

LAMPIRAN

Lampiran 1

SK Pembimbing



UNIVERSITAS GALUH FAKULTAS ILMU KESEHATAN

S1 KEPERAWATAN – S1 KEBIDANAN – PROFESI NERS – PROFESI BIDAN
Kampus : Jalan. R.E. Martadinata No. 150 Ciamis 46274 Nomor Kontak: 0821-1790-9060
website: fikes.unigal.ac.id / e-mail: fikes@unigal.ac.id

SURAT KEPUTUSAN
DEKAN FAKULTAS ILMU KESEHATAN UNIVERSITAS GALUH
NOMOR : 66 /401/SK/AK/D/XI/2025
TENTANG
PENGANGKATAN PEMBIMBING KARYA ILMIAH AKHIR NERS (KIAN)
PROGRAM STUDI PENDIDIKAN PROFESI NERS TAHUN AKADEMIK 2025/2026
FAKULTAS ILMU KESEHATAN UNIVERSITAS GALUH

DEKAN FAKULTAS ILMU KESEHATAN UNIVERSITAS GALUH

- MENIMBANG** : 1. Bahwa untuk kelancaran kegiatan Bimbingan Karya Ilmiah Akhir Ners (KIAN) perlu diangkat pembimbing Karya Ilmiah Akhir Ners (KIAN).
2. Bahwa untuk legalitas pembimbing dalam melakukan kegiatan bimbingan Karya Ilmiah Akhir Ners perlu di terbitkan Surat Keputusan Dekan.
- MENGINGAT** : 1. Undang-undang Nomor 12 Tahun 2012 tentang Pendidikan Tinggi;
1. Peraturan Pemerintah Nomor 4 Tahun 2014 tentang Penyelenggaraan Pendidikan Tinggi dan Pengelolaan Pendidikan Tinggi;
2. Permendikbud nomor 3 Tahun 2020 tentang Standar Nasional Perguruan Tinggi;
3. Keputusan Menteri Pendidikan Nasional Nomor 184/U/2001 tentang Pedoman Pengawasan, Pengendalian dan Pembinaan Program Diploma, Sarjana dan Pascasarjana di Perguruan Tinggi;
4. Surat Keputusan Yayasan Pendidikan Galuh Ciamis Nomor 1 Tahun 2025 tentang Statuta Universitas Galuh;
5. Peraturan Rektor Universitas Galuh Nomor 1 Tahun 2025 tentang Pedoman Akademik Universitas Galuh Tahun 2025;
6. Surat Keputusan Rektor Universitas Galuh Nomor : 262/4123/SK/G/VIII/2023 Tanggal 26 Agustus 2023 tentang Pemberhentian dan Pengangkatan Dekan Fakultas Ilmu Kesehatan Universitas Galuh Masa Jabatan 2023-2027;
- MEMPERHATIKAN** : Surat Ajuan dari Ketua Program Studi Ilmu Keperawatan Fakultas Ilmu Kesehatan Universitas Galuh Nomor 86/1490/SP/AK/Ka.Prodi_Kep/XI/2025 perihal Permohonan SK Pembimbing KIAN.
- MEMUTUSKAN**
- MENETAPKAN PERTAMA** :
: Nama : **ADE PUPU SAMROTUL PUADAH**
: Nomor Pokok : **1490125087**
: Program Studi : Pendidikan Profesi Ners
- KEDUA** : Mengangkat Pembimbing KIAN mahasiswa seperti yang tertulis pada diktum pertama sebagai berikut:
Pembimbing I : **Dr. Tita Rohita, S.Kep., Ners., M.M., M.Kep.**
Pembimbing II : **Gita Cahyani, S.Tr.Kep., Ners., M.Tr.Kep.**
- KETIGA** : Tugas dan wewenang pembimbing KIAN:
a. Pembimbing KIAN ditugaskan untuk membimbing dan mengarahkan, dan memberikan masukan kepada mahasiswa dalam proses penulisan KIAN hingga selesai.
b. Dosen Pembimbing wajib memastikan bahwa KIAN yang disusun sesuai dengan standar akademik yang berlaku di Program Studi Profesi Ners Fakultas Ilmu Kesehatan Universitas Galuh
c. Pembimbingan KIAN dilaksanakan secara berkala sesuai dengan ketentuan yang berlaku.
- KEEMPAT** : Surat Keputusan ini berlaku sejak tanggal ditetapkan hingga mahasiswa menyelesaikan KIAN dan dinyatakan lulus sidang KIAN, dan apabila di kemudian hari ternyata terdapat kekeliruan dalam Surat Keputusan ini, akan dilakukan perbaikan sebagaimana mestinya.

Ditetapkan : Ciamis
Pada Tanggal : 6 November 2025
Dekan



Dr. Tita Rohita, S.Kep., Ners., M.M., M.Kep.
Nrk. 11.3112770275



JBI CRITICAL APPARSIAL TOOL
JBI CHECKLIST FOR CROSS- SECTIONAL STUDIES

Lampiran 2

Riview : Ade Pupu Samrotul Puadah
Tanggal : 20/04/2026
Author : Yang et al. Tahun publikasi : 2021
Author Judul : *Preeclampsia Prevalence, Risk Factors, and Pregnancy Outcomes in Sweden and China.*

No	Pertanyaan JBI Cross-Sectional	Jawaban
1	Apakah kriteria inklusi dalam sampel dijelaskan dengan jelas?	Ya
2	Apakah subjek penelitian dan setting penelitian dijelaskan secara rinci?	Ya
3	Apakah paparan/faktor risiko diukur dengan cara yang valid dan reliabel?	Ya
4	Apakah kriteria objektif dan standar digunakan untuk mengukur kondisi/kejadian pre-eklampsia?	Ya
5	Apakah faktor perancu/confounding factors diidentifikasi?	Ya
6	Apakah strategi untuk menangani faktor perancu dinyatakan?	Ya
7	Apakah outcome/hasil diukur dengan cara yang valid dan reliabel?	Ya
8	Apakah analisis statistik yang digunakan tepat?	Ya

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments
(Including reason for exclusion) Layak dilakukan review : 100



JBI CRITICAL APPARSIAL TOOL
JBI CHECKLIST FOR CROSS- SECTIONAL STUDIES

Riview : Ade Pupu Samrotul Puadah

Tanggal : 20/04/2026

Author : Anto et al. Tahun publikasi : 2023

Author Judul : *Prevalence of preeclampsia and algorithm of adverse foeto-maternal risk factors among pregnant women in the Central Region of Ghana: A multicentre prospective crosssectional study*

No	Pertanyaan JBI Cross-Sectional	Jawaban
1	Apakah kriteria inklusi dalam sampel dijelaskan dengan jelas?	Ya
2	Apakah subjek penelitian dan setting penelitian dijelaskan secara rinci?	Ya
3	Apakah paparan/faktor risiko diukur dengan cara yang valid dan reliabel?	Ya
4	Apakah kriteria objektif dan standar digunakan untuk mengukur kondisi/kejadian pre-eklampsia?	Ya
5	Apakah faktor perancu/confounding factors diidentifikasi?	Ya
6	Apakah strategi untuk menangani faktor perancu dinyatakan?	Ya
7	Apakah outcome/hasil diukur dengan cara yang valid dan reliabel?	Ya
8	Apakah analisis statistik yang digunakan tepat?	Ya

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 100



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- SECTIONAL STUDIES

Riview : Ade Pupu Samrotul Puadah

Tanggal : 20/04/2026

Author : Noor et al.

