

Prevalens dan Faktor Risiko Displasia Bronkopulmonal pada Bayi Sangat Prematur = Prevalence and Risk Factor of Bronchopulmonary Dysplasia in A Very Preterm Baby

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Abstrak

Displasia bronkopulmonal merupakan salah satu komplikasi dari kelahiran prematur. Faktor risiko DBP pada bayi sangat prematur yaitu kecil masa kehamilan, korioamnionitis, pajanan oksigen $\text{FiO}_2 > 30\%$, duktus arteriosus persisten hemodinamik signifikan, sepsis neonatorum awitan lambat, volutrauma, surfaktan tidak diberikan, kafein tidak diberikan, dan tidak mendapatkan ASI. Data prevalens DBP yang dipublikasi pada tahun 2015 yaitu 42,8% dan kesintasan bayi sangat prematur di RSCM pada tahun 2020 yaitu 54,17%. Oleh karena itu, studi prevalens dan mempelajari faktor risiko DBP pada bayi sangat prematur yang lahir di RSCM perlu dilakukan. Penelitian ini merupakan studi potong lintang dengan subyek bayi usia gestasi £32 minggu yang lahir di RSCM. Sebanyak 211 subyek memenuhi kriteria inklusi dan eksklusi. Hasil penelitian yaitu prevalens DBP 34,6% (DBP ringan 19%, DBP sedang 8,5%, dan DBP berat 7,1%). Analisis multivariat menunjukkan faktor risiko yang berhubungan dengan DBP yaitu SNAL (aOR 4,455 IK 95% 1,932-10,270; $p = <0,001$), pajanan volume tidal $>5 \text{ mL/kg}$ (aOR 3,059 IK 95% 1,491-6,273; $p = 0,002$), asupan ASI dominan (aOR 0,348 IK 95% 0,150-0,808; $p = 0,014$), dan asupan susu formula dominan (aOR 0,280 IK 95% 0,123-0,634; $p = 0,002$). Kesimpulan: Bayi sangat prematur yang mengalami SNAL, pajanan volum tidal $>5 \text{ mL/kg}$ berisiko mengalami DBP. Namun, asupan asi dominan dan susu formula dominan menurunkan risiko DBP.

.....Bronchopulmonary dysplasia is one of the complications of preterm birth. The risk factors for bronchopulmonary dysplasia in very premature infants were small gestational age, chorioamnionitis, oxygen exposure to $\text{FiO}_2 > 30\%$, hemodynamically significant persistent ductus arteriosus, late-onset neonatal sepsis, volutrauma, no surfactant, no caffeine, and no breastfeeding. Published data of prevalence of DBP in 2015 is 42.8% and the survival data for very premature babies at the CMH in 2020 is 54.17%. Therefore, it is necessary to study the prevalence and study of risk factors for bronchopulmonary dysplasia in very preterm infants born in CMH. This study is a cross-sectional study with 32 weeks gestational age infants born at CMH. A total of 211 subjects met the inclusion and exclusion criteria. The results of the study were the prevalence of DBP 34.6% (mild DBP 19%, moderate DBP 8.5%, and severe DBP 7.1%). Multivariate analysis showed the risk factors associated with DBP were late onset neonatal sepsis (aOR 4,455 CI 95% 1,932-10,270; $p = <0,001$), tidal volume exposure $>5 \text{ mL/kg}$ (aOR 3,059 CI 95% 1,491-6,273; $p = 0,002$), human milk predominant (aOR 0,348 CI 95% 0,150-0,808; $p = 0,014$), and formula milk predominant (aOR 0,280 CI 95% 0,123-0,634; $p = 0,002$). Conclusion: In a very premature infants who have SNAL, tidal volume exposure $>5 \text{ mL/kg}$ are at risk for DBP. However, the predominant human milk intake and predominant formula milk intake decreased the risk of DBP.