

DAFTAR PUSTAKA

- Aderibigbe. (2018). Pola Penggunaan Antibiotik dan identifikasi masalah penggunaan antibiotik di NICU IGD RSUD DR. Soetomo. *Energies*, 6(1), 1–8. <http://journals.sagepub.com/doi/10.1177/1120700020921110%0Ahttps://doi.org/10.1016/j.reuma.2018.06.001%0Ahttps://doi.org/10.1016/j.arth.2018.03.044%0Ahttps://reader.elsevier.com/reader/sd/pii/S1063458420300078?token=C039B8B13922A2079230DC9AF11A333E295FCD8>
- Amalia, M. (2022). Faktor-Faktor Yang Mempengaruhi Lama Rawat Inap Hospitalisasi Bayi Prematur. *Jurnal Keperawatan 'Aisyiyah*, 9(2), 127–137. <https://doi.org/10.33867/jka.v9i2.338>
- Anggraini, D. I., & Septira, S. (2019). Nutrisi bagi Bayi Berat Badan Lahir Rendah (BBLR) untuk Mengoptimalkan Tumbuh Kembang. *Majority*, 5(3), 151–155. <http://repository.lppm.unila.ac.id/id/eprint/2020>
- Ango, D., Harismayanti, & Sudirman, A. N. A. (2023). Hubungan Berat Badan Lahir Rendah (BBLR) Dengan Kejadian Asfiksia Di Ruang Nicu Rsud Prof. Dr. H. Aloei Saboe. *Jurnal Riset Rumpun Ilmu Kesehatan (JURRIKES)*, 2(1), 147–158. <http://prin.or.id/index.php/JURRIKES/article/view/971>
- Antonucci, R., Porcella, A., & Fanos, V. (2019). *The infant incubator in the neonatal intensive care unit: unresolved issues and future developments*. 37, 587–598. <https://doi.org/10.1515/JPM.2009.109>
- Astria, N. K. R., & Windasari, M. A. C. (2021). Faktor-faktor yang berhubungan dengan kematian neonatus di RSUD Sanjiwani Gianyar. *Intisari Sains Medis*, 12(2), 468–472. <https://doi.org/10.15562/ism.v12i2.1065>
- Astuti, D. (2018). Efektivitas kangaroo mother care terhadap average length of stay (avlos) pada bayi berat badan lahir rendah. *The 8 Th Universitas Research Colloquium*, 236–242.

- Aydemir, O., Sağlık, A. C., Sekili, Z., & Neslihan Tekin, A. (2018). Employing a Nutrition Nurse in Neonatal Intensive Care Unit Improved Nutrition and Growth Outcomes in Preterm Neonates. *Nutrition in Clinical Practice*, 00(0), 1–7. <https://doi.org/10.1002/ncp.10216>
- Ayu Iswari, M. D., & Winata Adnyana, I. G. K. (2020). Hubungan berat badan lahir rendah dengan asfiksia neonatorum di Rumah Sakit Umum (RSU) Negara. *DiscoverSys*, 11(3), 1510–1514. <https://doi.org/10.15562/ism.v11i3.871>
- Azzizah, E. N., Faturahman, Y., & Novianti, S. (2021). Faktor-faktor yang Berhubungan dengan Kejadian Bayi Berat Lahir Rendah (Studi di RSUD DR. Soekardjo Kota Tasikmalaya). *Jurnal Kesehatan Komunitas Indonesia*, 17(1 Maret), 85–98.
- Budiarti, I., Rohaya, & Sartika Silaban, T. D. (2022). Faktor -Faktor yang Berhubungan dengan Kejadian Bayi Berat Lahir Rendah (BBLR) di Rumah Sakit Muhammadiyah Palembang Tahun 2020. *Jurnal Ilmiah Universitas Batanghari Jambi*, 22(1), 195–202. <https://doi.org/10.33087/jjubj.v22i1.1927>
- Carolus, W., Rompis, J., & Wilar, R. (2020). Hubungan Apgar Skor Dan Berat Badan Lahir Dengan Sepsis Neonatorum. *E-CliniC*, 1(2), 1–7. <https://doi.org/10.35790/ecl.1.2.2013.3271>
- Cnatingius, S., Johansson, S., & Razaz, N. (2020). Apgar Score and Risk of Neonatal Death among Preterm Infants. *The New England Journal of Medicine*, 49–57. <https://doi.org/10.1056/NEJMoa1915075>
- Fathiyati, Octavia, R., & Fairuza, F. (2020). Hubungan Prematuritas dan Paritas dengan Kejadian BBLR di RS Kecana Serang Tahun 2019. *Jurnal Ilmiah Kesehatan Delima*, 2(2), 190–195.
- Fitri, Y. Y., & Suryadi, B. (2019). Perawatan Metode Kangguru (PMK) Mempersingkat Lama Rawat Bayi Baru Lahir. *Jurnal Ilmiah Ilmu K*, 9(1), 536–543.
- Girsang, B. M. (2020). *Asuhan keperawatan Perawatan Metode Kangguru (PMK)*. Penerbit Deepublish.

