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DOI Number: 10.5958/0973-9130.2019.00528.0 Dominant Factors in the Premature Labor Incident in RSU Haji Surabaya Sri Utami¹, Dwi Purwanti¹, Lusiana Aprilia¹ ¹Health Polytechnic of Surabaya Abstract The Infant Mortality Rate in Indonesia in 2015 was 22.23 per 1000 of live births. At the Haji Hospital, Surabaya in 2017, there were 17.8% premature labors. This study aims to determine the factors that cause premature labor at Haji Hospital, Surabaya, using cross-sectional design. The sample were 277 mothers whom giving birth in Haji Hospital, Surabaya on January until December 2017, selected by proportional random sampling. The data source were medical records. Data were analyzed by logistic regression test. There was a relationship between work factors, pregnancy complications, antepartum bleeding, premature rupture of membranes with incidence of premature labor, and there was no relationship between maternal age, parity, labor history, pregnancy distance, polyhydramnios with incidence of premature labor. The dominant factor that causes premature labor was work. Keywords: Pregnancy complications, Works, Bleeding, Premature labor Introduction Infant Mortality Rate (IMR) and Maternal Mortality Rate (MMR) are still one of the important indicators for determining public health status. Indonesia is expected to suppress IMR and MMR as the effort to support the achievement of SDGs (Sustainable Development Goals), that is to end preventable maternal, infant and toddler deaths, Maternal Mortality Rate targeted is 70 per 100,000 live births. For babies 12 per 1000 [live births and toddler mortality rate](#) is 25 [per 1000 live births\(1\)](#). The World Health Organization (WHO) notes that around [44% of toddler mortality in 2012 occurred in the first 28 days of life or the neonatal period](#). During the neonatal period, child mortality is due to prematurity (35.2%), complications that is related to intrapartum (23.9%) and sepsis (15.2%). The premature birth rate in Indonesia get 9th ranks out of 10 countries, or equivalent with

15.5% per 100 live births in 2010(2). Corresponding author: Sri Utami (sri.utami@poltekkesdepkes-sby.ac.id) Pucang Jajar tengah Street-56 Surabaya, Indonesia The report of WHO in 2012 with the title of the report is Born too soon revealed that every year is estimated 15 million babies are born premature and this number continues to increase. Of these, 1 million babies die per year from premature labor complications. In its report, WHO also wrote that Indonesia was included in the top 11 (ranked 9th) countries with premature labor rates is more than 15% of births(2). This study aims to determine the factors that cause premature labor at Haji Hospital, Surabaya.

Method The type of this study was observational analytic with cross-sectional design. The population were all mothers who giving birth at the Haji Hospital, Surabaya on January until December 2017 (N = 886), consisting of 158 premature labor and 728 mature labor. The sample were 277 mothers, consisted of 49 with premature labor and 228 with mature labor, taken by propotional random sampling. The independent variables were maternal age, maternal work, parity, premature labor history, distance of labor, premature rupture of fetal membranes, pregnancy complications, antepartum bleeding, polyhydramnios. The dependent variable is incidence of premature labor. The instrument of data collection were 1577 [Indian Journal of Forensic Medicine & Toxicology, October-December 2019, Vol. 13, No. 4](#) medical records. Data were analyzed by using Logistic regression test.

Findings In the presentation of the results of this study can be grouped into two parts, the first part will display Table 1. The Results of Logistic Regression Test the results of the bivariate analysis to determine [the relationship between each independent variable and the dependent variable](#). The following section presents the results of the dominant variables related to the premature labor incident. The detailed explanation can be seen in the description below.

Variable B [Sig.](#) [Exp\(B\)](#) [Lower 95% C.I.for EXP\(B\)](#) [Upper](#)

Step1	Age	(1)	0.282	0.441	1.325
0.647	2.714	Work	-1.088	0.015	0.337
0.141	0.806	Parity	0.164	0.664	1.179
0.562	2.473	Labor	-1.010	0.357	0.364
0.042	3.129	Labor Distance	1.051	0.286	2.861
0.415	19.711	Premature rupture of membrane	0.769	0.114	2.157
0.832	5.593	Complication	1.782	0.000	5.943
2.632	13.422	Hemorrhage	4.108	0.010	60.845
2.626	1409.747	Polyhydramnion	-21.804	1.000	0.000
0.000	0.000	. Constant	18.142	1.000	75647104.185
		Step 2	WorkJob	-0.955	0.025
0.385	0.191	0.775	Complication	2.056	0.000
7.813	4.341	14.064	Bleeding	3.292	0.011
26.886	3.234	223.496	Constant	-2.142	0.105