Tahun publikasi : 2024

Author Judul : *Faktor Risiko Yang Berhubungan Dengan Kejadian Preeklamsia Pada Ibu Hamil Di RSIA Siti Khadijah 1 Makassar*

No	Pertanyaan JBI Cross-Sectional	Jawaban
1	Apakah kriteria inklusi dalam sampel dijelaskan dengan jelas?	Tidak jelas
2	Apakah subjek penelitian dan setting penelitian dijelaskan secara rinci?	Ya
3	Apakah paparan/faktor risiko diukur dengan cara yang valid dan reliabel?	Ya
4	Apakah kriteria objektif dan standar digunakan untuk mengukur kondisi/kejadian pre-eklampsia?	Ya
5	Apakah faktor perancu/confounding factors diidentifikasi?	Tidak
6	Apakah strategi untuk menangani faktor perancu dinyatakan?	Tidak
7	Apakah outcome/hasil diukur dengan cara yang valid dan reliabel?	Ya
8	Apakah analisis statistik yang digunakan tepat?	Ya

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 62,5



JBI CRITICAL APPARSIAL TOOL
JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah
Tanggal : 20/04/2026
Author : Mayrink et al. Tahun publikasi : 2019
Author Judul : *Incidence and risk factors for Preeclampsia in a cohort of healthy nulliparous pregnant women: a nested case-control study*

No Pertanyaan JBI Case-Control	Jawaban
---------------------------------------	----------------

- | | |
|--|-------------|
| 1 Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia pada kelompok kasus dan tidak adanya pre-eklampsia pada kelompok kontrol? | Ya |
| 2 Apakah kasus dan kontrol dicocokkan/matched secara tepat? | Tidak jelas |
| 3 Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? | Ya |
| 4 Apakah paparan/faktor risiko diukur dengan cara yang standar, valid, dan reliabel? | Ya |
| 5 Apakah paparan/faktor risiko diukur dengan cara yang sama pada kasus dan kontrol? | Ya |
| 6 Apakah faktor perancu/confounding factors diidentifikasi? | Ya |
| 7 Apakah strategi untuk menangani faktor perancu dinyatakan? | Ya |
| 8 Apakah outcome dinilai dengan cara yang standar, valid, dan reliabel untuk kasus dan kontrol? | Ya |
| 9 Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? | Ya |
| 10 Apakah analisis statistik yang digunakan tepat? | Ya |

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 90



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah

Tanggal : 20/04/2026

Author : Stitterich et al.

Tahun publikasi

: 2021

Author Judul : *Risk factors for preeclampsia and eclampsia at a main referral maternity hospital in Freetown, Sierra Leone: a case-control study*

No Pertanyaan JBI Case-Control

Jawaban

- | | | |
|----|---|---------------|
| 1 | Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia/eklampsia pada kelompok kasus dan tidak adanya kondisi tersebut pada kelompok kontrol? | Ya |
| 2 | Apakah kasus dan kontrol dicocokkan/matched secara tepat? | Tidak berlaku |
| 3 | Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? | Ya |
| 4 | Apakah paparan/faktor risiko diukur dengan cara yang standar, valid, dan reliabel? | Ya |
| 5 | Apakah paparan/faktor risiko diukur dengan cara yang sama pada kasus dan kontrol? | Ya |
| 6 | Apakah faktor perancu/confounding factors diidentifikasi? | Ya |
| 7 | Apakah strategi untuk menangani faktor perancu dinyatakan? | Ya |
| 8 | Apakah outcome dinilai dengan cara yang standar, valid, dan reliabel untuk kasus dan kontrol? | Ya |
| 9 | Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? | Ya |
| 10 | Apakah analisis statistik yang digunakan tepat? | Ya |

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 90



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah

Tanggal : 20/04/2026

Author : Nie, Xu, & Ren

Tahun publikasi

: 2024

Author Judul : *Analysis of risk factors of preeclampsia in pregnant women with chronic hypertension and its impact on pregnancy outcomes*

No Pertanyaan JBI Case-Control

Jawaban

- | | | |
|----|--|---------------|
| 1 | Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia pada kelompok kasus dan tidak adanya pre-eklampsia pada kelompok kontrol? | Ya |
| 2 | Apakah kasus dan kontrol dicocokkan/matched secara tepat? | Tidak berlaku |
| 3 | Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? | Ya |
| 4 | Apakah paparan/faktor risiko diukur dengan cara yang standar, valid, dan reliabel? | Ya |
| 5 | Apakah paparan/faktor risiko diukur dengan cara yang sama pada kasus dan kontrol? | Ya |
| 6 | Apakah faktor perancu/confounding factors diidentifikasi? | Ya |
| 7 | Apakah strategi untuk menangani faktor perancu dinyatakan? | Ya |
| 8 | Apakah outcome dinilai dengan cara yang standar, valid, dan reliabel untuk kasus dan kontrol? | Ya |
| 9 | Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? | Ya |
| 10 | Apakah analisis statistik yang digunakan tepat? | Ya |

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 90



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah

Tanggal : 20/04/2026

Author : Haile et al.

Tahun publikasi

: 2021

Author Judul : *Determinants of Preeclampsia among Women Attending Delivery Services in Public Hospitals of Central Tigray, Northern Ethiopia: A Case-Control Study*

No Pertanyaan JBI Case-Control

Jawaban

- | | | |
|----|--|---------------|
| 1 | Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia pada kelompok kasus dan tidak adanya pre-eklampsia pada kelompok kontrol? | Ya |
| 2 | Apakah kasus dan kontrol dicocokkan/matched secara tepat? | Tidak berlaku |
| 3 | Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? | Ya |
| 4 | Apakah paparan/faktor risiko diukur dengan cara yang standar, valid, dan reliabel? | Ya |
| 5 | Apakah paparan/faktor risiko diukur dengan cara yang sama pada kasus dan kontrol? | Ya |
| 6 | Apakah faktor perancu/confounding factors diidentifikasi? | Ya |
| 7 | Apakah strategi untuk menangani faktor perancu dinyatakan? | Ya |
| 8 | Apakah outcome dinilai dengan cara yang standar, valid, dan reliabel untuk kasus dan kontrol? | Ya |
| 9 | Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? | Ya |
| 10 | Apakah analisis statistik yang digunakan tepat? | Ya |

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 90



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah

Tanggal : 20/04/2026

Author : Mekie, Mekonnen, & Assegid Tahun publikasi : 2020

Author Judul : *Cohabitation duration, obstetric, behavioral and nutritional factors predict preeclampsia among nulliparous women in West Amhara Zones of Ethiopia: Age matched case control study*

No	Pertanyaan JBI Case-Control	Jawaban
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- | | | |
|----|--|----|
| 1 | Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia pada kelompok kasus dan tidak adanya pre-eklampsia pada kelompok kontrol? | Ya |
| 2 | Apakah kasus dan kontrol dicocokkan/matched secara tepat? | Ya |
| 3 | Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? | Ya |
| 4 | Apakah paparan/faktor risiko diukur dengan cara yang standar, valid, dan reliabel? | Ya |
| 5 | Apakah paparan/faktor risiko diukur dengan cara yang sama pada kasus dan kontrol? | Ya |
| 6 | Apakah faktor perancu/confounding factors diidentifikasi? | Ya |
| 7 | Apakah strategi untuk menangani faktor perancu dinyatakan? | Ya |
| 8 | Apakah outcome dinilai dengan cara yang standar, valid, dan reliabel untuk kasus dan kontrol? | Ya |
| 9 | Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? | Ya |
| 10 | Apakah analisis statistik yang digunakan tepat? | Ya |

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 100



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah

Tanggal : 20/04/2026

Author : Endeshaw et al.

Tahun publikasi

: 2016

Author Judul : *Obesity in young age is a risk factor for preeclampsia: A facility based case-control study, northwest Ethiopia*

No Pertanyaan JBI Case-Control

Jawaban

- | | | |
|----|--|---------------|
| 1 | Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia pada kelompok kasus dan tidak adanya pre-eklampsia pada kelompok kontrol? | Ya |
| 2 | Apakah kasus dan kontrol dicocokkan/matched secara tepat? | Tidak berlaku |
| 3 | Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? | Ya |
| 4 | Apakah paparan/faktor risiko diukur dengan cara yang standar, valid, dan reliabel? | Ya |
| 5 | Apakah paparan/faktor risiko diukur dengan cara yang sama pada kasus dan kontrol? | Ya |
| 6 | Apakah faktor perancu/confounding factors diidentifikasi? | Ya |
| 7 | Apakah strategi untuk menangani faktor perancu dinyatakan? | Ya |
| 8 | Apakah outcome dinilai dengan cara yang standar, valid, dan reliabel untuk kasus dan kontrol? | Ya |
| 9 | Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? | Ya |
| 10 | Apakah analisis statistik yang digunakan tepat? | Ya |

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 90



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah
Tanggal : 20/04/2026
Author : Grum et al. Tahun publikasi : 2017
Author Judul : *Determinants of pre-eclampsia/Eclampsia among women attending delivery Services in Selected Public Hospitals of Addis Ababa, Ethiopia: A case control study*

