PROCEEDING BOOK

PIT KEDOKTERAN FETOMATERNAL XXI SURABAYA

Improving Outcome and Quality of Life in
Preterm and Intrauterine Growth Restriction Pregnancy

13-18
MARET 2020

BALLROOM
THE WESTIN SURABAYA

Improving Outcome and Quality of Life in Preterm and Intrauterine Growth Restriction Pregnancy

ISBN : 978-623-90132-5-7
Cetakan I : Maret 2020

Penulis

Prof. Dr. Erry Gumilar Dachlan, dr., SpOG(K)
Prof. M Dikman Angsar, dr., SpOG(K)
Juneke Joice Kaeng, dr., SpOG(K)
Prof. Dra. Myrtati Dyah Artaria MA., PhD
R. Detty Siti Nurdiati, MPH, PhD, dr., SpOG(K)
Dr. Bambang Rahardjo, dr., SpOG(K)
Prof. Dr. Johanes C Mose, dr., SpOG(K)
Dr. Ernawati, dr., SpOG(K)
Dr. Yuditiya Purwosunu, dr., SpOG(K), PhD
Prof. Jusuf Effendi, dr., SpOG(K)
Dr. Ali Sungkar, dr., SpOG(K)
Prof. Christoph Lees, MD, FRCOG
Hye-Sung Won, MD, PhD
Mi-Young Lee, MD, PhD
AAG Raka Budiyasa, dr., SpOG(K)
Suresh Seshadri, MBBS, FRCOG, DSc
Dr. Didi Danukusumo, dr., SpOG(K)
Nurdadi Saleh, dr., SpOG
Michael S. Ruma, MD, MPH, FACOG
Prof. Dr. John J.E. Wantania, dr., SpOG(K)
Prof. Dr. Yusrawati, dr., SpOG(K)
Makmur Sitepu, dr., SpOG(K)
Dr. Adhi Pribadi, dr., SpOG(K)
Dr. Damar Pramusinto, dr., SpOG(K)
Dr. Budi Handono, dr., SpOG(K)
Irwan Taufiqur Rachman, dr., SpOG(K)
Julian Dewantiningrum Msi, Med, dr., SpOG(K)
Dr. Yudianto Budi Saroyo, dr., SpOG(K)
Nuswil Bernolian, dr., SpOG(K)
Dr. Agus Sulistyono, dr., SpOG(K)

Rukmono Siswihanto, dr., SpOG(K)
Dr. Tjokorda Gde Agung Suwardewa, dr., SpOG(K)
Dr. Efendi Lukas, dr., SpOG(K)
Prof. Sri Sulistyowati, dr., SpOG(K)
Fransiscus OH Prasetyadi, dr., SpOG(K)
Nugrahanti Prasetyorini, dr., SpOG(K)
Dr. Aditiawarman, dr., SpOG(K)
Rozi Aditya Aryananda, dr., SpOG
M. Adya Firmansha Dilmy, dr., SpOG, BMedSc
Dr. Rima Irwinda, dr., SpOG(K)
M. Adrianes Bachnas, dr., SpOG(K)
Dr. Harry Kurniawan Gondo, dr., SpOG(K)
Diah Rumekti Hadiati, dr., SpOG(K)
Dr. Hermanto Tri Joewono, dr., SpOG(K)
Christoffel L. Tobing, dr., SpOG(K)
Joserizal Serudji, dr., SpOG(K)
M. Besari Adi Pramono, dr., SpOG(K)
Prof. Gustaaf Dekker, MD, PhD, FDCOG, FRANZCOG
Prof. Dr. Sarma Lumban Raja, dr., SpOG(K)
Prof. Dr. Noroyono Wibowo, dr., SpOG(K)
Freddy W Wagey, dr., SpOG(K)
Muhammad Nooryanto, dr., SpOG(K)
Bambang Abimanyu, dr., SpOG(K)
Wiku Andonotopo, dr., SpOG(K), Phd
Herman Kristanto,, dr., SpOG(K)
Dr. Maisuri T. Chalid, dr., SpOG(K)
Dr. M. Alamsyah Azis, dr., SpOG(K), MKes, KIC
Cut Meurah Yeni, dr., SpOG(K)
Rozalina Loebis, dr., SpM
Dr. Risa Etika, dr., SpA(K)
Dr. Mahrus A Rahman, dr., SpA(K)
Budi Wicaksono, dr., SpOG(K)
Akhmad Yogi Pramatirta, dr., SpOG(K), MKes
M. Nasir, dr., SpOG(K)
Dovy Djanas, dr., SpOG(K)
Herlambang, dr., SpOG(K)
Heru Dwiantoro , dr., SpOG(K)
Dr. Deviana Soraya Riu, dr., SpOG(K)

