

DAFTAR PUSTAKA

- Angelousi, A., Margioris, A. N. dan Tsatsanis, C. (2020) *ACTH Action on the Adrenals, Endotext*. Tersedia pada: <http://www.ncbi.nlm.nih.gov/pubmed/25905342>.
- Arafa, Amani & ELMeneza, Safaa & Hafeez, Shaimaa & Arafa, A. (2020). The Relation between Role of Serum Cortisol Level and Response to Various Respiratory Support Strategies among Preterm Infants Open Access. *Open Journal of Pediatrics*. 10. 504-514. 10.4236/ojped.2020.103051.
- Bahman-Bijari, B. *et al.* (2011) "Bubble-CPAP vs. Ventilatory-CPAP in preterm infants with respiratory distress," *Iranian Journal of Pediatrics*, 21(2), hal. 151–158.
- Cabral, D. M. *et al.* (2013) "Measurement of Salivary Cortisol as a Marker of Stress in Newborns in a Neonatal Intensive Care Unit," *Hormone Research in Paediatrics*, 79(6), hal. 373–378. doi: 10.1159/000351942.
- Cignacco E, Hamers J, van Lingen RA, Stoffel L, Büchi S, Müller R, Schütz N, Zimmermann L, Nelle M. Neonatal procedural pain exposure and pain management in ventilated preterm infants during the first 14 days of life. *Swiss Med Wkly*. 2009 Apr 18;139(15-16):226-32. PMID: 19418306.
- Clinical Guidelines - Queensland Health, Q. (2017) "Maternity and Neonatal Clinical Guideline," *Queensland Health*, hal. 1–39. Tersedia pada: www.health.qld.gov.au/qcg%0Awww.health.qld.gov.au/qcg. Accessed June, 2020.
- Collins, C. L. *et al.* (2014) "A comparison of nasal trauma in preterm infants extubated to either heated humidified high-flow nasal cannulae or nasal continuous positive airway pressure," *European Journal of Pediatrics*, 173(2), hal. 181–186. doi: 10.1007/s00431-013-2139-8.
- Angelousi, A., Margioris, A. N. dan Tsatsanis, C. (2020) *ACTH Action on the Adrenals, Endotext*. Tersedia pada: <http://www.ncbi.nlm.nih.gov/pubmed/25905342>.
- Arafa, Amani & ELMeneza, Safaa & Hafeez, Shaimaa & Arafa, A. (2020). The Relation between Role of Serum Cortisol Level and Response to Various Respiratory Support Strategies among Preterm Infants

Open Access. Open Journal of Pediatrics. 10. 504-514.
10.4236/ojped.2020.103051.

Bahman-Bijari, B. *et al.* (2011) "Bubble-CPAP vs. Ventilatory-CPAP in preterm infants with respiratory distress," *Iranian Journal of Pediatrics*, 21(2), hal. 151–158.

Cabral, D. M. *et al.* (2013) "Measurement of Salivary Cortisol as a Marker of Stress in Newborns in a Neonatal Intensive Care Unit," *Hormone Research in Paediatrics*, 79(6), hal. 373–378. doi: 10.1159/000351942.

Cignacco E, Hamers J, van Lingen RA, Stoffel L, Büchi S, Müller R, Schütz N, Zimmermann L, Nelle M. Neonatal procedural pain exposure and pain management in ventilated preterm infants during the first 14 days of life. *Swiss Med Wkly*. 2009 Apr 18;139(15-16):226-32. PMID: 19418306.

Clinical Guidelines - Queensland Health, Q. (2017) "Maternity and Neonatal Clinical Guideline," *Queensland Health*, hal. 1–39. Tersedia pada: www.health.qld.gov.au/qcg%0Awww.health.qld.gov.au/qcg. Accessed June, 2020.

Collins, C. L. *et al.* (2014) "A comparison of nasal trauma in preterm infants extubated to either heated humidified high-flow nasal cannulae or nasal continuous positive airway pressure," *European Journal of Pediatrics*, 173(2), hal. 181–186. doi: 10.1007/s00431-013-2139-8.

Dewez, J. E. dan van den Broek, N. (2017) "Continuous positive airway pressure (CPAP) to treat respiratory distress in newborns in low- and middle-income countries," *Tropical Doctor*, 47(1), hal. 19–22. doi: 10.1177/0049475516630210.

Dunn, M. S. *et al.* (2011) "Randomized Trial Comparing 3 Approaches to the Initial Respiratory Management of Preterm Neonates," *PEDIATRICS*, 128(5), hal. e1069–e1076. doi: 10.1542/peds.2010-3848.

Edwards, M. O., Kotecha, S. J. dan Kotecha, S. (2013) "Respiratory Distress of the Term Newborn Infant," *Paediatric Respiratory Reviews*. Elsevier Ltd, 14(1), hal. 29–37. doi: 10.1016/j.prrv.2012.02.002.

Fischer, C. *et al.* (2010) "Nasal trauma due to continuous positive airway pressure in neonates," *Archives of Disease in Childhood: Fetal and*

Neonatal Edition, 95(6), hal. 447–452. doi: 10.1136/adc.2009.179416.