No	Pertanyaan JBI Case-Control	Jawaban
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- | | | |
|----|---|---------------|
| 1 | Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia/eklampsia pada kelompok kasus dan tidak adanya kondisi tersebut pada kelompok kontrol? | Ya |
| 2 | Apakah kasus dan kontrol dicocokkan/matched secara tepat? | Tidak berlaku |
| 3 | Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? | Ya |
| 4 | Apakah paparan/faktor risiko diukur dengan cara yang standar, valid, dan reliabel? | Ya |
| 5 | Apakah paparan/faktor risiko diukur dengan cara yang sama pada kasus dan kontrol? | Ya |
| 6 | Apakah faktor perancu/confounding factors diidentifikasi? | Ya |
| 7 | Apakah strategi untuk menangani faktor perancu dinyatakan? | Ya |
| 8 | Apakah outcome dinilai dengan cara yang standar, valid, dan reliabel untuk kasus dan kontrol? | Ya |
| 9 | Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? | Ya |
| 10 | Apakah analisis statistik yang digunakan tepat? | Ya |

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 90



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah

Tanggal : 20/04/2026

Author : Katore, Gurara, & Beyen Tahun publikasi : 2021

Author Judul : *Determinants of preeclampsia among pregnant women in chiro referral hospital, oromia regional state, Ethiopia: Unmatched case– control study*

No Pertanyaan JBI Case-Control

Jawaban

- | | | |
|----|--|---------------|
| 1 | Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia pada kelompok kasus dan tidak adanya pre-eklampsia pada kelompok kontrol? | Ya |
| 2 | Apakah kasus dan kontrol dicocokkan/matched secara tepat? | Tidak berlaku |
| 3 | Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? | Ya |
| 4 | Apakah paparan/faktor risiko diukur dengan cara yang standar, valid, dan reliabel? | Ya |
| 5 | Apakah paparan/faktor risiko diukur dengan cara yang sama pada kasus dan kontrol? | Ya |
| 6 | Apakah faktor perancu/confounding factors diidentifikasi? | Ya |
| 7 | Apakah strategi untuk menangani faktor perancu dinyatakan? | Ya |
| 8 | Apakah outcome dinilai dengan cara yang standar, valid, dan reliabel untuk kasus dan kontrol? | Ya |
| 9 | Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? | Ya |
| 10 | Apakah analisis statistik yang digunakan tepat? | Ya |

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 90



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah

Tanggal : 20/04/2026

Author : Fadhilah et al.

Tahun publikasi

: 2022

Author Judul : *Analisis Faktor Risiko Kejadian Preeklampsia Pada Ibu Hamil Yang Bersalin Di Rsud Sawerigading Palopo | 68 Analisis Faktor Risiko Kejadian Preeklampsia Pada Ibu Hamil Yang Bersalin Di Rsud Sawerigading Palopo*

No Pertanyaan JBI Case-Control

Jawaban

- | | | |
|----|--|---------------|
| 1 | Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia pada kelompok kasus dan tidak adanya pre-eklampsia pada kelompok kontrol? | Ya |
| 2 | Apakah kasus dan kontrol dicocokkan/matched secara tepat? | Tidak berlaku |
| 3 | Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? | Ya |
| 4 | Apakah paparan/faktor risiko diukur dengan cara yang standar, valid, dan reliabel? | Ya |
| 5 | Apakah paparan/faktor risiko diukur dengan cara yang sama pada kasus dan kontrol? | Ya |
| 6 | Apakah faktor perancu/confounding factors diidentifikasi? | Ya |
| 7 | Apakah strategi untuk menangani faktor perancu dinyatakan? | Ya |
| 8 | Apakah outcome dinilai dengan cara yang standar, valid, dan reliabel untuk kasus dan kontrol? | Ya |
| 9 | Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? | Ya |
| 10 | Apakah analisis statistik yang digunakan tepat? | Ya |

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 90



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah

Tanggal : 20/04/2026

Author : Khotijah & Daryanti Tahun publikasi : 2024

Author Judul : *Hubungan Usia dan Paritas Ibu Bersalin dengan Kejadian Preeklamsia di RS PKU Muhammadiyah Gamping*

No Pertanyaan JBI Case-Control

Jawaban

- | | | |
|----|--|---------------|
| 1 | Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia pada kelompok kasus dan tidak adanya pre-eklampsia pada kelompok kontrol? | Ya |
| 2 | Apakah kasus dan kontrol dicocokkan/matched secara tepat? | Tidak berlaku |
| 3 | Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? | Ya |
| 4 | Apakah paparan/faktor risiko diukur dengan cara yang standar, valid, dan reliabel? | Ya |
| 5 | Apakah paparan/faktor risiko diukur dengan cara yang sama pada kasus dan kontrol? | Ya |
| 6 | Apakah faktor perancu/confounding factors diidentifikasi? | Tidak jelas |
| 7 | Apakah strategi untuk menangani faktor perancu dinyatakan? | Tidak |
| 8 | Apakah outcome dinilai dengan cara yang standar, valid, dan reliabel untuk kasus dan kontrol? | Ya |
| 9 | Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? | Ya |
| 10 | Apakah analisis statistik yang digunakan tepat? | Ya |

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 70



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah

Tanggal : 20/04/2026

Author : Wulandara & Patimah

Tahun publikasi

: 2020

Author Judul : *Faktor-Faktor Yang Berhubungan Dengank Ejadian Preeklampsia Pada Ibu Bersalin Di Ruang Bersalin Rsud Singaparna Medika Citrautama Tasikmalaya*

No Pertanyaan JBI Case-Control

Jawaban

- | | | |
|----|--|---------------|
| 1 | Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia pada kelompok kasus dan tidak adanya pre-eklampsia pada kelompok kontrol? | Ya |
| 2 | Apakah kasus dan kontrol dicocokkan/matched secara tepat? | Tidak berlaku |
| 3 | Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? | Ya |
| 4 | Apakah paparan/faktor risiko diukur dengan cara yang standar, valid, dan reliabel? | Ya |
| 5 | Apakah paparan/faktor risiko diukur dengan cara yang sama pada kasus dan kontrol? | Ya |
| 6 | Apakah faktor perancu/confounding factors diidentifikasi? | Ya |
| 7 | Apakah strategi untuk menangani faktor perancu dinyatakan? | Ya |
| 8 | Apakah outcome dinilai dengan cara yang standar, valid, dan reliabel untuk kasus dan kontrol? | Ya |
| 9 | Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? | Ya |
| 10 | Apakah analisis statistik yang digunakan tepat? | Ya |

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 90



JBI CRITICAL APPARSIAL TOOL

JBI CHECKLIST FOR CROSS- CONTROL STUDIES

Riview : Ade Pupu Samrotul Puadah
Tanggal : 20/04/2026
Author : Fatkhiyah, Kodiyah, & Masturoh Tahun publikasi : 2016
Author Judul : *Determinan Maternal Kejadian Preeklampsia (Studi Kasus Di Kabupaten Tegal, Jawa Tengah)*

No Pertanyaan JBI Case-Control

Jawaban

- 1 Apakah kelompok kasus dan kontrol dapat dibandingkan selain adanya pre-eklampsia pada kelompok kasus dan tidak adanya pre-eklampsia pada kelompok kontrol? Ya
- 2 Apakah kasus dan kontrol dicocokkan/matched secara tepat? Tidak berlaku
- 3 Apakah kriteria yang sama digunakan untuk mengidentifikasi kasus dan kontrol? Ya
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- 9 Apakah periode paparan yang diamati cukup panjang/tepat untuk bermakna? Ya
- 10 Apakah analisis statistik yang digunakan tepat? Ya

Overall APPARSIAL: Include ☒ Exclude ☐ Seek further info ☐ Comments

(Including reason for exclusion) Layak dilakukan review : 90

Lampiran 3

Lembar Konsultasi Pembimbing I

Lampiran 4

Lembar Konsultasi Pembimbing II

Lampiran 5



Original Investigation | Obstetrics and Gynecology

Preeclampsia Prevalence, Risk Factors, and Pregnancy Outcomes in Sweden and China

Yingying Yang, MD; Isabelle Le Ray, MD, PhD; Jing Zhu, MD, PhD; Jun Zhang, MD, PhD; Jing Hua, MD, PhD; Marie Reilly, PhD

Abstract

IMPORTANCE Preeclampsia is a leading cause of maternal and perinatal morbidity and mortality worldwide. Within-country studies have reported racial differences in the presentation and outcome, but little is known about differences between countries.