0.117 The results of logistic regression test showed that maternal work had an effect on premature labor ($p=0.025$). The direction of work relations was negative which means that the more the mother works, the premature labor is lower. The magnitude of the risk factor for maternal work on premature labor was 0.385, it means that the possibility of a risk factor for maternal works that lead to premature labor was 0.385 times greater than that of maternal who does not work. Pregnancy complications had a significant effect on preterm labor ($p=0.000$). The direction of the relationship of pregnancy complications was positive which means that if there are complications of pregnancy, so the premature labor is higher. The magnitude of the risk factor for pregnancy complications was 7,813, it means that pregnancy complications cause premature labor 7.813 times greater than those without pregnancy complication. Likewise, antepartum bleeding had a significant effect on premature labor ($p=0.011$). The direction of the relationship of antepartum hemorrhage was positive which means that if there is antepartum bleeding so the preterm labor is higher. The magnitude of the risk factor for antepartum bleeding was 26.886, which means that the possibility of risk factors for pregnancy complications leading to premature labor is 26,886 times greater than those without antepartum bleeding.

Discussion Antepartum bleeding is the dominant factor with the [Indian Journal of Forensic Medicine & Toxicology, October-December 2019, Vol. 13,](#)

No. 4 1578 highest risk of 26.888 times more likely to experience premature labor compared to mothers who does not experience antepartum bleeding. This is consistent with the theory that pregnant women with placenta previa can cause premature birth and fetal distress which is often unavoidable because the act of pregnancy termination that is forced to be done in pregnancy that is not reach a term age.(3) Pregnancy complications became the second dominant factor after antepartum bleeding, with a risk level of 7.813 times greater experience premature labor compared with pregnant women without pregnancy complications. According to the theory of several pregnancy complications that can affect the occurrence of premature births, among them are vaginal infections that can cause membranes to break easily and babies born faster; the mother has gamelly pregnancy where the mother's uterus is unable to store the fetus, so the baby is born prematurely; pregnancy poisoning (pre- eclampsia / eclampsia); abnormalities of the cervical muscles; and baby development failure so that the baby must be born immediately from his mother's womb(4). The third dominant factor is the work of the mother, in this study it can be seen that more mother works, the lower the rate of preterm labor, this is same with Dr. Kathleen Vaughan, that be quoted by Brayshaw(5), described that he do a study of pregnant women who spent a lot of time and do monotonous activities or inactive lives, and showed that this group often experienced difficulties at the time of delivery, he recalculated a group of women in Hebrides who had difficult labor even though they are healthy and the Kashmiri population, the majority of the population is fishermen and farmer women, indicating that labor is running more smoothly. The way women use their bodies in their daily activities is considered to hold important influences before, during, and after labor. Conclusion There is a relationship between work, premature rupture of membranes, pregnancy complications, and ante partum bleeding with the premature labor incidence at Haji Hospital, Surabaya. Antepartum bleeding is the main determinant of premature labor incidence. Based on these results, it is necessary to try to prevent premature labor by paying attention to pregnant women who have risk factors for premature labor, as well as efforts to increase knowledge of pregnant women in recognizing pregnancy danger signs and early detection of pregnancy risk factors by optimizing the use of MCH books. Because with the use of MCH books can optimally monitor maternal health during pregnancy and increase the parenting and the mother and family in managing maternal and infant health. There needs a study about the effect of optimizing the use of MCH books with a decrease in labor with complications. Additional Informations Conflict of Interest: No Source of Funding: Authors Ethical Clearance: Yes References 1. Ermalena. Health Indicators for SDGs in Indonesia, in Tobacco Control and Indonesian Development Goals. Jakarta; 2017. 2. Paembonan N, Anshar J, Arsyad DS. Risk factors for premature birth at Siti Fatimah Mother and Child Hospital, Makassar City. Undergraduate Thesis. Makassar: FKM-UNHAS; 2012. 3. Prawirohardjo S. Obstetrics. Jakarta: YBPSP; 2010. 4. Sulistiarini D, Berliana SM. Factors Affecting Premature Birth in Indonesia: Data Analysis of Riskesdas 2013. E-Journal Wid.Kes.Ling. 2018;1(2):109–115. 5. Brayshaw E. Pregnancy and Postpartum Gymnastics. Jakarta: EGC; 2008.