospital to prevent weight faltering, which was prevalent in very preterm (< 32 weeks) or very low birth weight/VLBW (<1,500 grams) infants. The objective of this study was to evaluate its outcome.

Methods: This prospective cohort study was conducted in a national referral hospital since July 2018 until June 2019. Subjects were live-born infants with gestational age <32 weeks or birth weight <1,500 grams. Infants with inborn errors of metabolism, genetic abnormalities, and major congenital malformation were excluded. Weekly anthropometric data and complications (necrotizing enterocolitis, hypertriglyceridemia,

cholestasis, and refeeding syndrome) were recorded. Extrauterine growth restriction (EUGR) was defined as weight at discharge less than 10th percentile of Fenton 2013 chart.

Results: Among 111 subjects, the survival rate at discharge was 42.3% and median length of stay was 37 (8-89) days. Median time to start enteral feeding, reach full enteral feeding, and duration of total parenteral nutrition were 2, 9, and 6 days, respectively. EUGR incidence at discharge was 32.1%. Mean weight gain among survivors and those who were small-for-gestational-age were 15 (SD 5.4) and 17 (SD 5.5) g/kg/day, respectively. The incidence of hypophosphatemia, necrotizing enterocolitis, hypertriglyceridemia, hypokalemia, cholestasis, and hypomagnesemia were 61.7%, 14.4%, 13.9%, 11.9%, 9.3%, and 8.2%, respectively.

Conclusions: Very preterm and/or VLBW infants had high mortality rate, especially in extremely preterm and/or extremely-low-birth-weight subgroup. The latest nutritional care guideline reached the target weight gain. The most common complication was hypophosphatemia.