



UNIVERSITAS NAHDLATUL ULAMA SURABAYA

LEMBAGA PENELITIAN DAN PENGABDIAN KEPADA MASYARAKAT

Kampus A Wonokromo : Jl. SMEA No.57 Tlp. 031-8291920, 8284508 Fax. 031-8298582 – Surabaya 60243

Kampus B RSJ Jemursari : Jl. Jemursari NO.51-57 Tlp. 031-8479070 Fax. 031-8433670 – Surabaya 60237

Website : unusa.ac.id Email: info@unusa.ac.id

SURAT KETERANGAN

Nomor: 560/UNUSA/Adm-LPPM/XI/2018

Lembaga Penelitian dan Pengabdian Kepada Masyarakat (LPPM) Universitas Nahdlatul Ulama Surabaya menerangkan telah selesai melakukan pemeriksaan duplikasi dengan membandingkan artikel-artikel lain menggunakan perangkat lunak **Turnitin** pada tanggal 27 November 2018.

Judul : The Relationship Between Obstetric Conditions and The Incidence of Preterm Labor in Dr. Ramelan Navy Hospital Surabaya
Penulis : Henny Enarotalis, Puji Hastuti
No. Pemeriksaan : 2018.11.27.138

Dengan Hasil sebagai Berikut:

Tingkat Kesamaan diseluruh artikel (*Similarity Index*) yaitu 3%

Demikian surat keterangan ini dibuat untuk digunakan sebagaimana mestinya

Surabaya, 27 November 2018

Ketua LPPM,

Dr. Istas Pratomo, S.T., M.T.

NPP. 16081074

LPPM Universitas Nahdlatul Ulama Surabaya

Website : lppm.unusa.ac.id

Email : lppm@unusa.ac.id

Hotline : 0838.5706.3867

ke empat

by Puji Hastuti

Submission date: 26-Nov-2018 05:08PM (UTC+0700)

Submission ID: 1044870088

File name: Proceeding-INC-1st-STIKES-Hang-Tuah-sby-puji405_baru.pdf (236.54K)

Word count: 5561

Character count: 29987

THE RELATIONSHIP BETWEEN OBSTETRIC CONDITIONS
AND THE INCIDENCE OF PRETERM LABOR IN DR. RAMELAN NAVY
HOSPITAL SURABAYA

Renny Enarotalis, Puji Hastuti
STIKES Hang Tuah Surabaya
Surabaya, Indonesia
08113481145, ph_ners79@yahoo.co.id

ABSTRACT

Preterm labor according to World Health Organization is the birth of a baby before 37 weeks of gestation. The incidence of preterm labor can be found every year. Conditions during pregnancy such as marital status, maternal age, stress, anxiety, depression, maternal occupation, race, ethnicity, socio-economic, maternal factors and genetic are risk of the occurrence of preterm labor. This study has an objective to identify the relationship between obstetric condition and the incidence of preterm labor in Dr Ramelan Navy Hospital Surabaya. The design of this study was an observational analytic retrospective approach. Samples were taken using non-probability sampling technique that was by used sample saturated. The population in this study were all preterm labor in Dr Ramelan Hospital Surabaya in 2013 amounted to 83 respondents. This study were taking all the population as a sample. Independent variables are obstetric conditions and the dependent variable are preterm labor. The Instruments used observation medical records. Data analysis used Chi-Square statistical test with a significance level of $p < 0.05$. The Results showed that 60 people are in preterm respondents, 13 post preterm respondents, 10 extremely preterm respondents. Premature rupture of 32 respondents, other causes 18 respondents, unknown causes 6 respondents. Multiple pregnancy 3 respondents, preeclampsia 1 respondent, history of preterm labor only 1 respondent. The statistical test obtained $p = 0.043$. It can be concluded there is a relationship between the incidence of obstetric conditions and preterm labor. The combination of the obstetric, sociodemographic and medical factors have an influence on the occurrence of premature labor. The implication of this study is to provide input to the profession of nursing in providing care for pregnant women and prevent the incidence of preterm labor.

Keywords :Pregnancy, Obstetric Conditions, Preterm Labor

Introduction

Conditions during pregnancy are at risk of the occurrence of preterm labor such as a socio-demographic factors consisting of marital status, maternal age, stress, anxiety, depression, maternal occupation, race, ethnicity, socio-economic, and maternal factors consisting of cervical

incompetence, labor history preterm, premature rupture of membranes history, history of abortion, pregnancy interval, parity, medical disease, factors of infection, premature rupture of membranes and genetic factors (Krisnadi, 2009: 45). Premature parturition can be interpreted as the start of regular uterine contractions

accompanied by flattening and or dilation of the cervix and decrease infant in pregnant women who long pregnancy less than 37 weeks (less than 259 days) since the first day of last menstrual period (Oxom, 2010: 581).