Fischer, H. S. dan Bühner, C. (2013) “Avoiding Endotracheal Ventilation to Prevent Bronchopulmonary Dysplasia: A Meta-analysis,” *Pediatrics*, 132(5), hal. e1351–e1360. doi: 10.1542/peds.2013-1880.

Finegood ED, Wyman C, O’Connor TG, Blair CB; Family Life Project Investigators. Salivary cortisol and cognitive development in infants from low-income communities. *Stress*. 2017;20(1):112-121. doi:10.1080/10253890.2017.1286325

Grunau RE, Weinberg J, Whitfield MF. Neonatal procedural pain and preterm infant cortisol response to novelty at 8 months. *Pediatrics*. 2004 Jul;114(1):e77-84. doi: 10.1542/peds.114.1.e77. PMID: 15231977; PMCID: PMC1351380.

Guay, J. M. *et al.* (2018) “Care of the Neonate on Nasal Continuous Positive Airway Pressure: A Bedside Guide,” *Neonatal network: NN*, 37(1), hal. 24–32. doi: 10.1891/0730-0832.37.1.24.

Hakamata, Y. *et al.* (2017) “Amygdala-centred functional connectivity affects daily cortisol concentrations: a putative link with anxiety,” *Scientific Reports*, 7(1), hal. 8313. doi: 10.1038/s41598-017-08918-7.

Hall, J. E. dan Guyton (2018) *Guyton and Hall textbook of medical physiology*. 13 ed. Elsevier.

Hall RW, Anand KJ. Pain management in newborns. *Clin Perinatol*. 2014;41(4):895-924. doi:10.1016/j.clp.2014.08.010

Hansmann, Andreas; Morrow, Brenda May; Lang, Hans-Joerg (2017). Review of supplemental oxygen and respiratory support for paediatric emergency care in sub-Saharan Africa. *African Journal of Emergency Medicine*, (), S2211419X17301751–. doi:10.1016/j.afjem.2017.10.001 Lightman S. Rhythms Within Rhythms: The Importance of Oscillations for Glucocorticoid Hormones. 2016 Apr 5. In: Sassone-Corsi P, Christen Y, editors. *A Time for Metabolism and Hormones* [Internet]. Cham (CH): Springer; 2016. Fig. 1, [The hypothalamic-pituitary-adrenal (HPA) axis. The...]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK453178/figure/ch10.Fig1/> doi: 10.1007/978-3-319-27069-2_10

- Hibbard, J. U. *et al.* (2014) "NIH Public Access," 304(4), hal. 419–425. doi: 10.1001/jama.2010.1015.Respiratory.
- Isayama, T., Chai-Adisaksopha, C. dan McDonald, S. D. (2015) "Noninvasive Ventilation With vs Without Early Surfactant to Prevent Chronic Lung Disease in Preterm Infants," *JAMA Pediatrics*, 169(8), hal. 731. doi: 10.1001/jamapediatrics.2015.0510.
- Ivars, K. *et al.* (2017) "Development of salivary cortisol circadian rhythm in preterm infants," *PLoS ONE*, 12(8), hal. 1–15. doi: 10.1371/journal.pone.0182685.
- Jacob, J. *et al.* (2015) "Etiologies of NICU deaths," *Pediatrics*, 135(1), hal. e59–e65. doi: 10.1542/peds.2014-2967.
- Jain, L. (2016) "Stress at Birth and Its Inextricable Link to the Neonatal Transition," *Obstetrics & Gynecology*, 128(4), hal. 685–687. doi: 10.1097/AOG.0000000000001657.
- Jin, Hyunseung; Kim, In Ah; Jeong, Min Hee; Park, Kie Young; Kim, Bong Seong (2018). Salivary Cortisol and Pain Scoring to Compare the Efficacy of Oral Dextrose and Pacifier for Neonatal Pain Control. *Perinatology*, 29(2), 83–. doi:10.14734/pn.2018.29.2.83
- Kadmiel, M. dan Cidlowski, J. A. (2013) "Glucocorticoid receptor signaling in health and disease," *Trends in Pharmacological Sciences*, 34(9), hal. 518–530. doi: 10.1016/j.tips.2013.07.003.
- Kairys N, Schwell A. Cushing Disease. [Updated 2020 Mar 25]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2020 Jan-. [Figure, The hypothalamic-pituitary-adrenal (HPA) axis. Contributed...] Available from: <https://www.ncbi.nlm.nih.gov/books/NBK448184/figure/article-20175.image.f2/>
- Kim SS. Prevention and management of pain in the neonatal intensive care unit. *Clin Exp Pediatr*. 2020;63(1):16-17. doi:10.3345/kjp.2019.01200
- Kinoshita, M. *et al.* (2016) "Paradoxical diurnal cortisol changes in neonates suggesting preservation of foetal adrenal rhythms," *Scientific Reports*. Nature Publishing Group, 6(July), hal. 1–7. doi: 10.1038/srep35553.
- Kribs, A. (2016) "Minimally Invasive Surfactant Therapy and Noninvasive Respiratory Support," *Clinics in Perinatology*, 43(4), hal. 755–771. doi: 10.1016/j.clp.2016.07.010.