OBJECTIVE To compare preeclampsia prevalence, risk factors, and pregnancy outcomes between the Swedish and Chinese populations.

DESIGN, SETTING, AND PARTICIPANTS This cross-sectional study compared deliveries from the Swedish national Medical Birth Register (2007-2012) and the China Labor and Delivery Survey (2015-2016). The Swedish Medical Birth Register records maternal, pregnancy, and neonatal information for nearly all deliveries in Sweden. The China Labor and Delivery Survey was conducted throughout China, and these data were reweighted to enable national comparisons. Participants included 555 446 deliveries from Sweden and 79 243 deliveries from China. Data management and analysis was conducted from November 2018 to August 2020 and revised in February to March 2021.

EXPOSURES Maternal characteristics, parity, multiple gestation, chronic and gestational diabetes, cesarean delivery.

MAIN OUTCOMES AND MEASURES Preeclampsia prevalence and risk factors, overall and for mild and severe forms and rates of adverse neonatal outcomes compared with pregnancies with no gestational hypertension.

RESULTS The 555 446 Swedish pregnancies and 79 243 Chinese pregnancies had mean (SD) maternal age of 30.9 (5.3) years and 28.6 (4.6) years, respectively. The overall prevalence of preeclampsia was similar in Sweden and China, 16 068 (2.9%) and 1803 (2.3%), respectively, but with 5222 cases (32.5%) considered severe in Sweden and 1228 cases (68.1%) considered severe in China. Obesity (defined as BMI ≥ 28 in China and BMI ≥ 30 in Sweden) was a stronger risk factor in China compared with Sweden (China: odds ratio [OR], 5.12; 95% CI, 3.82-6.86; Sweden: OR, 3.49; 95% CI, 3.31-3.67). Nulliparity had a much stronger association with severe preeclampsia in Sweden compared with China (Sweden: OR, 3.91; 95% CI, 3.65-4.18; China: OR, 1.65; 95% CI, 1.20-2.25). The overall stillbirth rate for singleton in China was more than 3-fold higher than in Sweden (846/77 512 [1.1%] vs 1753/547 219 [0.3%], $P < .001$), and 10-fold higher among women with preeclampsia (66/1652 [4.6%] vs 60/14 499 [0.4%], $P < .001$).

CONCLUSIONS AND RELEVANCE In this study, the prevalence rates of preeclampsia in Sweden and China were similar, but women in China had more severe disease and worse pregnancy outcomes than women in Sweden. The associations of obesity and nulliparity with preeclampsia suggest a role for lifestyle and health care factors but may reflect some differences in pathophysiology. These

(continued)

Key Points

Question Does preeclampsia differ in prevalence, risk factors, or pregnancy outcomes in the Swedish and Chinese populations?

Findings In this cross-sectional study of 634 689 pregnancies, preeclampsia had a similar prevalence in Sweden (2.8%) and China (2.2%), but two-thirds of cases were mild in Sweden, while two-thirds of cases were severe in China, and notable differences were found for the association of nulliparity and body mass index. The stillbirth rate for preeclampsia in China was almost 10-fold higher than in Sweden.

Meaning This comparison adds to the global literature on preeclampsia, helps to fill the data gap for Asian populations, and suggests an important role for the management of maternal care.

Supplemental content

Author affiliations and article information are listed at the end of this article.

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May 10, 2021 1/14

SCIENTIFIC REPORTS

OPEN

Incidence and risk factors for Preeclampsia in a cohort of healthy nulliparous pregnant women: a nested case-control study

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Published online: 02 July 2019

Jussara Mayrink¹, Renato T. Souza¹, Francisco E. Feitosa², Edilberto A. Rocha Filho³, Débora F. Leite^{1,3}, Janete Vettorazzi⁴, Iracema M. Calderon⁵, Maria H. Sousa⁶, Maria L. Costa¹, Philip N. Baker⁷, Jose G. Cecatti¹ & Preterm SAMBA study group*

The objective of this study is to determine the incidence, socio-demographic and clinical risk factors for preeclampsia and associated maternal and perinatal adverse outcomes. This is a nested case-control derived from the multicentre cohort study Preterm SAMBA, in five different centres in Brazil, with nulliparous healthy pregnant women. Clinical data were prospectively collected, and risk factors were assessed comparatively between PE cases and controls using risk ratio (RR) (95% CI) plus multivariate analysis. Complete data were available for 1,165 participants. The incidence of preeclampsia was 7.5%. Body mass index determined at the first medical visit and diastolic blood pressure over 75 mmHg at 20 weeks of gestation were independently associated with the occurrence of preeclampsia. Women with preeclampsia sustained a higher incidence of adverse maternal outcomes, including C-section (3.5 fold), preterm birth below 34 weeks of gestation (3.9 fold) and hospital stay longer than 5 days (5.8 fold) than controls. They also had worse perinatal outcomes, including lower birthweight (a mean 379 g lower), small for gestational age babies (RR 2.45 [1.52–3.95]), 5-minute Apgar score less than 7 (RR 2.11 [1.03–4.29]), NICU admission (RR 3.34 [1.61–6.9]) and Neonatal Near Miss (3.65 [1.78–7.49]). Weight gain rate per week, obesity and diastolic blood pressure equal to or higher than 75 mmHg at 20 weeks of gestation were shown to be associated with preeclampsia. Preeclampsia also led to a higher number of C-sections and prolonged hospital admission, in addition to worse neonatal outcomes.

Preeclampsia is considered an important cause of maternal mortality and severe maternal morbidity¹. For every woman who dies, it is estimated that around 20 other women suffer from severe morbidity and disability^{2,3}. In view of the social and economic implications of this condition, great effort has been made to expeditiously prevent, diagnose and treat preeclampsia^{4–7}.

The magnitude of the problem in some places across the world is still not fully known, especially in low and middle-income countries. In particular, the actual incidence of preeclampsia remains largely unknown⁸. There is usually suboptimal reporting of the disease, leading to constraints on public health applicability⁹. Another important aspect is the identification of pregnant women at risk of developing preeclampsia, especially in nulliparous women with no track record of any pregnancy outcomes³. From clinical risk factors to 'omics' technology, there is still currently no single good predictor of preeclampsia^{10–15}.

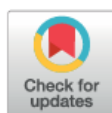
Clinical factors remain an inexpensive and rapid way to predict the occurrence of preeclampsia. This current study intends to evaluate the incidence of preeclampsia and its sub-phenotypes (early-onset and late-onset),

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RESEARCH ARTICLE

Prevalence of preeclampsia and algorithm of adverse foeto-maternal risk factors among pregnant women in the Central Region of Ghana: A multicentre prospective cross-sectional study

Enoch Odame Anto^{1,2,3,*}, Wina Ivy Ofori Boadu¹, Ezekiel Ansah¹, Augustine Tawiah⁴, Joseph Frimpong¹, Valentine Christian Kodzo Tsatsu Tamakloe¹, Emmanuel Ekow Korsah¹, Emmanuel Acheampong³, Evans Adu Asamoah⁵, Stephen Opoku⁵, Eric Adua⁶, Ebenezer Afrifa-Yamoah⁷, Max Efui Annani-Akollor⁵, Agartha Odame Anto⁸, Christian Obirikorang⁵



OPEN ACCESS

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* These authors contributed equally to this work.

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Abstract

Background

Preeclampsia is a leading cause of foeto-maternal deaths especially in Sub-Saharan Africa. However, the prevalence and risk factors of preeclampsia are scarce in the Central region of Ghana with previous study assessing individual independent risk factors. This study determined the prevalence and algorithm of adverse foeto-maternal risk factors of preeclampsia.

Methods

This multi-centre prospective cross-sectional study was conducted from October 2021 to October 2022 at the Mercy Women's Catholic Hospital and Fynba Health Centre in Central region, Ghana. A total of 1,259 pregnant women were randomly sampled and their sociodemographic, clinical history, obstetrics and labour outcomes were recorded. Logistic regression analysis using SPSS version 26 was performed to identify risk factors of preeclampsia.