Complications of premature rupture of membranes leading to preterm labor, it certainly increases the risk of prematurity. Research has been conducted to ascertain the occurrence of premature rupture of membranes due to infection (Handono, 2009: 99). Based on the results of preliminary studies documentation data through observation of the patient registers obtained in the pavilion El Rumkital researcher Dr Ramelan Hospital Surabaya, premature parturition is found in premature rupture of membranes, multiple pregnancy, severe preeclampsia, and a history of previous preterm parturition.

Literature Review

Research conducted by Mukibati, et al (2010) concerning the causes of preterm labor in dr. Soeroto Ngawi in 2010 it is known that the incidence of preterm birth occurs in 31% risk age, parity grandemulti 41.3%, 14.2% twin pregnancy, hydrarnnios 4.7%, 3.6% placenta previa, preeclampsia 23.1%, KPD 51.4%, anemia 3%. By convention HTA Indonesia in 2010 regarding the preterm birth rate in the United States approximately 12.3% of the 4 million births each year, while in Indonesia the incidence of preterm birth can not be ascertained amount but based on data from the Health Research Department of Health in 2007 LBW in Indonesia reached 11.5%, although figures are not absolute LBW represent the incidence of preterm labor. Based on data from

the Quarterly Report Form Dr Ramelan Navy Hospital Surabaya found 83 preterm birth in 2013.

Mothers who have a history of previous preterm birth are at increased risk for premature labor gets back in subsequent pregnancies (Krisnadi, 2009: 53). Twin pregnancy is a cause of preterm labor. In the process TRB (assisted reproductive technology) multiple embryos implanted in an individual, in line with the progress of medicine ovulation, the incidence of twins increases, it is because the use of ovulation induction medications will cause multiple ovulation (Krisnadi, 2009: 55). Chorioamnion infections are clinically vague and is caused by various kinds of microorganisms is considered as the cause of many cases of rupture of the membranes and parturition premature (Gant, 2011: 477). Systemic disease primarily involving the circulatory system, oxygenation or maternal nutrition can cause placental circulation which will reduce the nutrients and oxygen to the fetus that can lead to impaired fetal growth in the womb and increase the incidence preeclampsia / eclampsia is also often the cause of preterm labor-made to save maternal and fetal death (Krisnadi, 2009: 56). Preterm parturition has resulted not only perinatal death, but often short-term disorders such as RDS, NBC, bronchopulmonar dysplasia, and long-term neurological disorders such as cerebral palsy, retinopathy, mental retardation and delaying premature parturition would be more beneficial to look at the problems that will occur in preterm infants when possible (Mochtar, 2010: 668).

The main measures to reduce the risk of preterm birth can be done from the beginning, before the signs of labor emerged. Starting with the

introduction of patient risk, to be given an explanation and clinical assessment for preterm delivery as well as the introduction of contractions as early as possible, so that preventive measures can be done (Mochtar, 2010: 671). Avoid pregnancy young age and spacing pregnancies too close and avoid heavy work and the need to get enough rest (Mochtar, 2009: 672). Inspection and monitoring of pregnant women are needed on a regular basis, including the schedule of return visits I through IV (Dewi & Sunarsih, 2011: 160). It aims to optimally prepare physically and mentally mother and child during pregnancy, childbirth and postpartum mothers and children to obtain healthy. In addition, to detect early abnormalities, complications and diseases that normally experienced by pregnant women so that it can be prevented or treated (Marmi, 2011: 11).

Methodology

The design used in this study was analytic retrospective study. Starting from collecting cases of preterm birth in 2013 then traced the variables that affect premature parturition covers about obstetric conditions. This study was conducted on 23 to 27 June 2014 in Dr Ramelan Navy Hospital Surabaya.