- Kucukoglu, Sibel; Kurt, Sirin; Aytekin, Aynur (2015). The effect of the facilitated tucking position in reducing vaccination-induced pain in newborns. *Italian Journal of Pediatrics*, 41(1), 61–. doi:10.1186/s13052-015-0168-9
- Kuo, T. *et al.* (2015) “Regulation of Glucose Homeostasis by Glucocorticoids,” in, hal. 99–126. doi: 10.1007/978-1-4939-2895-8_5.
- Lee, D. Y., Kim, E. dan Choi, M. H. (2015) “Technical and clinical aspects of cortisol as a biochemical marker of chronic stress,” *BMB Reports*, 48(4), hal. 209–216. doi: 10.5483/BMBRep.2015.48.4.275.
- Lightman S. Rhythms Within Rhythms: The Importance of Oscillations for Glucocorticoid Hormones. 2016 Apr 5. In: Sassone-Corsi P, Christen Y, editors. *A Time for Metabolism and Hormones* [Internet]. Cham (CH): Springer; 2016. Fig. 1, [The hypothalamic-pituitary-adrenal (HPA) axis. The...]. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK453178/figure/ch10.Fig1/> doi: 10.1007/978-3-319-27069-2_10
- Liu, J. (2012) “Respiratory Distress Syndrome in Full-term Neonates,” *Journal of Neonatal Biology*, S1(01), hal. 36–44. doi: 10.4172/2167-0897.S1-e001.
- Lumbantoruan et al. 2015. Hubungan intensitas nyeri dengan stres pasien osteoarthritis di RSUP H. Adam malik Medan.
- Marfuah, M., Barlianto, W. dan Susmarini, D. (2013) “Faktor Risiko Kegawatan Nafas Pada Neonatus Di Rsd. Dr. Haryoto Kabupaten Lumajang Tahun 2013,” *Jurnal Ilmu Keperawatan*, 1(2), hal. pp.119-127.
- Martin, S., Duke, T. dan Davis, P. (2014) “Efficacy and safety of bubble CPAP in neonatal care in low and middle income countries: a systematic review,” *Archives of Disease in Childhood - Fetal and Neonatal Edition*, 99(6), hal. F495–F504. doi: 10.1136/archdischild-2013-305519.
- Mazmanyman, P. *et al.* (2016) “A randomised controlled trial of flow driver and bubble continuous positive airway pressure in preterm infants in a resource-limited setting,” *Archives of Disease in Childhood - Fetal and Neonatal Edition*, 101(1), hal. 16–20. doi: 10.1136/archdischild-2015-308464.

- McEwen, B. S. dan Gianaros, P. J. (2011) "Stress- and Allostasis-Induced Brain Plasticity," *Annual Review of Medicine*, 62(1), hal. 431–445. doi: 10.1146/annurev-med-052209-100430.
- Negi, R. *et al.* (2015) "A novel approach to study oxidative stress in neonatal respiratory distress syndrome," *BBA Clinical*. Elsevier B.V., 3, hal. 65–69. doi: 10.1016/j.bbacli.2014.12.001.
- Oakley, R. H. dan Cidlowski, J. A. (2013) "The biology of the glucocorticoid receptor: New signaling mechanisms in health and disease," *Journal of Allergy and Clinical Immunology*, 132(5), hal. 1033–1044. doi: 10.1016/j.jaci.2013.09.007.
- Oprea, A. *et al.* (2019) "Novel insights into glucocorticoid replacement therapy for pediatric and adult adrenal insufficiency," *Therapeutic Advances in Endocrinology and Metabolism*, 10(6), hal. 204201881882129. doi: 10.1177/2042018818821294.
- Osman, M., Elsharkawy, A. dan Abdel-Hady, H. (2015) "Assessment of pain during application of nasal-continuous positive airway pressure and heated, humidified high-flow nasal cannulae in preterm infants," *Journal of Perinatology*. Nature Publishing Group, 35(4), hal. 263–267. doi: 10.1038/jp.2014.206.
- Parappil, H. *et al.* (2011) "Respiratory distress syndrome due to a novel homozygous ABCA3 mutation in a term neonate," *BMJ Case Reports*, hal. 1–6. doi: 10.1136/bcr.10.2010.3427.
- Pickerd, N. dan Kotecha, S. (2009) "Pathophysiology of respiratory distress syndrome," *Paediatrics and Child Health*. Elsevier Ltd., 19(4), hal. 153–157. doi: 10.1016/j.paed.2008.12.010.
- Pinto, V. L. dan Sharma, S. (2020) *Continuous Positive Airway Pressure (CPAP)*, *StatPearls*. Tersedia pada: <http://www.ncbi.nlm.nih.gov/pubmed/29489216>.
- Provenzi, L. *et al.* (2016) "Pain-related stress in the Neonatal Intensive Care Unit and salivary cortisol reactivity to socio-emotional stress in 3-month-old very preterm infants," *Psychoneuroendocrinology*. Elsevier Ltd, 72, hal. 161–165. doi: 10.1016/j.psyneuen.2016.07.010.
- Ramamoorthy, S. dan Cidlowski, J. A. (2016) "Corticosteroids," *Rheumatic Disease Clinics of North America*, 42(1), hal. 15–31. doi: 10.1016/j.rdc.2015.08.002.