Results

Of the 1,259 pregnant women, 1174 were finally included in the study. The prevalence of preeclampsia was 8.8% (103/1174). Preeclampsia was common among 20–29 years age

RESEARCH ARTICLE

Open Access

Risk factors for preeclampsia and eclampsia at a main referral maternity hospital in Freetown, Sierra Leone: a case-control study



N. Stitterich^{1*}, J. Shepherd², M. M. Koroma³ and S. Theuring¹

Abstract

Background: In the African region, 5.6% of pregnancies are estimated to be complicated by preeclampsia and 2.9% by eclampsia, with almost one in ten maternal deaths being associated with hypertensive disorders. In Sierra Leone, representing one of the countries with the highest maternal mortality rates in the world, 16% of maternal deaths were caused by pregnancy-induced hypertension in 2016. In the light of the high burden of preeclampsia and eclampsia (PrE/E) in Sierra Leone, we aimed at assessing population-based risk factors for PrE/E to offer improved management for women at risk.

Methods: A facility-based, unmatched observational case-control study was conducted in Princess Christian Maternity Hospital (PCMH). PCMH is situated in Freetown and is the only health care facility providing 'Comprehensive Emergency Obstetric and Neonatal Care services' throughout the entire country. Cases were defined as pregnant or postpartum women diagnosed with PrE/E, and controls as normotensive postpartum women. Data collection was performed with a questionnaire assessing a wide spectrum of factors influencing pregnant women's health. Statistical analysis was performed by estimating a binary logistic regression model.

Results: We analyzed data of 672 women, 214 cases and 458 controls. The analysis yielded several independent predictors for PrE/E, including family predisposition for PrE/E (AOR = 2.72, 95% CI: 1.46–5.07), preexisting hypertension (AOR = 3.64, 95% CI: 1.32–10.06), a high mid-upper arm circumflex (AOR = 3.09, 95% CI: 1.83–5.22), presence of urinary tract infection during pregnancy (AOR = 2.02, 95% CI: 1.28–3.19), presence of prolonged diarrhoea during pregnancy (AOR = 2.81, 95% CI: 1.63–4.86), low maternal assets (AOR = 2.56, 95% CI: 1.63–4.02), inadequate fruit intake (AOR = 2.58, 95% CI: 1.64–4.06), well or borehole water as the main source of drinking water (AOR = 2.05, 95% CI: 1.31–3.23) and living close to a waste deposit (AOR = 1.94, 95% CI: 1.15–3.25).

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RESEARCH

Open Access



Analysis of risk factors of preeclampsia in pregnant women with chronic hypertension and its impact on pregnancy outcomes

Xiaorui Nie¹, Zijie Xu¹ and Hong Ren^{1*}

Abstract

Objective To investigate the risk factors and maternal and fetal outcomes of preeclampsia after pregnancy in patients with primary chronic hypertension.

Methods A total of 500 singleton pregnant women with a history of hypertension who were admitted for delivery at our Hospital from March 2015 to May 2022 were retrospectively collected by random sampling and divided into the non-occurrence group ($n=200$) and the occurrence group ($n=300$) according to whether they were complicated by preeclampsia. Afterward, the general data and the pregnancy-related data of patients were collected for comparison.

Results The univariate analysis showed significant differences between the non-occurrence group and the occurrence group in terms of the proportion of preeclampsia history (4.00% VS 24.67%, $\chi^2=37.383$, $P<0.001$), duration of hypertension >3 years (18.00% VS 31.67%, $\chi^2=11.592$, $P<0.001$), systemic therapy (20.50% VS 10.00%, $\chi^2=10.859$, $P<0.001$), gestational age at admission [37.72 (34.10, 38.71) VS 35.01 (31.91, 37.42) weeks, $Z=-9.825$, $P<0.001$]. Meanwhile, the multivariate analysis showed that a history of preeclampsia (OR=6.796, 95% CI: 3.575 ~ 10.134, $\chi^2=8.234$, $P<0.001$), duration of hypertension >3 years (OR=3.456, 95% CI: 2.157 ~ 5.161, $\chi^2=9.348$, $P<0.001$), and a lack of systemic antihypertensive treatment (OR=8.983, 95% CI: 7.735 ~ 9.933, $\chi^2=9.123$, $P<0.001$) were risk factors for chronic hypertension complicated by preeclampsia during pregnancy.

Conclusion A history of preeclampsia, a longer duration of hypertension, and a lack of systematic antihypertensive treatment are risk factors for chronic hypertension complicated by preeclampsia during pregnancy. The occurrence of preeclampsia in pregnant women with chronic hypertension increases the incidence of maternal HELLP syndrome and fetal distress.

Keywords Preeclampsia, Pregnancy, Chronic hypertension, Pregnancy outcome

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Research Article

Determinants of Preeclampsia among Women Attending Delivery Services in Public Hospitals of Central Tigray, Northern Ethiopia: A Case-Control Study

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Teklewoini Mariye ³, Gebreamlak Gebremedhn Geberemeskel ³, Degenah Bahrey ³,
Guesh Mebrahtom ³, Biniyam Demisse ³, Hailemikael Gebrekidan ⁴,
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Background. Preeclampsia occurs in up to 5% of all pregnancies, in 10% of first pregnancies, and 20–25% of women with a history of chronic hypertension. **Objective.** This study aims to assess the determinants of preeclampsia among women attending delivery services in public hospitals of central Tigray, Ethiopia. **Methods.** Hospital-based unmatched case-control study design was conducted. Women diagnosed with preeclampsia were cases, and women who had no preeclampsia were controls admitted to the same hospitals. A systematic sampling technique was used to select study participants for both cases and controls. The data were entered in EPI data 3.1 statistical software and, then, exported to SPSS Version 22 for cleaning and analysis. **Results.** Family history of hypertension (AOR: 2.60; 95% CI: 1.15, 5.92), family history of preeclampsia (AOR: 5.24; 95% CI: 1.85, 14.80), history of diabetes mellitus (AOR: 4.31; 95% CI: 1.66, 11.21), anemia (AOR: 3.23; 95% CI: 1.18, 8.86), history of preeclampsia on prior pregnancy (AOR: 5.55; 95% CI: 1.80, 17.10), primigravida (AOR: 5.41; 95% CI: 2.85, 10.29), drinking alcohol during pregnancy (AOR: 4.06; 95% CI: 2.20, 7.52), and vegetable intake during pregnancy (AOR: 0.39; 95% CI: 0.21, 0.74) were significantly associated with preeclampsia. **Conclusion.** This study concludes that a family history of hypertension and preeclampsia; a history of diabetes mellitus and anemia; and a history of preeclampsia on prior pregnancy, primigravida, and drinking alcohol were found to be risk factors for preeclampsia. However, vegetable intake was found to be a protective factor for the development of preeclampsia.

1. Introduction

Preeclampsia is a hypertensive condition common to pregnancy that usually occurs after 20 weeks of gestation and affects both the mother and the fetus [1]. It is one of the leading causes for the admission of pregnant women to intensive care units in the world [2]. Annually, it also accounted for about 50,000 maternal mortality worldwide [3].

According to the World Health Organization, the prevalence of preeclampsia is estimated to be seven times higher in developing countries (2.8% of live births) than in developed countries (0.4%) [4], while preeclampsia is the leading cause of high neonatal and maternal mortality in developing countries where maternal resources like prenatal care are scarce, especially in sub-Saharan Africa [5]. Preeclampsia occurs in up to 5% of all pregnancies, in

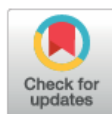
RESEARCH ARTICLE

Cohabitation duration, obstetric, behavioral and nutritional factors predict preeclampsia among nulliparous women in West Amhara Zones of Ethiopia: Age matched case control study

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¹ Department of Midwifery, College of Health Sciences, Debre Tabor University, Debre Tabor, Ethiopia, ² School of Public health, College of Health Science, Addis Ababa University, Addis Ababa, Ethiopia

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Data Availability Statement: All de-identified, minimal data are available in the manuscript and its Supporting Information files without restriction.

Funding: The data collection fee of this study has been funded by the College of Health Science of Addis Ababa University. The funding body has no any role in the design, data collection, analysis and interpretation, and write-up apart from funding the data collection process.

Competing interests: The authors declare they have no competing interests.