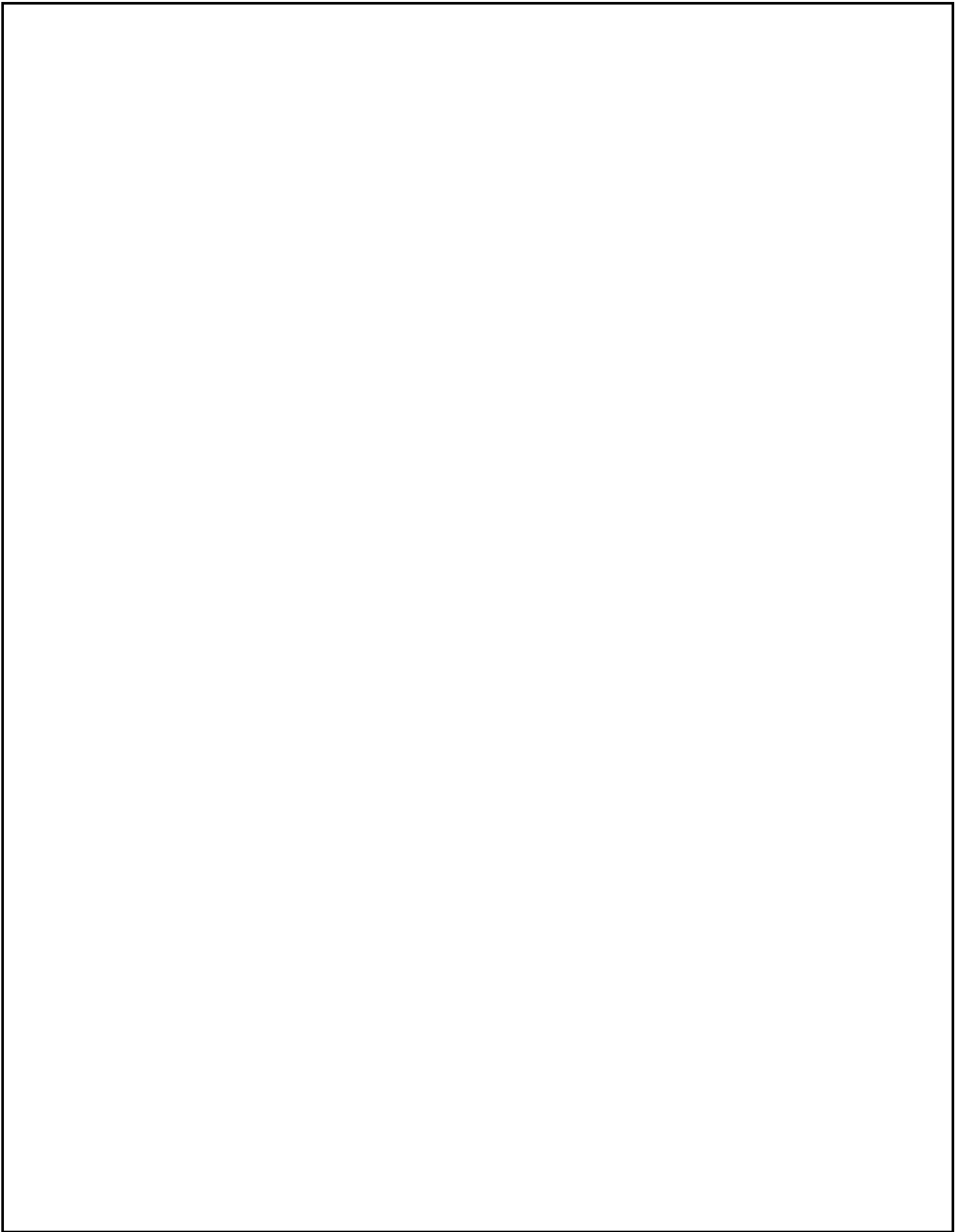
The population in this study is all premature parturition in Dr Ramelan Navy Hospital Surabaya starting from 2013 with total population are 83 people. The sample in this research are 83 respondents, all the population subject was taken as respondents.

Instruments in this study using observations with the check list sheet. Check list is a list checker, contains the name of the subject and some of

the symptoms / identity other than the observation target. Where the technique is based on interruption of pregnancy associated with the incidence of preterm parturition. Based on the purpose, the researchers used a technique documentation observations by looking at patient's document.

Result and Discussion

Results of the study include general data and specific data. At present the general data on demographic data mothers of preterm parturition Dr Ramelan Navy Hospital Surabaya



General Data

1. Characteristics of respondents by age (n=83)

No	Respondent's Age	Frekuensi(f)	Prosentase (%)
1	<20 year old	2	2,4%
2	20--25year old	10	12%
3	26--30 year old	20	24,1%
4	31-35 year old	29	35%
5	>35 year old	22	26,5%
Total		83	100%

2. Characteristics of respondents by parity status (n=83)

No	Amount ofparitas	Frequency(f)	Percentage (%)
1	1	22	26 %
2	2-3	42	50,6%
3	> 3	19	22,9%
Touu		83	100%

Specific Data

1. Type of Partus premature (n=83)

No	TypeofPartuspr anue	Frequency(f)	Prosentage (%)
1	Preterm	60	72,3%
2	Very preterm	13	15,7%
3	Extremely preterm	10	12%
Total		83	100

2. Obstetric Conditions (n=83)

No	Kondisi obstetrik	Frequency(f)	Prosentage (%)
1	A history of preterm parturition	1	1,2%
2	Twin pregnancy	4	4,8%
3	Premature rupture of membranes	38	45,8%
4	severe preeclampsia	1	1,2%
5	Other Causes	33	39,8%
6	Cause unknown	6	7,2%
Total		83	100%