https://www.google.co.id/books/edition/Asuhan_Keperawatan/AxTXDwAAQBAJ?hl=id&gbpv=1

- Hafid, W., Badu, F. D., & Laha, L. P. (2018). Analisis Determinan Kejadian Berat Bayi Lahir Rendah (BBLR) di RSUD Tani dan Nelayan. *Gorontalo Journal of Public Health*, 1(1), 01. <https://doi.org/10.32662/gjph.v1i1.138>
- Harron, K., Gilbert, R., Cromwell, D., Oddie, S., & der Meulen, J. van. (2017). *Newborn Length of Stay and Risk of Readmission*. 221–232. <https://doi.org/10.1111/ppe.12359>
- Komite Etik Penelitian dan Pengembangan Kesehatan Nasional Kementerian Kesehatan. (2021). Pedoman Dan Standar Etik Penelitian dan pengembangan Kesehatan Nasional. In *The Indonesian Journal of Health Science* (Vol. 10, Issue 1).
- Lin, W. T., Wu, T. Y., Chen, Y. J., Chang, Y. S., Lin, C. H., & Lin, Y. J. (2022). Predicting in-hospital length of stay for very-low-birth-weight preterm infants using machine learning techniques. *Journal of the Formosan Medical Association*, 121(6), 1141–1148. <https://doi.org/10.1016/j.jfma.2021.09.018>
- Lubis, E. S. (2020). Determinan Kejadian Asfiksia Neonatorum Di Rumah Sakit Umum Haji Medan Provinsi Sumatera Utara Tahun 2019. *Jurnal Kebidanan Flora*, 13(1), 16–27.
- Luthfi Hapsari, A. (2019). *Gambaran Faktor Risiko dan Lama Rawat Bayi Berat Lahir Rendah Di RSUD Kota Tangerang Selatan*. <https://repository.uinjkt.ac.id/dspace/handle/123456789/37501>
- Manurung, P., & Helda. (2020). Hubungan Riwayat Komplikasi Saat Hamil dengan Kejadian Berat Badan Lahir Rendah (BBLR) di Indonesia. *Jurnal Epidemiologi Kesehatan Indonesia*, 4(2), 51–56.
- Menara, R. R. (2017). *Analisis Usia Gestasi pada Kehamilan Ibu di Rumah Sakit 'X' Ponorogo dengan Metode Regresi Logistik Ordinal*. 113. <http://repository.its.ac.id/47788/>
- Narciso, L. M., Beleza, L. O., & Imoto, A. M. (2022). The effectiveness of