Abstract

Background

Preeclampsia is a major cause of maternal and perinatal mortality in developing countries. Identifying its risk factors is essential for early diagnosis and management. However, there has been a paucity of information on predictors of preeclampsia among nulliparous women in a resource limited setting. This study bridges the gap in this regard by examining the association of cohabitation duration, obstetric, behavioral and nutrition factors with preeclampsia among nulliparous women in West Amhara Zones of Ethiopia.

Methods

Age matched case-control study design was employed among 110 preeclamptic and 220 non-preeclamptic women who came for delivery services at Felege Hiwot, Addis Alem, and Debre Tabor hospitals. Double population proportion formula with an assumption of 95% confidence interval, 80% power and a 2:1 control to case ratio was used to calculate sample size. Epi data 3.1 and SPSS 20 were used for data entry and analysis, respectively. Magnitudes of cohabitation duration, obstetric, behavioral and nutritional factors among nulliparous women with preeclampsia and their controls were calculated and the differences were tested with a Chi-square test. Conditional bivariable and multivariable logistic regression analysis were fitted to identify predictors of preeclampsia. Odds ratio along with their 95% confidence interval were used to identify the strength, direction and significance of association. Ethical clearance was secured from the research ethics committee of the School of Public Health in Addis Ababa University.

Results

A total of 107 cases and 214 controls completed the interview giving a response rate of 97.27% for both cases and controls. Short cohabitation duration (AOR = 2.13, 95% CI (1.10,

RESEARCH ARTICLE

Open Access



Obesity in young age is a risk factor for preeclampsia: a facility based case-control study, northwest Ethiopia

Mulualem Endeshaw², Fantu Abebe^{1*}, Solomon Worku³, Lalem Member⁴, Muluken Assress⁵ and Muluken Assefa⁶

Abstract

Background: Preeclampsia is one of the most commonly encountered hypertensive disorders of pregnancy. For many years, obesity has been suggested to play a role in preeclampsia. However, the hypotheses have been diverse and often revealed inconsistent results. This study has aimed to estimate the effect of obesity and dietary habits on preeclampsia in Bahir Dar City, north-western Ethiopia.

Methods: A facility-based unmatched case-control study was conducted on 453 (151 cases and 302 controls) pregnant women, attending antenatal care or skilled delivery at Bahir Dar City. Data were collected through face to face interviews and measurements of mid-upper-arm circumference (MUAC) at the time of the interviews. Data were cleaned and entered into IBM SPSS version 20 and later analyzed using STATA version 12. Univariate and multivariate logistic regression analyses were employed to estimate the effect of independent variables on preeclampsia. Stratified analysis was conducted to check for presence of confounding and/or effect modification between covariates.

Result: The odds of preeclampsia were higher among obese (MUAC ≥ 25 cm) women than their leaner counterparts (AOR = 3.33, 95 % CI: 1.87, 5.79). Obesity was also found to have a similar magnitude of risk for late onset preeclampsia (AOR = 3.63, 95 % CI: 1.89, 6.97). When stratified by age, the effect of obesity on overall and late onset preeclampsia was significant among young (age < 35 years) women (COR = 1.81, 95 % CI: 1.11, 2.99) and (COR = 2.09, 95 % CI: 1.16, 3.86), respectively. As the age groups became more homogenous through adjusted stratification, obesity showed a particularly significant effect in women age ≤ 24 and 25–29 years; (AOR = 2.31, 95 % CI: 1.06, 5.12) and (AOR = 3.66, 95 % CI: 1.37, 10.87) respectively. Similarly, the effect of obesity on late onset preeclampsia was evident among younger women age ≤ 24 and 25–29 years; (AOR = 3.16, 95 % CI: 1.21, 8.24) and (AOR = 1.98, 95 % CI: 1.16, 3.40) respectively. However, obesity has no significant effect on early onset of preeclampsia (AOR = 1.98, 95 % CI: 0.79, 4.94). On the other hand, compliance to folate supplementation during pregnancy and fruit consumption were associated with reduced risk of preeclampsia.

Conclusion: Obesity in young age was found to be a risk factor for preeclampsia while compliance to folate supplement and adequate fruit consumption were found to be protective against preeclampsia. Promoting healthy life style, including body weight control, consumption of fruits and vegetables, and folate supplementation should be promoted to reduce the risk of preeclampsia.

Keywords: Preeclampsia, MUAC, Obesity, Compliance

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RESEARCH ARTICLE

Open Access



Determinants of pre-eclampsia/Eclampsia among women attending delivery Services in Selected Public Hospitals of Addis Ababa, Ethiopia: a case control study

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Abstract

Background: Pre-eclampsia is a pregnancy-specific hypertensive disorder usually occurs after 20 weeks of gestation. It is one of the leading causes of maternal and perinatal morbidity and mortality worldwide. In Ethiopia, the major direct obstetric complications including pre-eclampsia/eclampsia account for 85% of the maternal deaths. Unlike deaths due to other direct causes, pre-eclampsia/ eclampsia related deaths appear to be increasing and linked to multiple factors, making prevention of the disease a continuous challenge. The aim of this study is to assess determinants of pre-eclampsia/eclampsia among women attending delivery services in selected public hospitals in Addis Ababa, Ethiopia.

Methods: Hospital based unmatched case control study design was employed. The study was conducted in Addis Ababa among women attending delivery services in two public hospitals from December, 2015 G.C. to February, 2016 G.C. with sample size of 291 (97 cases and 194 controls). Women with pre-eclampsia/eclampsia were cases and women who had not diagnosed for pre-eclampsia/eclampsia were controls. Case-control incidence density sampling followed by interviewer administered was conducted using pretested questionnaire. The data was entered in Epi Info 7 software and exported to STATA 14 for cleaning and analysis. Descriptive statistics were used to display the data using tables compared between cases and controls. To compare categorical variables between cases and controls Chi-squared test was used. Both bivariable and multivariable logistic regression analyses were computed to identify the determinants of pre-eclampsia/eclampsia.

Results: Factors that were found to have statistically significant association with pre-eclampsia or eclampsia were primigravida (AOR: 2.68, 95% CI: 1.38, 5.22), history of preeclampsia on prior pregnancy (AOR: 4.28, 95% CI: 1.61, 11.43), multiple pregnancy (AOR: 8.22, 95% CI: 2.97, 22.78), receiving nutritional counseling during pregnancy (AOR: 0.22, 95% CI: 0.1, 0.48) and drinking alcohol during pregnancy (AOR: 3.97, 95% CI: 1.8, 8.75).

Conclusions: The study identified protective and risk factors for pre-eclampsia/eclampsia. To promptly diagnose and treat pre-eclampsia, health workers should give special attention to women with primigravida and multiple pregnancy. Besides, health care providers should provide nutritional counseling during ANC, including avoiding drinking alcohol during their pregnancy.

Keywords: Determinants, Pre-eclampsia/Eclampsia, Women, Ethiopia

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Determinants of Preeclampsia Among Pregnant Women in Chiro Referral Hospital, Oromia Regional State, Ethiopia: Unmatched Case–Control Study

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Background: Preeclampsia causes striking maternal, fetal, and neonatal mortality and morbidity both in developed and developing countries. However, evidence of risk factors of preeclampsia is limited in the study area.

Objective: To identify determinants of preeclampsia among pregnant women attending antenatal care services in Chiro Referral Hospital, Ethiopia, 2020.

Methods: A facility-based unmatched case–control study was conducted from July 1 to July 30, 2020, in Chiro Referral Hospital on a sample size of 306 (ie, 76 cases and 230 controls; with a 1:3 ratio). Data were coded and entered into Epi Info version 7 and then exported to SPSS version 21 for analysis. The odds ratio was calculated with 95% confidence intervals to show the strength of association and p -value<0.05 was used to declare statistical significance.

Results: A total of 302 (75 cases and 227 controls) pregnant mothers were interviewed with a response rate of 98.7%. Being in the age group ≥ 35 years (AOR=4.00; 95% CI=1.25–12.80), rural residence (AOR=3.30; 95% CI=1.50–7.26), having a family history of hypertension (AOR=3.25; 95% CI=1.36–7.73), and being primigravida (AOR=3.71; 95% CI=1.49–9.22) were identified as risk factors for preeclampsia. However, consuming fruits more than 2–4 times per a week in their diet (AOR=0.38; 95% CI=0.15–0.98) was a protective predictor of preeclampsia.