3. Obstetric condition related to incidence of partus premature

Obstetric Conditions	Partus remature			Total
	Preterm	Very Preterm	Extremely Preterm	
A history of preterm parturition	0	0	1	1
%within Obstetric Conditions	0%	0%	100%	100%
% oftotal	0%	0%	1,2%	1,2%
Twin Pregnancies	3	1	0	4
% within Obstetric Conditions	75%	25%	0%	100%
%of total	3,6%	1,2%	0%	4,8%
Premature rupture of membranes	32	4	2	38
% within Obstetric Conditions	84,2%	10,5%	5,3%	100%
% oftotal	38,6%	4,8%	2,4%	45,8%
Severe Preeclampsia	1	0	0	1
% within Obstetric Conditions	100%	0%	0%	100%
% oftotal	1,2%	0%	0%	1,2%
Other Cause	18	8	7	33
% within Obstetric Conditions	54,5%	24,2%	21,2%	100%
% oftotal	21,7%	9,6%	8,4%	39,8%
Unknown cause	6	0	0	6
% within Obstetric Conditions	100%	0%	0%	100%
% oftotal	7,2%	0%	0%	7,2%
Total	60	13	10	83
	72,3%	15,7%	12%	100%

Chi-Square p=0,043

1. Obstetric Conditions

Data collected from 83 respondents, found that the majority of mothers of preterm parturition in Dr Ramelan Surabaya due to several causes including premature rupture of membranes for 38 persons (45.8%), due to other causes 33 people (39.8%), due to cause unknown for 6 people (7.2%), twin pregnancy sebanyak 4 people (4.8%), a history of preterm parturition 1 (1.2%), and severe preeclampsia only 1 (1.2%).

Research results in table 5.6 showed that among 83 people who experienced premature parturition, found that of the 83 people who have a history of previous preterm parturition there is only one person (1.2%) in the category of extremely preterm. Researchers assumed that a history of preterm parturition likely to have an influence on the condition of uterine mother. A history of the previous preterm birth are at increased risk for preterm labor got longer. Krisnadi (2009: 53) states that the increasingly young age of pregnancy in older preterm labor, prematurity occurs more rapidly in subsequent pregnancies.

Results of a study of 83 people suffering from premature parturition, found that of the 83 people who experienced premature rupture of membranes for 38 people with preterm parturition category 32 (38.6%), very preterm many as four people (4.8%), and extremely Preterm only 2 (2.4%). It is appropriate according to Soewarto (2010: 678) states that the rupture of the membranes at term age is a physiological thing. Preterm premature rupture of membranes

caused by external factors namely infection that spreads from the vagina **and is common in** polyhydramnios, incompetent cervix, and placental abruption. Results of the study of 83 people suffering from premature parturition, it was found that there were four people (4.8%) who had a twin pregnancy of which there are three people (3.6%) in the category of preterm premature parturition, and 1 (1.2%) very preterm. Krisnadi (2009: 54) states that a twin pregnancy is a cause of preterm labor. Karsono (2010: 260) states that twin pregnancies were detected in the first trimester of pregnancy should always be evaluated, to determine the likelihood of spontaneous reduction or other disturbances during pregnancy. Researchers assumed that twin pregnancies affect the state of the uterus, and if pregnant women have uterine abnormalities such as congenital septus uterus, uterus and cervix incompetent bikomus is a risk for preterm labor.

Results of a study of 83 people suffering from premature parturition, found that of 83 people who experience severe preeclampsia only 1 (1.2%). It is appropriate according to Angsar (2010: 550) states that the complications that can occur in the fetus because of preeclampsia is placental abruption, prematurity, intrauterine fetal growth restriction, breathing distress syndrome, necrotizing enterocolitis, sepsis, and cerebral palsy. Researchers assume that the fact that the field is found, severe preeclampsia can lead to eclampsia. Preeclampsia and eclampsia is the leading cause of maternal mortality and perinatal. It is therefore necessary treatment of early diagnosis and treatment of

preeclampsia and prevent do not progress to eclampsia.

Results of a study of 83 people suffering from premature parturition, found that of the 33 (39.8%) of people who have other factors with preterm premature parturition category amounted to 18 people (21.7%), very preterm there were 8 people (9.6 %), and extremely preterm there are 7 people (8.4%). It is appropriate according to Mochtar (2010: 669) states that preterm labor is a disorder that multifak.toral process. Combination obstetric circumstances, sociodemographic and medical factors have an influence on the occurrence of preterm labor.

Results of a study of 83 people suffering from premature parturition, it was found that there were six people (7.2%) who experienced preterm parturition to the cause is still unknown with preterm category, while there is nothing very preterm and extremely preterm. Widjayanegara (2009: 4) states that approximately 50% of the causes of preterm labor is unknown, therefore, classified in the group of idiopathic or spontaneous labor. These groups include premature labor due to twin pregnancies, poly hydramnios or preterm labor based on the psychosocial and lifestyle factors. Other causative factors are not there so that the causes of prematurity can not be explained, then the cause of preterm labor is called idiopathic.