- Rebelato, C. T. da C. dan Stumm, E. M. F. (2019) "Analysis of pain and free cortisol of newborns in intensive therapy with therapeutic procedures," *Brazilian Journal Of Pain*, 2(2). doi: 10.5935/2595-0118.20190029.
- Relland, L. M., Gehred, A. dan Maitre, N. L. (2019) "Behavioral and Physiological Signs for Pain Assessment in Preterm and Term Neonates During a Nociception-Specific Response: A Systematic Review," *Pediatric Neurology*. Elsevier Inc., 90, hal. 13–23. doi: 10.1016/j.pediatrneurol.2018.10.001.
- Rojas-Reyes, M. X., Morley, C. J. dan Soll, R. (2012) "Prophylactic versus selective use of surfactant in preventing morbidity and mortality in preterm infants," *Cochrane Database of Systematic Reviews*. doi: 10.1002/14651858.CD000510.pub2.
- Sarapuk, Iryna & Pavlyshyn, Halyna. (2021). Assessment and Correction of Stress in Preterm Infants and Their Mothers. 10.21203/rs.3.rs-508519/v1.
- Safer Care Victoria (2019) *Nasal continuous positive airway pressure (NCPAP) for neonates*, Maternity and Newborn Clinical Network Safer Care Victoria. Tersedia pada: <https://www.bettersafecare.vic.gov.au/resources/clinical-guidance/maternity-and-newborn-clinical-network/nasal-continuous-positive-airway-pressure-ncpap-for-neonates> (Diakses: 18 September 2020).
- Schmolzer, G. M. *et al.* (2013) "Non-invasive versus invasive respiratory support in preterm infants at birth: systematic review and meta-analysis," *BMJ*, 347(oct17 3), hal. f5980–f5980. doi: 10.1136/bmj.f5980.
- Sherwood, L. dan Ward, C. (2018) *Human physiology*. 9 ed. Elsevier.
- Stoll, B. J. *et al.* (2010) "Neonatal outcomes of extremely preterm infants from the NICHD Neonatal Research Network," *Pediatrics*, 126(3), hal. 443–456. doi: 10.1542/peds.2009-2959.
- SUPPORT (2010) "Early CPAP versus Surfactant in Extremely Preterm Infants," *New England Journal of Medicine*, 362(21), hal. 1970–1979. doi: 10.1056/NEJMoa0911783.
- Trevisanuto D, Grazzina N, Doglioni N, Ferrarese P, Marzari F, Zanardo V. A new device for administration of continuous positive airway pressure in preterm infants: comparison with a standard nasal CPAP continuous positive airway pressure system. *Intensive Care*

Med. 2005 Jun;31(6):859-64. doi: 10.1007/s00134-005-2638-9.
Epub 2005 Apr 19. PMID: 15838676.

Thau, L., Gandhi, J. dan Sharma, S. (2020) *Physiology, Cortisol, StatPearls*. Tersedia pada:
<http://www.ncbi.nlm.nih.gov/pubmed/30855827>.

van Ganzewinkel, Christ-jan; Anand, Kanwaljeet J.S.; Kramer, Boris W.;
Andriessen, Peter (2014). Chronic Pain in the Newborn. *The Clinical Journal of Pain*, 30(11), 970–977.
doi:10.1097/AJP.0000000000000056

Vitaliti, S. M. *et al.* (2012) "Painful procedures in the NICU," *The Journal of Maternal-Fetal & Neonatal Medicine*, 25(sup4), hal. 138–139.
doi: 10.3109/14767058.2012.714986.

Yau M, Gujral J, New MI. Congenital Adrenal Hyperplasia: Diagnosis and
Emergency Treatment. [Updated 2019 Apr 16]. In: Feingold KR,
Anawalt B, Boyce A, et al., editors. *Endotext* [Internet]. South
Dartmouth (MA): MDText.com, Inc.; 2000-. Figure 1. [Pathways of
Adrenal Steroidogenesis: Five..]. Available from:
[https://www.ncbi.nlm.nih.gov/books/NBK279085/figure/congn-
adren-hp-emerg.F1/](https://www.ncbi.nlm.nih.gov/books/NBK279085/figure/congn-adren-hp-emerg.F1/)

Yilmaz, B. (2019) "The Relationship of Blood Prolactin, Cortisol and
Thyroid Hormones in Prematural Newborns with Respiratory
Distress Syndrome," *Research in Pediatrics & Neonatology*, 3(5),
hal. 266–271. doi: 10.31031/rpn.2019.03.000572.

Yurdakök, M. (2010) "Transient tachypnea of the newborn: what is new?,"
The Journal of Maternal-Fetal & Neonatal Medicine, 23(sup3), hal.
24–26. doi: 10.3109/14767058.2010.507971.



KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN
UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
KOMITE ETIK PENELITIAN KESEHATAN
RSPTN UNIVERSITAS HASANUDDIN
RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR



Sekretariat : Lantai 2 Gedung Laboratorium Terpadu

JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.