Conclusion: Maternal age, residence, family history of hypertension, gravida, and frequency of fruit consumption were identified determinants of preeclampsia. Thus, healthcare providers should give emphasis for pregnant mothers in the older age category, primigravida, those who have a history of a family with hypertension, and those from a rural residence to diagnose the diseases as early as possible. Additionally, advising pregnant mothers attending antenatal care to consume fruits as early as possible in their daily diet reduces the risk of preeclampsia.

Keywords: preeclampsia, determinants of preeclampsia, Ethiopia

Introduction

Worldwide, hypertensive disorders of pregnancy account for nearly 18% of all maternal deaths¹ and are a risk for the baby.² Preeclampsia and eclampsia, the common hypertensive disorders, occur in 6–10% of all pregnancies worldwide,³ and with a wide variation across regions.¹ Preeclampsia is pregnancy-related hypertension that occurs after 20 weeks of gestation in a woman with previously

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ANALISIS FAKTOR RISIKO KEJADIAN PREEKLAMPSIA PADA IBU HAMIL YANG BERSALIN DI RSUD SAWERIGADING PALOPO

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Abstract

Preeclampsia is one of the most common causes of death in pregnant women in addition to bleeding and infection. The purpose of this study was to analyze the risk factors associated with the incidence of preeclampsia in pregnant women who gave birth at Sawerigading Hospital Palopo. The method used in this study is an analytical observational method with a case control approach. The population was taken from pregnant women who gave birth at Sawerigading Hospital Palopo in the period January 2019 - October 2020. The sample selected used a simple random sampling technique with a total sample of 90 samples consisting of 45 case groups and 45 control groups according to the criteria. The data were univariately analyzed, and the chi-square test was 2x2 table with a significance level of sig $p < 0.05$ and logistic regression test. Based on the results of the analysis, it was found that the variables of maternal age during pregnancy ($p=0.803$), gravida status ($p=1.000$), history of preeclampsia in Family history ($p=0.557$), and chronic history ($p=0.153$) did not have a significant relationship with the incidence of preeclampsia in pregnant women who gave birth at Sawerigading Hospital Palopo. The most dominant risk factor for the incidence of preeclampsia in pregnant women giving birth at Sawerigading Hospital Palopo is obesity (OR 5.632).

Keywords: Preeclampsia, maternal age during pregnancy, gravida status, family history of preeclampsia, chronic history.

Abstrak

Preeklampsia merupakan salah satu penyebab kematian terbanyak pada ibu hamil selain perdarahan dan infeksi. Tujuan dari penelitian ini ialah untuk menganalisis faktor risiko yang berhubungan dengan kejadian preeklampsia pada ibu hamil yang bersalin di RSUD Sawerigading Palopo. Metode yang digunakan dalam penelitian ini adalah metode observasional analitik dengan pendekatan *case control*. Populasi diambil dari ibu hamil yang bersalin di RSUD Sawerigading Palopo pada periode Januari 2019 – Oktober 2020. Sampel dipilih menggunakan teknik *simple random sampling* dengan total jumlah sampel yaitu 90 sampel yang terdiri atas 45 kelompok kasus dan 45 kelompok kontrol yang sesuai dengan kriteria. Data dianalisis univariat, dan uji *chi-square* tabel 2x2 dengan tingkat kemaknaan sig $p < 0,05$ dan uji regresi logistik. Berdasarkan hasil analisis didapatkan hasil bahwa pada variabel usia ibu saat hamil ($p=0,803$), status gravida ($p=1,000$), riwayat preeklampsia dalam keluarga ($p=0,557$), dan riwayat hipertensi kronik ($p=0,153$) tidak memiliki hubungan yang signifikan dengan kejadian preeklampsia pada ibu hamil yang bersalin di RSUD Sawerigading Palopo. Adapun faktor risiko yang paling dominan terhadap kejadian preeklampsia pada ibu hamil yang bersalin di RSUD Sawerigading Palopo ialah obesitas (OR 5.632).

Kata Kunci: Preeklampsia, usia ibu saat hamil, status gravida, riwayat preeklampsia dalam keluarga, riwayat hipertensi kronik.

PENDAHULUAN

Angka kematian ibu (AKI) merupakan salah satu indikator yang digunakan dalam menggambarkan kesejahteraan masyarakat di

suatu negara.¹ Menurut *World Health Organisation* (WHO), kematian ibu ialah kematian selama kehamilan atau dalam periode 42 hari setelah berakhirnya kehamilan, akibat semua sebab yang terkait dengan atau



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Faktor Risiko Yang Berhubungan Dengan Kejadian Preeklamsia Pada Ibu Hamil Di RSIA Siti Khadijah 1 Makassar Tahun 2020-2021

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Abstrak

Penelitian ini bertujuan untuk mengetahui faktor risiko yang berhubungan dengan kejadian preeklamsia pada ibu hamil di RSIA Siti Khadijah 1 Makassar Tahun 2020-2021. Penelitian ini menggunakan metode deskriptif dengan desain cross sectional yang merupakan cara untuk mengetahui ada atau tidaknya hubungan variabel. Kekuatan antara variabel dapat dilihat dari nilai koefisien korelasi. Hasil penelitian menunjukkan bahwa terdapat hubungan yang signifikan antara umur dengan kejadian preeklamsia di RSIA Siti Khadijah 1 Makassar tahun 2020-2021. Tidak terdapat hubungan yang signifikan antara Riwayat diabetes melitus dengan kejadian preeklamsia di RSIA Siti Khadijah 1 Makassar tahun 2020-2021. Terdapat hubungan yang signifikan antara berat badan dengan kejadian preeklamsia di RSIA Siti Khadijah 1 Makassar tahun 2020-2021. Tidak terdapat hubungan yang signifikan antara Riwayat hipertensi dengan kejadian preeklamsia di RSIA Siti Khadijah 1 Makassar tahun 2020-2021. Tidak terdapat hubungan yang signifikan antara paritas dengan kejadian preeklamsia di RSIA Siti Khadijah 1 Makassar tahun 2020-2021.

Kata Kunci: *faktor risiko, kejadian preeklamsia, ibu hamil*

The Relationship Between Maternal Age and Parity with The Incidence of Preeclampsia at PKU Muhammadiyah Gamping Hospital in 2022-2023

Hubungan Usia dan Paritas Ibu Bersalin dengan Kejadian Preeklamsia di RS PKU Muhammadiyah Gamping Tahun 2022-2023

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ABSTRACT

Preeclampsia is defined as hypertension that first occurs in pregnancy after 20 weeks of gestation and is accompanied by organ dysfunction. The top three causes of maternal mortality are eclampsia (37.1%), hemorrhage (27.3%), and infection (10.4%), with the highest location of death being in hospitals (84%). This study aims to investigate the relationship between maternal age and parity with the incidence of preeclampsia at PKU Muhammadiyah Gamping Hospital. This study employed quantitative method with retrospective design and case-control approach. The study population consisted of all mothers giving birth at PKU Muhammadiyah Gamping Hospital during 2022–2023, totaling 1,035 individuals. Sample were selected using probability sampling and systematic sampling for the control group. Data were obtained from secondary sources and analyzed using univariate and bivariate analyses. Based on inclusion and exclusion criteria, this study involved 50 respondents with preeclampsia and 50 respondents without preeclampsia. The results showed a significant relationship between maternal age and the incidence of preeclampsia, with a p-value of 0.018. Mothers under 20 or over 35 years of age were 3.143 times more likely to develop preeclampsia compared to mothers aged 20-35 years (95% CI: 1.291–7.653). Bivariate analysis showed no significant relationship between maternal parity and the incidence of preeclampsia (p-value = 0.688 > 0.05). It is recommended that pregnant women undergo regular antenatal care (ANC) to help prevent preeclampsia and its potential complications, which can affect the health and well-being of both the mother and baby.

Keywords: Preeclampsia, Age, Parity.