2. Incidence of partus prematurus

Research results in Table 5.1 shows that of the 83 women who experienced premature parturition in Rumkital Dr Ramelan Surabaya, about the age of the mother, at the age of 31-35 years by 29 people

(34.9%) ofwhich there are 20 people (24.1%) with preterm category, 6 (7.2%) with very preterm, and 3 (3.6%) to the category of extremely preterm. At age> 35 years by 22 people (26.5%) of which there are 16 people (19.3%) with preterm category, while there were 3 people (3.6%) categories of very preterm and extremely preterm. At the age of 26-30 years by 20 people (24.1%) of whom 16 (19.3%) with preterm category, and 2 (2.4%) to the category of very preterm and extremely preterm. At the age of 21-25 years there were 10 people (12%), 8 people (9.6%) to the category of preterm and 2 (2.4%) in the category of extremely preterm. And at age <20 years who experienced preterm parturition only 2 (2.4%) with very preterm category. Krisnadi (2009: 51) states that teenage pregnancy is a relatively young gynecological history will increase the incidence of preterm birth at gestational age <33 weeks, women aged> 35 years are also at increased risk for preterm labor. Researchers assume that the incidence of preterm parturition dominated at the age of 31-35 years, an outline of parturition events Dr Ramelan Hospital Surabaya on average are 20-35 years although reproductive including productive age. Healthy reproductive age in a woman ranges between 20-30 years and if the maternal age less than 20 years can be at risk for birth weight babies and reproductive systems are not perfect.

Results of research on the amount of parity in Table 5.2 shows that of the 83 women who experienced premature parturition in Dr Ramelan Hospital Surabaya, amounting to 42 people (50.6%) with parity 2-3 times, there are 22 people (26.5%) with

parity 1 times and there were 19 people (22.9%) with parity > 3 times. It is not appropriate according to Krisnadi (2009: 54) states that preterm labor is common in first pregnancies and the incidence could be reduced by increasing the number of parity fairly months to fourth parity. Researchers assume that in this study, uterine circumstances of each individual is different, the biggest events on the number of parity is not at risk 2-3 times, while mothers with risk parity (parity 1 and > 3) are just some of the events. Mothers who have experienced pregnancy more than two times that can cause uterine muscles become weaker, resulting in weak contractions and bleeding after childbirth.

Results of research on the type of work the mother in Table 5.3 shows that of the 83 women who experienced premature parturition in Dr Ramelan Hospital Surabaya, 48 people (57.8%) work as a housewife, 17 people (20.5%) worked as a private, 12 people (14.5%) as a civil servant, and 6 (7.2%) working as self-employed. It is not appropriate according to Krisnadi (2009: 46) states that the lower incidence of preterm labor in pregnant women who are not employees compared with working mothers were pregnant. Researchers assume that in this study, the incidence of preterm parturition most Dr Ramelan Hospital Surabaya dominated on the number of mothers who are not workers, housewives work can cause physical fatigue, most likely due to the consumption of poor nutrition or unhealthy lifestyle, or stress the likely effect on the incidence of preterm parturition.

Results of research on the mother's last education in Table 5.4 of the 83 women who experienced premature parturition in Rumkital Dr Ramelan Surabaya almost entirely high school educated 50 people (60.2%), and 29 (34.9%) college educated people, 4 people (4.8%) junior high school education, while no mother last elementary education. Researchers assume that every pregnant woman may face life-threatening complications, therefore their antenatal care / antenatal care during the period of pregnancies indispensable. Krisnadi (2009: 55) states that pregnant women do not receive prenatal care, do not receive antenatal care quality at increased risk for preterm labor. Researchers assume that the final low maternal education would affect less prenatal care and result in a condition of pregnancy. Supervision is carried out not only of health workers alone at the time of prenatal care, but the knowledge of pregnant mothers and families about the danger signs of pregnancy becomes a factor supporting the prevention of complications in pregnancy.

3. Obstetric conditions related to incidence of partus premature in Dr Ramelan Hospital Surabaya

Analysis of statistical tests based on table 5.7 by using the Pearson Chi-Square found out that there is a relationship between two variables: obstetric conditions with the incidence of preterm parturition (p-value = 0.043). This showed that $p < 0.05$ mean **HO rejected**, which means there is a relationship between the incidence of obstetric conditions

preterm parturition in Dr Ramelan Hospital Surabaya.

The results of the 83 respondents found that the percentage relationship obstetric conditions with preterm parturition were 38 people who experienced premature rupture of which there are 32 people (84.2%) belong to the category of preterm premature parturition namely with a gestational age between 32-36 weeks. Soewarto (2010: 678) states that the premature rupture of membranes on prematurity caused by external factors namely infection that spreads from the vagina and is common in polyhydramnios, incompetent cervix, and placental abruption. Researchers assume that the fact that the field took place because of the state of the fetus with amniotic fluid too heavy to be supported by the uterus with an incompetent cervix so that the membranes can rupture or immediately preceded by that of the uterine contractions. Things like this allow preterm labor when triggered by an infection that spreads from the vagina into the uterus, causing rupture or release of prostaglandins and can cause uterine contractions. This is also supported from general data about the respondents' mother occupation dominated by housewives work that pregnant women who are not employees. According Krisnadi (2009: 47) states that the lower incidence of preterm labor in pregnant women who are not employees compared with working