- Kangaroo Mother Care in hospitalization period of preterm and low birth weight infants: systematic review and meta-analysis. *Jurnal de Pediatria*, 98(2), 117–125. <https://doi.org/10.1016/j.jpmed.2021.06.004>
- Niknajad, A., Ghojazadeh, M., Sattarzadeh, N., Bashar Hashemi, F., & Dezhm Khoj Shahgholi, F. (2012). Factors affecting the neonatal intensive care unit stay duration in very low birth weight premature infants. *Journal of Caring Sciences*, 1(2), 85–92. <https://doi.org/10.5681/jcs.2012.013>
- Novitasari, A., Hutami, M. S., & Pristya, T. Y. R. (2020). Pencegahan dan Pengendalian BBLR Di Indonesia: Systematic Review. *Pencegahan Dan Pengendalian Bblr Di Indonesia*, 2(3), 175–182. <http://doi.wiley.com/10.1002/14651858.CD013574>
- Perwiraningtyas, P., Ariani, N. L., & Anggraini, C. Y. (2020). Analisis Faktor Resiko Tingkat Berat Bayi Lahir Rendah. *Journal of Nursing Care*, 3(3). <https://doi.org/10.24198/jnc.v3i3.27261>
- Picauly, I., Akoit, A., Tibuludji, P., & Nabuasa, C. D. (2019). Pengaruh penerapan komponen perawatan metode kanguru (pmk) terhadap lama perawatan bayi berat lahir rendah. *Jurnal PAZIH*, 8(1), 907–918.
- Raymen Satria, H., Kardana, I. made, & Sugitha Adnyana, I. G. (2020). Karakteristik Luaran Bayi yang Lahir dengan Sectio Caesarea di RSUP Sanglah Denpasar. *Jurnal Medika Udayana*, 9(10), 74–79.
- Rohmah, N., Hargono, R., & Yusuf, A. (2019). Effect of birth temperature and maternal comorbidity on birth weight at discharge and length of stay among neonates with low birth Status gizi masyarakat dapat diukur melalui beberapa indikator penting , antara lain Bayi dengan Berat Badan Lahir Rendah (. *The 5th International Conference on Public Health*. <https://doi.org/https://doi.org/10.26911/theicph.2019.03.46>
- Ruminem, Adawiyah, J., Sri Widiastuti, I. A. K., Sari, R. P., & Ramadhani, S. (2022). Artikel Review The Effect of Kangaroo Care on Body Temperature Stability of Low Body Weight : Literature Review. *Jurnal Kesehatan Pasak Bumi Kalimantan*, 5(2), 201–207.

- Samsinar, S., Syarifuddin, N., & Syahrir, S. (2020). Determinan Sosial Kejadian Berat Badan Lahir Rendah di Wilayah Kerja Puskesmas Sudiang Kecamatan Biringkanaya Kota Makassar Tahun 2019. *Community Research of Epidemiology (CORE)*, 1(1), 29–35. <http://journal.uin-alauddin.ac.id/index.php/corejournal>
- Semiring, B. J. (2019). *Asuhan Neonatus, Bayi, Balita, Anak Pra Sekolah* (R. E. Failah (ed.); Pertama). Penerbit Deepublish. https://www.google.co.id/books/edition/Buku_ajar_Neonatus_Bayi_Balita_Anak_Pra/ZAyfDwAAQBAJ?hl=id&gbpv=1&dq=BBLR&pg=PA162&printsec=frontcover
- Siantar, R. L., & Rostianingsih, D. (2022). *Buku Ajar Asuhan Kebidanan Kegawatdaruratan Maternal dan Neonatal* (T. Ismiati & R. Bunga (eds.)). Rena Cipta Mandiri. https://www.google.co.id/books/edition/Buku_ajar_asuhan_kebidanan_kegawatdaruratan/r1ObEAAAQBAJ?hl=id&gbpv=1&dq=BBLR&pg=PA217&printsec=frontcover
- Sulaeman, E. S. (2021). *Manajemen kesehatan Teori dan Praktik di Puskesmas* (Pertama). Gajah Mada University Press. https://www.google.co.id/books/edition/MANAJEMEN_KESEHATAN/tupIEAAAQBAJ?hl=id&gbpv=1&dq=BBLR&pg=PA315&printsec=frontcover
- Suwignjo, P., Hayati, S., Maidartati, & Oktavia, I. (2022). Gambaran Pengetahuan Ibu Tentang Perawatan Bayi Berat Badan Lahir Rendah. *Jurnal Keperawatan BSI*, 10(1), 155–162. <https://ejournal.ars.ac.id/index.php/keperawatan/index>
- Tandiono, T. (2018). *Perbedaan Lama Rawat Inap Antara*. 1–9.
- Theresia Setijanto, I., Djasti, H., & Dwiprahasto, I. (2020). Faktor-faktor yang berpengaruh terhadap Luaran Klinis Sectio Caesarea Emergensi di RS Sint Carolus Jakarta. *Journal Of Hospital Accreditation*, 02(1), 9–14.
- Wahyuni, E., Rohaya, & Afrika, E. (2023). Faktor-Faktor yang Berhubungan