ABSTRAK

Preeklamsia didefinisikan sebagai hipertensi yang baru terjadi pada kehamilan diatas usia kehamilan 20 minggu disertai adanya gangguan organ. Tiga penyebab teratas kematian ibu adalah Eklamsia (37,1%), Perdarahan (27,3%), Infeksi (10,4%) dengan tempat/lokasi kematian tertinggi adalah di rumah sakit (84%). Penelitian ini bertujuan untuk mengetahui hubungan antara usia dan paritas ibu bersalin dengan kejadian preeklamsia di RS PKU Muhammadiyah Gamping, jenis penelitian kuantitatif dengan rancangan retrospektif menggunakan pendekatan *case control*. Populasi penelitian adalah seluruh ibu bersalin di RS PKU Muhammadiyah Gamping periode tahun 2022–2023 sebanyak 1035. Teknik pengambilan sampel menggunakan *probability sampling* dan dengan sistematik sampling

FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN KEJADIAN PREEKLAMPSIA PADA IBU BERSALIN DI RUANG BERSALIN RSUD SINGAPARNA MEDIKA CITRAUTAMA TASIKMALAYA

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Info Artikel	Abstrak
Genesis Naskah: Submissions: 27-10-2020 Revised: 18-11-2020 Accepted: 18-11-2020	Preeklampsia merupakan suatu keadaan tekanan darah tinggi yang disertai dengan protein urine. Sepuluh juta wanita mengalami preeklampsia setiap tahun di seluruh dunia. Preeklampsia di Indonesia menjadi salah satu penyebab kematian ibu, walaupun etiologi pasti preeklampsia tidak diketahui, namun banyak faktor yang diduga mempengaruhi terjadinya preeklampsia. Tujuan penelitian ini adalah untuk mengetahui faktor-faktor yang berhubungan dengan kejadian preeklampsia pada ibu bersalin di ruang bersalin RS Singaparna Medika Citrautama (SMC) Kabupaten Tasikmalaya seperti usia, paritas, obesitas, suplementasi kalsium dan kadar kalsium dalam darah. Rancangan penelitian menggunakan <i>case control study</i> . Subjek penelitian adalah ibu bersalin yang dibagi menjadi 2 kelompok yaitu preeklampsia dan tidak preeklampsia. Analisis data bivariat menggunakan <i>chi-square</i> sedangkan analisis data multivariat menggunakan regresi logistik. Hasil penelitian diperoleh bahwa terdapat hubungan signifikan antara usia ($p = 0,043$), obesitas ($p = 0,038$) dan kadar kalsium ($p = 0,002$) terhadap preeklampsia dan tidak ada hubungan antara paritas ($p = 0,438$) dan riwayat kesehatan yang lalu ($p = 1,000$). Kesimpulan dari penelitian ini adalah ada hubungan yang signifikan antara faktor usia, obesitas dan kadar kalsium dalam darah dengan kejadian Preeklampsia. Penelitian ini merekomendasikan tenaga kesehatan untuk meningkatkan promotif dan preventif dengan penyuluhan dan sosialisasi mengenai faktor risiko kejadian preeklampsia sehingga ibu dapat menjalani kehamilan dan persalinan yang sehat.
Kata Kunci: Ibu bersalin, Kadar Kalsium, Obesitas, Preeklampsia	

FACTORS ASSOCIATED WITH THE INCIDENCE OF PREECLAMPSIA IN PARTURIENT WOMEN AT LABOUR ROOM OF SINGAPARNA MEDIKA CITRAUTAMA HOSPITAL TASIKMALAYA

Keywords:	Abstract
Calcium Levels, Obesity, Parturient, Preeclampsia	Preeclampsia in Indonesia is one of the causes of maternal death, although the exact etiology of preeclampsia is unknown, there are several factors that influence the occurrence of preeclampsia, namely age, parity, obesity, calcium supplementation and blood calcium levels. The purpose of this study was to determine the factors associated with the incidence of preeclampsia in parturient at labour room of SMC Hospital, Tasikmalaya Regency. The research design used case control study. The subjects of the study were parturient women that divided into 2 groups, preeclampsia and non-preeclampsia. Bivariate data analysis used <i>chi-square</i> , while multivariate data analysis used logistic regression. The results showed that there was a significant relationship between age ($p = 0.043$), obesity ($p = 0.038$) and calcium levels ($p = 0.002$) on preeclampsia and there was no relationship between parity ($p = 0.438$) and past medical history ($p = 1.000$). This study recommends health workers to improve promotive and preventive activities by providing counseling and socialization regarding risk factors for the incidence of preeclampsia so that mothers can have a healthy pregnancy and childbirth.

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FAKTOR-FAKTOR YANG BERHUBUNGAN DENGAN KEJADIAN PREEKLAMPSIA PADA IBU BERSALIN DI RUANG BERSALIN RSUD SINGAPARNA MEDIKA CITRAUTAMA TASIKMALAYA

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Kata Kunci: Ibu bersalin, Kadar Kalsium, Obesitas, Preeklampsia	

FACTORS ASSOCIATED WITH THE INCIDENCE OF PREECLAMPSIA IN PARTURIENT WOMEN AT LABOUR ROOM OF SINGAPARNA MEDIKA CITRAUTAMA HOSPITAL TASIKMALAYA

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**DETERMINAN MATERNAL KEJADIAN PREEKLAMPSIA
(STUDI KASUS DI KABUPATEN TEGAL, JAWA TENGAH)**

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ABSTRACT

Preeclampsia and Eclampsia are prolonged pregnancy complications, with typical symptoms such as hypertension, edema and proteinuria. The dominant factors related to the incidence of preeclampsia has not revealed yet, therefore appropriate prevention and intervention efforts are needed. Identifying risk factors of preeclampsia are expected to prevent and to control risk factors appropriately to decrease mothers and infants morbidity and mortality caused by preeclampsia. This research was to identify determinants of maternal factors (age, gravidity, history of hypertension and ANC (antenatal care) to the incidence of preeclampsia. The study was an observational study with case control design to analyze the relationship between determinant Tractors (age, gravidity, history of hypertension and ANC) and the preeclampsia. The case was pregnant and in labor women with preeclampsia, while The Control was mothers without preeclampsia since pregnancy to delivery. Following then, exposure determinant factors to incidence of preeclampsia was examined. The Renault showed that risk factors were associated with the incidence of preeclampsia included age, history of hypertension and a history of preeclampsia (p value <0.05). The history of hypertension was the riskiest factor by OR 6,42. It was expected that health professionals, especially midwives are capable to provide high quality antenatal care to guarantee early detection of obstetric complications.

Keywords: preeclampsia, maternal determinants

ABSTRAK

Preeklampsia dan eklampsia merupakan komplikasi kehamilan berkelanjutan dengan gejala khas hipertensi, edema dan protein urine. Faktor risiko yang lebih dominan kejadian preeklampsia belum dapat dipastikan, sehingga diperlukan upaya preventif dan intervensi yang tepat. Teridentifikasi faktor risiko preeklampsia diharapkan dapat mencegah dan mengendalikan faktor risiko secara untuk menurunkan morbiditas dan mortalitas ibu dan bayi akibat preeklampsia. Tujuan penelitian adalah mengidentifikasi faktor determinan maternal meliputi usia ibu, graviditas, riwayat hipertensi dan ANC (*antenatal care*) terhadap kejadian preeklampsia. Penelitian observasional dengan rancangan *case control* dilakukan untuk menguji hubungan faktor determinan (umur, graviditas, riwayat hipertensi dan ANC) dan Preeklampsia. Kasus meliputi ibu hamil dan ibu bersalin dengan preeklampsia, sedangkan dan ibu bersalin tanpa preeklampsia sejak kehamilan sampai persalinan sebagai kontrol. Selanjutnya menilai faktor determinan (paparan) dengan kejadian preeklampsia. Hasil penelitian menunjukkan bahwa faktor risiko yang berhubungan dengan kejadian preeklampsia adalah umur ibu, riwayat hipertensi dan riwayat preeklampsia (dengan nilai $p < 0.05$). Riwayat hipertensi sebagai faktor yang paling berisiko terhadap kejadian preeklampsia dengan OR 6,42. Diharapkan tenaga kesehatan khususnya bidan mampu melaksanakan antenatal care secara berkualitas sebagai upaya deteksi dini komplikasi obstetrik.

Kata kunci: preeklampsia, determinan maternal

RIWAYAT HIDUP



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Selama menempuh pendidikan, penulis berusaha untuk terus menambah pengetahuan dan pengalaman sebagai bekal di masa depan.

Motto Hidup

“Kesuksesan tidak datang secara instan, tetapi melalui doa, usaha, kerja keras, dan semangat untuk terus belajar serta tidak mudah menyerah.”