mothers were pregnant. However, on the facts found in researcher Dr. Ramelan Hospital Surabaya nearly all respondents as housewives where this type of work also affect the increased incidence of premature, to work for too long, had a heavy physical labor, nutritional needs of pregnant women who are unbalanced or style less healthy lives and something that is likely to cause stress such as the condition relationship with his family, so that the exhausting physical work, mental stress and environmental stress can affect the incidence of premature rupture of membranes. Krisnadi (2009: 46) states that stress in pregnancy can increase catecholamine and cortisol which will enable the placental corticotropin releasing hormone and precipitate delivery through biological pathways. Stress also interfere with immune function that can cause inflammatory reactions or infections intra-amniotic and ultimately stimulate labor.

The results of the 83 respondents found that the percentage relationship obstetric conditions with preterm parturition due cause as many as 33 people, among whom there were 7 people (21.2%) belong to the category of extremely preterm premature parturition namely with a gestational age between 20-27 weeks. Researchers assume that the fact that the field is found there are various causes such as chronic hypertension, Intra Uterine Fetal Death, breech or

transverse layout, myoma uteri, impending eclampsia, obesity, kidney disorders, Intra Uterine Growth Retardation, antenatal bleeding, a history of caesarean section, oligohydramnios, and a history of abortion. According Angsar (2009: 531) regarding the incidence of chronic hypertension states that if an unknown presence of hypertension before pregnancy, chronic hypertension was defined when systolic blood pressure is obtained 140 mmHg or diastolic blood pressure > 90 mm Hg before 20 weeks gestation. Researchers assume from the facts found in Dr Ramelan Hospital Surabaya about other causes because one of them with chronic hypertension was found that there was one respondent with blood pressure exceeding 210/110 mmHg. The incidence of hypertension and other systemic diseases will involve the circulatory system between mother and fetus so that these diseases are likely to lead to impaired fetal growth in the womb or is also found with the conditions of intra-uterine fetal death. Fetal death can occur due to impaired fetal growth, fetal distress or congenital abnormality or also as a result of previously undiagnosed infections that do not heal. Vulnerability increased in infants born less than 28 weeks because the organs may not develop to survive outside the mother's uterus and may be too young to function properly. With the discovery of hypertensive disorders and other systemic illnesses into

serious consideration and need careful handling diagnosis of preterm labor action artificial because it is about biological immaturity of the fetus to live outside the womb. In such conditions it is often done handling of artificial premature labor that aims to save the mother or fetal conditions of death. It is appropriate according to Krisnadi (2009: 52) states that the condition during pregnancy are at risk of the occurrence of preterm labor one of which is a medical illness. The result showed that the percentage of 83 respondents obstetric condition relationship with preterm parturition as many as 6 people with unknown causes were only 6 people (100%) belong to the category of preterm premature parturition namely with a gestational age between 32-36 weeks. Researchers assume that from the facts found in Dr Ramelan Surabaya in most cases the exact cause of preterm parturition has no known cause, but there are only a few symptoms that show signs of preterm births that occur, such as repeated contractions, the discovery of cervical examination with the opening of at least 2 cm, or by the discovery of premature membrane rupture is an early sign of premature parturition. This is also supported from general data about the respondents' education level of mothers who dominated the last high school education of 50 people, one of which there are 7 people (14%) were classified as category of extremely

preterm gestational age between 20-27 weeks. From facts on the ground indicate that the views of the factors of pregnant women at antenatal visits checks are not routinely performed led to a lack of information about the condition of a healthy pregnancy.

Therefore, it is necessary checkups of pregnant women as early as possible at least four times during her pregnancy. Supervision does not only come from health professionals during prenatal care alone, but knowledge of mothers and families about the danger signs of pregnancy is also a contributing factor to the prevention of complications in pregnancy. According Widjayanegara (2009: 4) states that most of the causes of preterm labor is unknown, therefore, classified in the group of idiopathic or spontaneous labor. These groups include premature labor due to twin pregnancies, poly hydramnios or preterm labor based on the psychosocial and lifestyle factors. The results of the 83 respondents found that the percentage relationship obstetric conditions with as many as 4 people premature parturition twin pregnancy because of which there are three people (75%) belong to the category of preterm premature parturition namely with a gestational age between 32-36 weeks. Researchers assume from the facts found in Dr Ramelan Hospital Surabaya showed that the incidence of multiple pregnancies can affect the state of the uterus and is accompanied by an