Contact Person: dr. Agussalim Bukhari., MMed, PhD, SpGK TELP. 081241850858, 0411 5780103, Fax : 0411-581431

Lampiran 1

NASKAH PENJELASAN UNTUK MENDAPAT PERSETUJUAN DARI KELUARGA/SUBYEK PENELITIAN

Pengaruh Pemakaian nCPAP Terhadap Kadar Kortisol Saliva pada Bayi Cukup Bulan

Gangguan pernapasan pada saat kelahiran merupakan komplikasi signifikan yang terjadi pada bayi baru lahir, baik yang cukup bulan, kurang bulan, maupun lebih bulan. Bayi baru lahir dengan gangguan pernapasan pada umumnya dirawat di unit perawatan intensif neonatal (NICU) dan mengalami banyak prosedur yang menyebabkan stres dan nyeri. *Nasal continuous positive airway pressure* (nCPAP) merupakan standar perawatan untuk tatalaksana segera dan dukungan lanjutan pada bayi baru lahir, namun sayangnya tindakan ini berpotensi menimbulkan nyeri pada bayi. Nyeri yang tidak diobati selama periode kritis perkembangan otak ini dapat menyebabkan konsekuensi langsung dan jangka panjang pada bayi. Kortisol saliva merupakan salah satu Penanda objektif terjadinya perubahan aksis *hypothalamic-pituitary-adrenal* (HPA) yang disebabkan oleh paparan berulang dan jangka panjang dari nyeri. Pengukuran kortisol saliva mudah dilakukan, tidak menimbulkan rasa

nyeri, dan merupakan tindakan non-invasif sehingga relatif lebih aman dilakukan.

Kami bermaksud mengadakan penelitian untuk mempelajari pengaruh pemasangan nCPAP terhadap kadar kortisol saliva. Kami menjamin bahwa penelitian ini tidak menimbulkan efek samping terhadap anak/kemanakan bapak/ibu, bahkan diharapkan hasil penelitian ini akan bermanfaat untuk penanganan nyeri yang ditimbulkan nCPAP dan juga membantu petugas medis dalam rangka mengambil keputusan yang tepat terhadap kondisi bayi. Bila ibu/bapak setuju untuk berpartisipasi diharapkan ibu/bapak dapat memberikan persetujuan secara tertulis.

Kami akan menanyakan dan mencatat identitas anak/kemanakan ibu/bapak (nama, alamat, tanggal lahir, jenis kelamin). Selanjutnya akan dilakukan pemeriksaan meliputi pengukuran berat badan dan tinggi badan, pemeriksaan tekanan darah, nadi, pernapasan dan suhu badan. Pemeriksaan fisik secara keseluruhan akan dilakukan. Kami akan melakukan pemeriksaan kadar kortisol saliva. Pemeriksaan ini tanpa dipungut biaya.

Keikutsertaan anak/kemanakan ibu/bapak dalam penelitian ini bersifat suka rela tanpa paksaan, karena itu ibu/bapak bisa menolak ikut atau berhenti ikut dalam penelitian ini tanpa takut akan kehilangan hak untuk mendapat pelayanan kesehatan yang dibutuhkan oleh anak/kemanakan ibu/bapak.

Semua data dari penelitian ini akan dicatat dan dipublikasikan tanpa membuka data pribadi anak/kemanakan ibu/bapak. Data pada penelitian ini akan dikumpulkan dan disimpan dalam file manual maupun elektronik, diaudit dan diproses serta dipresentasikan pada:

- Forum ilmiah Program Pasca Sarjana (S2) Universitas Hasanuddin
- Publikasi pada jurnal Ilmiah dalam negeri/ luar negeri

Setelah membaca dan mengerti atas penjelasan yang kami berikan mengenai pentingnya pemeriksaan kadar kortisol saliva, kami harapkan untuk menandatangani surat persetujuan mengikuti penelitian. Atas kesediaan dan kerjasamanya saya mengucapkan banyak terima kasih.

Tanda tangan / identitas peneliti:

Nama : dr. Noor Fadli Idrus

Alamat : Bontoduri Raya No. 22 Makassar

Telepon : 081340297310



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Lampiran 2

FORMULIR PERSETUJUAN MENGIKUTI PENELITIAN

Setelah mendengar, mengikuti dan menyadari pentingnya penelitian:

Pengaruh Pemakaian Ncpap Terhadap Kadar Kortisol Saliva Pada Bayi Cukup Bulan

Maka saya yang bertanda tangan di bawah ini :

Nama :

Umur :

Alamat :

Dengan ini menyatakan secara sukarela tanpa paksaan setuju untuk mengikutsertakan anak saya dalam penelitian ini:

Nama :

Umur :

Demikian surat persetujuan ini dibuat dengan sebenarnya untuk digunakan sebagaimana mestinya.

Makassar,

2020

Penanggung jawab

Orangtua

(dr. Noor Fadli Idrus)

(.....)