Eric Edwin, dr., SpOG(K)
M Ilham Aldika Akbar, dr., SpOG(K)
Suheni Ninik, dr., SpOG(K)
David Randel Christanto, dr., SpOG(K), MKes
Khanisyah Erza Gumilar, dr., SpOG(K)
Dr. Donel Suhaimi, dr., SpOG(K)

Editor:
Dr. Ernawati, dr., Sp.OG(K)
Manggala Pasca Wardhana, dr., Sp.OG(K)

Penerbit
CV. Sintesa Prophetica
SINTESA BOOK

Email: sintesa.book@gmail.com
IG: sintesa_books
HP: +62 852 3294 3564

34

EPIDEMIOLOGY AND THE EMERGING OF PASD IN INDONESIA

Dr. Aditiawarman, dr., Sp.OG(K)
Rozi Aditya, M Aldika Akbar, Ernawati Darmawan, Agus Sulistyono.
Maternal Fetal Medicine Division - Department Obstetrics & Gynecology
Faculty of Medicine Universitas Airlangga
Dr. Soetomo General Hospital Surabaya.

INTRODUCTION

Placenta accreta is the threat of pregnant women recently. It is increasing in huge rate. We believe one of the factors contribute to this condition is myometrial defect mostly because of caesarean section. Placental location as placenta previa has been reported contribute as risk factor. Placenta accrete called iatrogenic 20 centuries disorder of placentation (Jauniaux, E ,2012)

Global Prevalence: WHO reported that SC rate increased from 5-7% in 1970 to 24,8% in 1987, and in Brazil the rate was 75%.

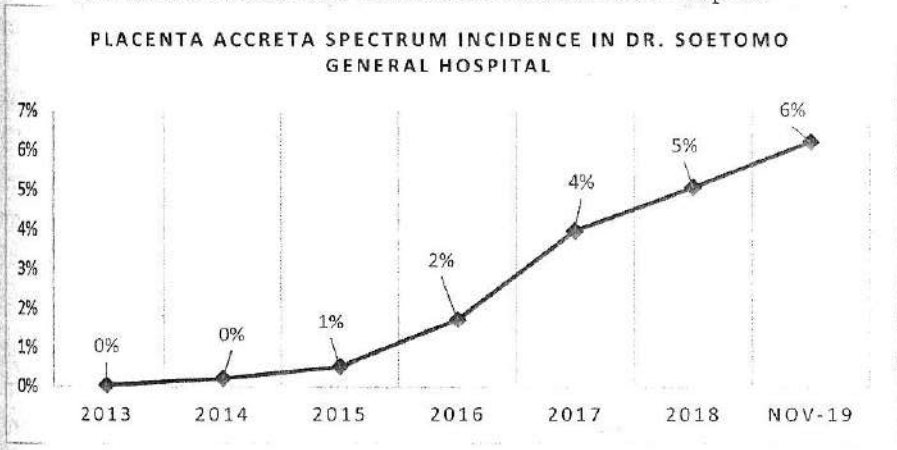
LOCAL PREVALENCE

Indonesia is populated by 260 million people with huge area mostly island, some are isolated. East Jawa is one of 34 provinces in Indonesia with 39 million people. The SC rate in Indonesia noted a 15-21% but reportation from insurance authoraties said 57%.

It started in 1913 that was reffered 1 case of placenta accreta and every year increased and now reach a number of 75 cases per year with total number during 6 years were 254 cases.

Indonesia as island country (huge, Dense, spreading in a very distant area). High risk patient should be prepared where they have to deliver their baby. For this reason, risk screening program is very important to decreasing mortality and morbidity. Dr Sutomo Hospital have received patients from distance area with severe condition, and for these patients, the prognosis were not good.