incompetent cervix is the most likely risk for preterm parturition. Most twins will be born prematurely with low birth weight less than 2,500 grams and need help breathing, eating, fighting infection and require warm temperatures. Twin pregnancy often affects maternal health conditions and the state of maternal uterus. Ultrasound examination should be performed to monitor fetal development, twin pregnancies complicated and if not treated properly can harm both mother and fetus. Twin pregnancy causing excessive distention of the uterus, thus bypassing the limits of tolerance and often a premature parturition. Seen from the perspective of mothers who are anemic, the state of women who suffer anemia common in twin pregnancies because of the high nutritional needs as well as increased plasma volume that is not proportional to the increase in red blood cells which could lead to low hemoglobin levels or mangalami sharp increase. Pregnant women are said to be anemic if hemoglobin levels less than 10 g%. Causes of anemia in pregnant women is generally a result of malnutrition, lack of iron intake in food consumed and can also be of another disease factors. Pregnant women who are anemic prone to premature birth, the mother's body power decreases due to a weak immune system's defense against infection, gave birth to babies with low birth weight, anemia is not overcome fear it would increase the risk of bleeding during delivery and

can cause death of the mother, the candidate mothers who suffer from anemia can have a baby with low birth weight. According to Abdul Muthalib (2010: 778) which states that a high hemoglobin concentration during pregnancy has been reported to increase the risk of complications such as the birth of small for gestational age, preterm birth and perinatal mortality. Karsono (2010: 260) states that twin pregnancies were detected in the first trimester of pregnancy should always be evaluated, to determine the likelihood of spontaneous reduction or other disturbances during pregnancy.

The analysis of 83 mothers of preterm parturition was found that the percentage relationship obstetric conditions with severe preeclampsia in the incidence of preterm parturition only one person (100%) belong to the category of preterm gestational age 32-36 weeks. Angsar (2010: 531) states that severe preeclampsia with systolic blood pressure > 160 mmHg and diastolic blood pressure > 110 mmHg with proteinuria over 5 g / 24 hours. Researchers assume from the facts found in Dr Ramelan Hospital Surabaya showed that the incidence of severe preeclampsia is one of the signs of pregnancy are at risk, but the handling and treatment that has been done in Dr Ramelan Hospital Surabaya good enough that the incidence of preterm parturition rare by factors of preeclampsia. Researchers assume from the fact

that the fact was found that the state of mothers with severe preeclampsia conditions have blood flow to the placenta is decreased and causes disturbances in the placenta, resulting in impaired fetal growth and can cause fetal distress due to fetal oxygen deprivation. At preeclampsia often an increase in uterine tone and sensitivity stimulation, which can cause premature parturition. The sequence of symptoms that occur in preeclampsia is edema, hypertension, and proteinuria last. In the severe preeclampsia can lead to eclampsia. Eclampsia is more dangerous than preeclampsia due to the additional specific symptoms such as seizures accompanied by a thorough and the possibility of coma. Death due to eclampsia increased sharply compared with the level of severe preeclampsia. Therefore, the need of early diagnosis and treatment of preeclampsia how to prevent progress to eclampsia. Angsar (2010: 550) states that the complications that can occur in the fetus because of preeclampsia is placental abruption, prematurity, intrauterine fetal growth restriction, breathing distress syndrome, necrotic enterocolitis, sepsis, and cerebral palsy. The analysis of 83 mothers of preterm parturition was found that the percentage relationship obstetric conditions with a history of preterm parturition in the incidence of preterm parturition found only one person (100%) to the category of extremely preterm. Researchers

assume from the facts found indicate that the incidence of preterm parturition history in Rumkital Dr Ramelan Surabaya rare, history of previous preterm parturition is a state that is likely to affect the state of the uterus strength when subjected to a subsequent pregnancy. From the facts found only one person (100%) with the criteria of extremely preterm. Premature parturition categories namely extremely preterm gestational age 20-27 weeks will have a negative impact on the condition of the fetus was born. Especially premature infants with gestational age will only receive protection antibodies less than full-term babies born so premature infants are more susceptible to infections because immature of various organs. Which includes such high-risk pregnancies with a history of previous pregnancy and childbirth are less well as a history of miscarriage, postpartum hemorrhage copy, stillbirth, or birth less than a month earlier. Therefore, pregnant women who have been detected with high-risk pregnancies should be done in preparation for a reference, this is done to reduce the number of prematurity or maternal and infant mortality rates are quite high lately. Krisnadi (2009: 53) states that mothers who have a history of one previous preterm birth are at increased risk for preterm labor got longer. The younger the gestational age at previous preterm birth, prematurity occurs more rapidly in subsequent pregnancies.

From the above studies it is known that between obstetric conditions with incidence of preterm parturition have a relationship, obstetric conditions are the result of the causal factors that can lead to a state of premature parturition

Conclusion and Recommendation

Based on the research that has been conducted by researchers at Dr Ramelan Hospital Surabaya few conclusions can be drawn as follows:

1. The incidence of preterm parturition in Dr Ramelan Hospital Surabaya are affected by obstetric condition occurs largely in the incidence of premature rupture of membranes and other factors.
2. The incidence of preterm parturition in Dr Ramelan Hospital mostly occurs in preterm gestational age, while in gestation very preterm and extremely preterm only a few events.
3. There is a relationship between the incidence of obstetric conditions preterm parturition in Dr Ramelan Hospital Surabaya.