Departemen Ilmu Kesehatan Anak FK-UNHAS

RS. Dr. Wahidin Sudirohusodo, Makassar

Telp.085213397465

Lampiran 3. Rekomendasi Persetujuan Etik



KEMENTERIAN PENDIDIKAN, KEBUDAYAAN, RISET DAN TEKNOLOGI
 UNIVERSITAS HASANUDDIN FAKULTAS KEDOKTERAN
 KOMITE ETIK PENELITIAN KESEHATAN
 RSPTN UNIVERSITAS HASANUDDIN
 RSUP Dr. WAHIDIN SUDIROHUSODO MAKASSAR
 Sekretariat : Lantai 2 Gedung Laboratorium Terpadu
 JL.PERINTIS KEMERDEKAAN KAMPUS TAMALANREA KM.10 MAKASSAR 90245.



Contact Person: dr. Agussalim Bukhari, MMed, PhD, SpGK TELP. 081241850858, 0411 5780103, Fax : 0411-581431

REKOMENDASI PERSETUJUAN ETIK

Nomor : 708/UN4.6.4.5.31/ PP36/ 2021

Tanggal: 8 Nopember 2021

Dengan ini Menyatakan bahwa Protokol dan Dokumen yang Berhubungan Dengan Protokol berikut ini telah mendapatkan Persetujuan Etik :

No Protokol	UH21100622		No Sponsor Protokol	
Peneliti Utama	dr. A. Dwi Bahagia Febriani, PhD, SpA(K)		Sponsor	
Judul Peneliti	Pengaruh Pemakaian Bubble Nasal Continuous Positive Airway Pressure (NCPAP) terhadap kadar kortisol saliva pada bayi baru lahir			
No Versi Protokol	2	Tanggal Versi	4 Nopember 2021	
No Versi PSP	2	Tanggal Versi	4 Nopember 2021	
Tempat Penelitian	RS Dr. Wahidin Sudirohusodo Makassar			
Jenis Review	<input type="checkbox"/> Exempted <input type="checkbox"/> Expedited <input checked="" type="checkbox"/> Fullboard Tanggal 21 Oktober 2021		Masa Berlaku 8 Nopember 2021 sampai 8 Nopember 2022	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian Kesehatan FKUH	Nama Prof.Dr.dr. Suryani As'ad, M.Sc., Sp.GK (K)		Tanda tangan	
Sekretaris Komisi Etik Penelitian Kesehatan FKUH	Nama dr. Agussalim Bukhari, M.Med., Ph.D., Sp.GK (K)		Tanda tangan	

Kewajiban Peneliti Utama:

- Menyerahkan Amandemen Protokol untuk persetujuan sebelum di implementasikan
- Menyerahkan Laporan SAE ke Komisi Etik dalam 24 Jam dan dilengkapi dalam 7 hari dan Laporan SUSAR dalam 72 Jam setelah Peneliti Utama menerima laporan
- Menyerahkan Laporan Kemajuan (progress report) setiap 6 bulan untuk penelitian resiko tinggi dan setiap setahun untuk penelitian resiko rendah
- Menyerahkan laporan akhir setelah Penelitian berakhir
- Melaporkan penyimpangan dari prokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan

