

RINGKASAN

Waktu penjepitan tali pusat merupakan bagian dari pertolongan persalinan yang terus mengalami perkembangan. Praktik penjepitan tali pusat lambat (1-2 menit setelah kelahiran bayi) berdasarkan hasil penelitian saat ini banyak dianjurkan untuk dilakukan dibandingkan dengan praktik penjepitan tali pusat dini (< 1 menit setelah kelahiran bayi), terlebih untuk negara-negara Asia Tenggara. Penjepitan tali pusat lambat disebutkan mempunyai beberapa keuntungan diantaranya mencegah anemia pada bayi, meningkatkan sirkulasi darah perifer, dan dapat meningkatkan adaptasi kardiopulmonar. Namun penjepitan tali pusat lambat dapat meningkatkan risiko ikterus pada bayi, hal ini merupakan alasan yang tersering dikemukakan mengapa praktik tersebut belum dilakukan. Seperti halnya di BPS Farida Hajri masih melakukan praktik penjepitan tali pusat dini, didapatkan kejadian ikterus terbilang rendah (14%). Penelitian ini bertujuan untuk mengetahui perbedaan kejadian ikterus pada bayi baru lahir antara penjepitan tali pusat dini dengan penjepitan tali pusat lambat di BPS Farida Hajri Surabaya.

Metode penelitian ini, yaitu analitik observasional dalam bentuk kohort. Populasinya, seluruh bayi yang lahir di BPS Farida Hajri pada bulan Januari 2010 sejumlah 62 bayi. Besar sampel yaitu 30 responden yang terbagi dalam 2 kelompok yaitu 15 responden dilakukan penjepitan tali pusat lambat dan 15 responden dilakukan penjepitan tali pusat dini. Pengambilan sampel dengan *consecutive sampling*. Variabel independennya adalah waktu penjepitan tali pusat dan variabel dependennya yaitu ikterus pada bayi baru lahir. Instrumen yang digunakan, lembar observasi penjepitan tali pusat dan lembar observasi penilaian ikterus. Analisis data menggunakan *Chi-square* (χ^2) dengan $\alpha = 0,05$, bila $p < 0,05$ maka H_0 ditolak dan bila $p > 0,05$ berarti H_0 diterima.

Hasil penelitian dari 30 responden bayi baru lahir, 50% bayi dilakukan penjepitan tali pusat lambat dan 50% lainnya dilakukan penjepitan tali pusat dini. Dari keseluruhan responden, 33,33% diantaranya mengalami ikterus. Ikterus lebih banyak terjadi pada kelompok bayi yang dilakukan penjepitan tali pusat lambat dibanding pada kelompok bayi dengan penjepitan tali pusat dini. Hasil uji *Chi-square* (χ^2) didapatkan $p = 0,350$ yang berarti tidak ada perbedaan yang signifikan kejadian ikterus antara penjepitan tali pusat lambat dengan penjepitan tali pusat dini di BPS Farida Hajri Surabaya.

Sesuai dengan hasil penelitian, maka penjepitan tali pusat lambat bisa diterapkan sebagai bagian dari pertolongan persalinan.

Kata kunci : penjepitan tali pusat lambat, ikterus, bayi baru lahir

ABSTRACT

The timing of umbilical-cord clamping constitutes a part of labor aid consistently developing. Practice of late umbilical cord clamping (1 to 2 minutes post-delivery) according to recent researches was highly recommended in comparison with practice of early umbilical cord clamping (<1 minute post-delivery), more especially in the southeast Asian countries. Late umbilical cord clamping was indicated as having advantages of preventing neonatal anemia, enhancing peripheral blood circulation, and increasing cardiopulmonary adaptation, among others. However, late umbilical cord clamping was capable of increasing neonatal jaundice, representing a frequently cited reason for non-performance of the practice. This was the case in the BPS of Mrs. Farida Hajri that remained practicing early umbilical cord clamping with a comparatively low occurrence of jaundice (14%). The purpose of the present research was to compare the difference of occurrence of neonatal jaundice between early umbilical-cord clamping and late umbilical cord clamping in the BPS of Mrs. Farida Hajri Surabaya.

The current Research was observational analysis with cohort design. Population of 62 neonates was all of neonates born in the BPS of Mrs. Farida Hajri on January 2010. A sample of 30 respondents collected by consecutive sampling was divided into two groups of 15 respondents with late umbilical cord clamping and 15 respondents with early umbilical cord clamping. Independent variable was the timing of umbilical-cord clamping and dependent variable was neonatal jaundice. Instruments employed in the research were observation sheet for umbilical cord-clamping and observation sheet for icteric assessment. Data was analyzed by chi-square (χ^2) test with $\alpha = 0.05$, if $p < 0.05$ then H_0 was rejected and if $p > 0.05$ then H_0 was accepted.

Results indicated that 50% of neonates were subjected to delayed umbilical cord clamping and 50% of neonates were subjected to early umbilical cord clamping. Of all respondents, 33.33% suffered jaundice. Jaundice occurred more frequently in the group of neonates with delayed clamping in comparison with the group of neonates with early clamping. Result of the chi-square (χ^2) test indicated that $p = 0.350$, meaning that there was no significant differences of the occurrence of neonatal jaundice between early umbilical-cord clamping and early umbilical cord clamping in the BPS of Mrs. Farida Hajri Surabaya. In conclusion, late umbilical cord clamping might be applied as a part of labor aid.

Keywords: late umbilical cord clamping, jaundice, neonates.