References

- Bobak. 2012. *Buku Ajar Keperawatan Maternitas Ed 4*. Jakarta : EGC
- Bothamley, Judy. 2012. *Pato.fisiologi Dalam Kebidanan*. Jakarta : EGC
- Dewi dan Sunarsih. 2011. *Asuhan Kehamilan Untuk Kebidanan*. Jakarta : Salemba Medika
- Fadlun dan Feryanto. 2012. *Asuhan Kebidanan Patologis*. Jakarta : Salemba Medika

- Gant, Norman F. 2010. *Dasar – Dasar Ginekologi & Obstetri*. Jak:arta : EGC
- Hani, dan Kusbandiyah. 2011. *Asuhan Kebidanan Pada Kehamilan Fisiologis*. Jakarta : Salemba Medika
- Haws, Paulette S. 2008. *Asuhan Neonatus : Rujukan Cepat*. Jak:arta : EGC
- Health Technology Assesment Indonesia. 2009. *Prediksi Persalinan Preterm*. Dirjen Bina Pelayanan Medik Kementrian Kesehatan Republik: Indonesia
- Lissauer, Tom dan Avroy. 2009. *At a Glance Neonatologi*. Jakarta : Erlangga
- Llewellyn-Jones. 2001. *Dasar – Dasar Obstetri Dan Ginekologi*. Jak:arta : EGC
- Krisnadi,Sofie dkk.2009. *Prematuritas*. Bandung : Refik:a Aditama
- Oxorn, Harry & William R. 2010. *Ilmu Kebidanan : Patologi & Fisiologi Persalinan*. Yogyakarta:arta : Yayasan Essentia Medika
- Manuaba. 2008. *Gawat – Darurat Obstetri-Ginekologi & Obstetri Ginekologi Sosial Untuk Profesi Bidan*. Jakarta : EGC
- Marmi. 2011. *Asuhan Kebidanan Pada Masa Antenatal*. Yogyakarta:arta : Pustaka Pelajar
- Marmi, dkk. 2011. *Asuhan Kebidanan Patologi*. Yogyakarta:arta : Pustaka Pelajar
- Mukibati, Tinuk & Rudiati. 2012. Gambaran Fak:tor Penyebab Persalinan Prematur Di Kamar Bersalin RSUD Dr. Soeroto Ngawi Tahun2010. *Jurnal Penelitian Kesehatan, vol. 3 no2* : Forum Ilmiah Kesehatan
- Nursalam. 2011. *Konsep Dan Penerapan Metodologi Penelitian Ilmu Keperawatan Pedoman Skripsi, Tesis, Dan Instrumen Penelitian Keperawatan*. Jakarta : Salemba Medika
- Robson, Ellizabeth. 2012. *Patologi Kehamilan*. Jak:arta : EGC
- Saifuddin, Abdul. 2010. *Ilmu Kebidanan Sarwono Prawirohardjo Ed ke-4*. Jakarta: PT Bina Pustaka Sarwono Prawirohardjo
- Simkin, Penny. 2008. *Kehamilan, Melahirkan, & Bayi : Panduan Lengkap*. Jakarta : Arcan
- Setiadi. 2013. *Konsep Dan Praktek Penulisan Riset Keperawatan*. Yogyakarta : Graha Ilmu
- Sulaiman, Sastrawinata Dkk. 2012. *Ilmu Kesehatan Reproduksi : Obstetri Patologi, Ed 2*. Jakarta: EGC
- Sulistyaningsih. 2011. *Metodologi Penelitian Kebidanan Kuantitatif-Kualitatif*. Yogyakarta: Graha Ilmu
- Syafrudin, dkk. 2011. *Untaian Materi Penyuluhan KIA (Kesehatan Ibu dan Anak)*. Jakarta : TIM
- Wasis. 2008. *Pedoman Riset Praktis Untuk Profesi Perawat*. Jakarta : EGC
- Wijayanti, Bagoes & Ester. 2011. Hubungan Usia Dan Paritas Dengan Kejadian Partus Prematurus Di Rumah Sakit Panti Wilasa Citarum Semarang Tahun 2010. *Jurnal Kebidanan Panti Wilasa, vol.2 no 1*.

ke empat

ORIGINALITY REPORT

3%

SIMILARITY INDEX

3%

INTERNET SOURCES

1%

PUBLICATIONS

0%

STUDENT PAPERS

PRIMARY SOURCES

1

www.stikes-bth.ac.id

Internet Source

2%

2

libraryvirtual.com

Internet Source

1%

Exclude quotes On

Exclude bibliography On

Exclude matches < 1%