No	Nama / RM	Tanggal Lahir	Jam pengambilan	Jenis Kelamin	UG (MG)	A/S	Downe Score	BBL	PBL	LK	GDS	Heart Rate		Napas		Suhu		SPO2		NIPS		Bising	
												SB	ST	SB	ST	SB	ST	SB	ST	SB	ST	SB	ST
1	By. Ny. Najemiah	10/10/2021	8:30	Perempuan	37	7/9	6	2775	46	33	54	154	170	70	80	36.7	37	96	100	1	3	45	46.5
2	By. Ny. Rosdiana	10/12/2021	21:00	Laki-laki	38	7/9	5	2535	45	32	78	155	150	55	40	36.5	37	92	99	2	4	46.7	54
3	By.Ny. Sinar	11/3/2021	0:00	perempuan	37	7/8	4	2600	45	32	73	148	160	50	62	35.9	35.9	92	97	0	3	47.1	47.7
4	By. Ny. Mawar	10/20/2021	19:30	Laki-laki	38	8/9	4	2800	46	33	124	128	168	62	70	37	37.5	95	99	1	3	44.7	45.1
5	By.Ny. Mirna	10/26/2021	15:30	Laki-laki	39	8/9	4	3000	47	33.5	100	154	170	44	46	36.9	36.9	98	99	2	5	43.9	46
6	By. Ny. Ismawati	11/2/2021	15:30	Perempuan	38	8/9	4	2655	45	34	112	161	137	43	53	36	37	89	98	1	4	43.5	43.8
7	By.Ny. Nurul	11/8/2021	19:30	Perempuan	38	7/9	4	2550	45	31	93	138	150	32	40	36.8	37	95	99	0	3	43.8	50
8	By.Ny. Nurhilda	11/9/2021	8:30	Perempuan	37	7/9	4	2800	45	32	77	140	146	40	56	36.5	36.6	92	97	2	4	50.9	56.9
9	By.Ny. Sari Juniarti	11/19/2021	15:00	Perempuan	39	7/9	5	3000	46	34	75	140	150	45	56	36.5	37	95	100	1	3	50.9	57.1
10	By.Ny.Sayani	11/27/2021	21:00	Perempuan	38	7/8	5	2810	40	33	125	132	140	62	58	36.5	36.7	91	99	2	4	46.9	53.4
11	By. Ny. Sri	11/30/2021	17:00	Laki-laki	39	7/8	4	2900	45	32	65	137	138	53	60	36.5	36.7	90	100	2	5	46.8	52
12	By. Ny.Rahmawati	11/25/2021	11:45	Laki-laki	39	8/9	5	2550	44	32	85	138	150	32	40	36.5	36.5	95	100	1	3	54.1	54.2
13	By Ny. Inayah	11/29/2021	7:00	Laki-laki	38	6/9	4	2700	43	32	159	150	170	35	50	36.1	36.5	90	100	2	5	46.7	48.2
14	By.Ny.Harfia	12/1/2021	8:00	Laki-laki	39	7/8	4	2900	45	33	110	155	150	35	38	36.1	36.2	90	97	2	5	46.7	48
15	By. Ny. Haryanti	12/3/2021	21:00	Laki-laki	38	7/9	5	2600	43	32	55	137	148	60	63	36.8	36.8	94	97	2	4	44.9	49
16	By. Ny. Rosnia	12/6/2021	17:00	Laki-laki	37	5/7	4	2760	42	32	58	130	138	48	46	36.2	36.5	98	100	2	5	40.8	49
17	By.Ny. Siiti Aminah	12/7/2021	21:00	Laki-laki	38	7/8	4	2950	44	33	85	135	150	50	50	36.7	36.7	95	100	1	4	42.9	49
18	By.Ny.Murlia	12/11/2021	22:00	Perempuan	38	8/10	4	3000	47	33	107	138	155	44	34	36.5	36.7	98	99	2	3	41.8	43.2
19	By. Ny. Rostina	12/15/2021	15:00	Laki-laki	37	7/9	5	2630	42	34	69	150	163	44	50	36.5	36.5	96	100	3	4	48	55
20	By. Ny. Halija	12/19/2021	17:00	Laki-laki	39	7/9	4	2820	40	33	94	130	150	50	60	36.5	36.5	88	100	2	4	47.8	49.1
21	By.Ny.Eva	12/20/2021	16:30	perempuan	37	5/8	4	2830	41	33	95	146	152	55	60	36.5	36.5	98	99	2	4	47.9	49
22	By.Ny.A.Marbuba	12/21/2021	17:30	Perempuan	38	5/8	5	2535	43	33	67	156	159	66	51	36	36.2	94	97	2	5	43.1	43.6
23	By.Ny.Atika	12/24/2021	16:00	Perempuan	37	5/7	4	2500	43	34	67	118	130	40	44	36.4	36.5	96	99	2	3	42.8	43.6
24	By. Ny. Farida	12/28/2021	17:50	Perempuan	40	5/8	5	3000	46	33	84	120	135	48	44	36	36	96	99	2	4	48.5	49.8
25	By.Ny.Suryani	12/29/2021	17:00	Laki-laki	37	5/7	5	2510	43	34	75	153	136	30	41	34.8	35.5	92	97	2	3	43.1	44.2
26	By.Ny.Amelia	12/27/2021	21:00	Perempuan	38	5/7	4	2620	43	34	107	158	135	66	60	36.4	36.5	93	100	1	4	58.8	59.1
27	By Ny. Wulan	12/25/2021	19:30	Laki-laki	38	5/8	5	2740	45	34	80	140	150	70	60	36.5	36.5	96	99	1	3	58.8	59.3
28	By.Ny.Murni	12/27/2021	13:00	Perempuan	37	6/9	4	2505	43	35	94	152	134	68	73	36.5	36.5	95	96	1	3	48	48.7
29	By.Ny.dewi	12/30/2021	16:30	Laki-laki	39	6/9	5	2870	45	34	52	127	125	61	71	35	35.5	96	99	2	3	44.7	45.7
30	By.Ny.kamaria	12/30/2021	19:00	Perempuan	40	7/9	4	2970	45	33	66	120	132	58	60	36	36.2	98	99	2	4	47.5	48.2
31	By.Ny.nurjanna	12/31/2021	17:30	Perempuan	39	7/9	4	2800	43	34	107	120	130	60	48	35	35.2	94	99	2	4	47.5	48
32	By.Ny.Andira	1/3/2022	16:50	Laki-laki	37	7/9	4	2500	42	33	77	143	140	70	77	35	35.9	93	97	1	4	43.9	45.8
33	By.Ny.Nia	1/6/2022	19:00	Laki-laki	39	7/9	4	2890	44	33	74	136	145	62	67	35.6	36	94	96	1	4	44	45.9
34	By.Ny.nilawati	1/8/2022	16:00	Laki-laki	37	5/7	5	2600	43	32.5	62	140	162	70	82	36	36.2	92	96	2	2	45.2	46.4
35	By.Ny.kasri	1/8/2022	19:00	Laki-laki	38	6/9	5	2510	43	32	68	140	162	70	82	36	36.2	92	96	2	2	45.2	46.4
36	By.Ny.kasifa	1/5/2022	19:00	Laki-laki	38	5/7	6	2800	43	33	72	168	148	70	66	35.2	36	95	98	2	3	44.3	45.1
37	By.Ny.Rani	1/2/2021	21:00	Perempuan	37	7/9	4	2700	42	32	83	146	156	68	60	36.3	36.5	92	99	2	3	43.5	45.2
38	By.Ny.Anni	1/2/2022	20:00	Perempuan	39	7/9	4	2590	43	32	84	146	150	55	60	36.3	36.4	94	99	2	3	43	45