Prevalence of Placenta accreta in Dr. Soetomo Hospital



MORBIDITY AND MORTALITY

Committee opinion number 529 July 2012 of American College of Obstetric and Gynecology reported that the average of blood loss is 3000-5000 ml. 90% of patients need blood transfusion. Maternal mortality among placenta accreta is around 7 % (Committee opinion number 529, Obstet and Gynecol. 212).

It is reported that in Dr Soetomo Hospital, placenta accrete incread in last 6 years mostly patients referred. It is so increasing morbidity and mortality. It is inseparable from training program held by Indonesian obstetric and gynecology society to detect placenta accrete and increasing referral cases as the result. We reported outcome of management of placenta accrete after screening program of placenta accrete and manage centralized in tertiary hospital. There were 8 death cases (2,9%) , most of them because of emergency cases (reffered during haemorrhaged or left placental insitu). . In the internal report from Dr Soetomo Hospital, the blood loss can be 7 liter to minimum. All of these because of severity of cases and facilities to support operation (ex. Cardiovascular surgeon, blood bank, urogenicology)

Placenta accreta in Dr Soetomo Hospital

Year	Cases (N=254)	Death
2013	1	0
2014	4	0
2015	7	0
2016	24	1
2017	60	6
2018	75	1
2019	83	0

FACTORS FOR PLACENTA ACCRETA

There are several factors factors for placenta accreta spectrum and the most common is previous cesarean delivery. The risk increasd from 0.3% in one previous cesarean to 6.7% for women with five or more cesarean. For women with placenta previa , risk become 3% for one previous cesarean, 11% for second and 40% for third cesarean (Placenta Accreta spectrum. Obstetric Care Consensus No. 7. American College of Obstetricians and Gynecol. 2018)

From data collected during 6 years in Surabaya, one previous cesarean and one curretage is also high risk factor for accreta.

PATOPHYSIOLOGY

The hypothesis regarding placenta accreta is endometrial and myometrial defect that making failure normal decidualisation.

DIAGNOSIS

Antenatal diagnosis of placenta accreta is very important and highly desirable because outcome are optimezed when delivery occurs at level III or IV maternal care facility before the onset of labor or bleeding and done without placental disruption.

Ultrasound is one of important modalities to diagnosis placenta accreta. The important time to diagnose placenta accreta are in the second and third trimesters , especially if the placenta located in the lower segmen (placenta previa).

Scoring to screen pregnant women with previous cesarean is important modalities and can be done using grey scale ultrasound in the first and second facilities.

A Good referral system needed after screening result positive to confirm whether low or highly suspected of placenta accreta.

SCREENING PROGRAM FOR OBSTETRICIAN AND GYNECOLOGY IN INDONESIA

Screening for placenta accrete were held in several area of East Jawa and Indonesia after several training program for obstetricians by Indonesian task force for placenta accreta under Indonesia Obstetricians and Gynecology Society.

This program finally gave highly impact by which many patients with screening positive sent to Dr Soetomo Hospital and tertiary hosital around Indonesia for confirmatory diagnosis and continue to manage the pregnancy if diagnosis finally confirmed. As the program is progress and many obstetrician did ultrasound, it is also the number of referral patient and cases found increased. Patients mostly screened in trimester 2, and most patient had planned in where they have to deliver their baby.

REFERENCES

1. Jauniaux, E & Jurkovic D. Placenta Accreta: Pathogenesis of a 20 th century iatrogenic uterine disease. Placenta 2012; 33:244
2. Committee opinion number 529 of American College of Obstetrician and Gynecologist. Obstet and Gynecol. 212. 120.207-11.
3. Placenta Accreta spectrum. Obstetric Care Consensus No. 7. American College of Obstetricians and Gynecol 2018.132. e259-75.

PIT KEDOKTERAN
FETOMATERNAL XXI
SURABAYA 2020

SEKRETARIAT

Jl. Prof. Dr. Moestopo No. 117 Surabaya
Jawa Timur, Indonesia

Telp. (031) 5036609
HP. 081331762833

E-mail:
pitfetomaternalxxi.sby@gmail.com

Contact Person:
Aldira Rasthy - 081331762833
Charisma - 081249321019 (Sie Umah)

ISBN 978-623-09132-5-7

www.pitfetomaternal2020.com

SINTESA

SINTESA BOOK
CV. Sintesa Prophetica
Email:sintesa.book@gmail.com
IG: sintesa_books, HP: +62 852 3294 3564