Diagnosa Anak	Diagnosa Ibu	Score EMA	Posisi	Cara Lahir	Luaran	Kortisol Sebelum	Kortisol Setelah	HB	Leukosit	trombosit	prokal	CRP
RDN + Curiga besar sepsis + BCB/SMK	Inpartu	2	Terlentang	normal	Pulang	1.55	20.08	13.7	13,000	287,000		43
RDN ec TTN	Plasenta Previa	2	Terlentang	SC	Pulang	2.7	20.6	13.5	12,600	314,000		
RDN + curiga besar sepsis + BCB/SMK	Post SC	2	Miring	SC	Pulang	2.9	19.76	15.5	10,000	151,000		14.1
RDN	Ketuban Pecah Dini	2	Terlentang	SC	Pulang	2.4	2.8	16.2	19,700	279,000		
RDN + Curiga besar sepsis	Kala 2 lama	1	Terlentang	SC	Pulang	9.7	13.7	12.3	11,100	696,000		
RDN	Plasenta Akreta	1	Miring	SC	Pulang	35.2	35.7					
RDN + curiga besar sepsis	Plasenta Previa	1	Miring	SC	Pulang	66.5	92	11.1	5000	180,000		
RDN	Post SC	1	Terlentang	SC	Pulang	0.4	2.1	12.2	8000	150,000		
RDN	Post SC	2	Terlentang	SC	Pulang	0.7	9.1	15.4	10,400	259,000		
RDN ec TTN	Plasenta Previa	2	Terlentang	SC	Pulang	1.6	13.4	12.4	16,200	335,000		
RDN	Post SC	1	Terlentang	SC	Pulang	4.1	19.4	15.1	14,700	201,000		
RDN + Curiga sepsis	Inpartu	1	Terlentang	Normal	Pulang	0.6	3.1					
RDN	PEB	1	Terlentang	Normal	Pulang	2.8	46	13.3	11,900	529,000		
RDN + Curiga besar sepsis	Ketuban Pecah Dini	2	Terlentang	Normal	Pulang	2.6	16	13.4	10,000	345,000		
RDN ec TTN	Post SC	1	Terlentang	SC	Pulang	0.4	1.8					
RDN	PEB	2	Miring	Normal	Perawatan	0.8	24	12.2	9500	323,000		
RDN	PEB	2	Miring	SC	Perawatan	2.1	2.2					
RDN + Curiga besar sepsis	Ketuban Pecah Dini	2	Terlentang	SC	Pulang	0.3	33	17.1	4,400	172,000		
RDN ec TTN	Post SC	2	Miring	sc	Pulang	0.1	2.5	13.9	22,390	273,000		
RDN + Curiga besar sepsis + BCB/SMK	Ketuban Pecah Dini	2	Terlentang	normal	Pulang	6.9	7.1					
RDN	Post SC	2	Terlentang	sc	Pulang	2.4	2.5					
RDN	Plasenta Akreta	0	Miring	SC	Perawatan	0.8	1	11.1	10,900	326,000		
RDN ec TTN	Post SC	1	Miring	SC	Perawatan	1.7	3.9	17.2	22,300	172,000		
RDN	Inpartu	0	Terlentang	Normal	Perawatan	0.4	0.8					
RDN	Superimpose Preeklampsia	1	Miring	SC	Pulang	0.1	3.6	15.2	10,000	189,000	0.46	12
RDN	Preeklampsia Berat	1	Miring	SC	Pulang	0.7	1.8					
RDN	Preeklampsia Berat	2	Terlentang	SC	Pulang	12	29					
RDN	Ketuban Pecah Dini	1	Miring	SC	pulang	47	51					
RDN	Post SC	1	Miring	SC	Pulang	0.2	19					
RDN	KALA 2 lama	2	Terlentang	SC	Pulang	14	25					
RDN ec TTN	Post SC	1	Terlentang	SC	Meninggal	0.3	1.9					
RDN	Plasenta Previa	1	Miring	SC	Perawatan	2.4	6.5					
RDN + Curiga besar sepsis	KPD	1	Miring	SC	Pulang	1	2.5					
RDN	kala 2 lama	1	Miring	SC	Perawatan	0.1	0.4					
RDN	Inpartu	1	Miring	normal	Pulang	0.2	12.4					
RDN + Curiga besar sepsis	Ketuban Pecah Dini	1	Terlentang	Normal	Perawatan	0.7	1					
RDN ec TTN	Post SC	1	Miring	SC	Pulang	3.7	3.9	14.3	15,200	150,000		
RDN	Post SC	1	Miring	SC	Pulang	2.1	3					