- dengan Kejadian Bayi Berat Lahir Rendah (BBLR) di Rumah Sakit Ak.Gani Kota Palembang. *Jurnal Ilmiah Obsgin*, 15(4), 130–142.
- Wartawan, I. W. (2012). Analisis Lama Hari Rawat Pasien yang Menjalani Pembedahan di Ruang Rawat Inap Bedah Kelas III RSUP Sanglah Denpasar Tahun 2011. *Fkm Ui*, 20–22.
- Wiknjosastro H. (2018). *Ilmu Kebidanan*. Yayasan Bina Pustaka Sarwono Prawirohardjo.
- Yani, E. R., Yanuarini, T. A., & Amalia, P. R. (2019). Kenaikan Berat Badan BBLR Selama Dirawat Di Rumah Sakit. *Jurusan Kebidanan Poltekkes Kemenkes Malang*, 1, 1–9.
- Yue, G., Wang, J., Li, H., Li, B., & Ju, R. (2021). Risk factors of mechanical ventilation in premature infants during hospitalization. *Therapeutics and Clinical Risk Management*, 17, 777–787. <https://doi.org/10.2147/TCRM.S318272>
- Yuliant Avrigia, A. (2020). *Hubungan Berat Badan Lahir Rendah (BBLR) dengan Asfiksia Neonatorum Literature Review*.

Lampiran 1 Instrumen Penelitian

FAKTOR-FAKTOR YANG MEMPENGARUHI LAMA HARI RAWAT PADA BAYI DENGAN BERAT BADAN LAHIR RENDAH DI RUANG NENONATAL INTENSIVE CARE UNIT RSUP DR. WAHIDIN SUDIROHUSODO MAKASSAR

A. Identitas Orang Tua

Nama :

Umur :

Pendidikan :

Pekerjaan :

B. Identitas Bayi

Nama :

Umur :

BB lahir : gram

Tgl masuk RS :

Tgl masuk NICU:

Tgl keluar NICU:

Tgl keluar RS :

Lama perawatan

1) Pra NICU :

2) NICU

* Level III A :

* Level III B :

* Level II A :

* Level II B :

3) Post NICU

* Ruang PMK:

Berilah tanda (√) ceklist jika menurut anda benar dan beri tanda (X) 221silang jika menurut anda salah.

No	Pernyataan	Jawaban
1	Usia Gestasi(minggu)
2	Nilai APGAR Skor
3	Pemberian Nutrisi	
	Tgl pemberian oral/ OGT	
	Nutrisi Parenteral * Awal pemberian (tgl) * Akhir pemberian (tgl)	
	Jenis nutrisi * Air Susu Ibu * Susu Formula * ASI + Fortifikasi	
3	Jenis Persalinan	
	Persalinan normal	
	Sectio Caesarea	
	Vacum	
4	Cara Persalinan	
	Normal	
	Sectio Caesarea (SC)	
5	Perawatan Metode Kangguru	
	Ya, jika melakukan PMK * Mulai PMK intermitten * Lama PMK * Frekuensi PMK/ hari * Tgl mulai PMK continue	

	Tidak, jika tidak melakukan PMK	
6	Penggunaan ventilator	
	Ya, jika pernah dipakaikan ventilator	
	Tidak, jika tidak pernah dipakaikan ventilator	
7	Pemakaian inkubator	
	Ya, jika dirawat dalam inkubator	
	Tidak, jika tidak dirawat dalam inkubator	
8	Penyakit Bayi	
	Ya, jika bayi mengalami penyakit infeksi	Jenis penyakit : – –
	Tidak, jika bayi tidak mengalami penyakit	

Frequencies

Statistics

		Lama Hari Rawat	Usia Gestasi	Berat Badan Lahir	Apgar Score pertama	Pemberian Nutrisi	Cara Persalinan	Pemakaian Metode Kangguru	Pemakaian Inkubator	Penggunaan ventilator	Penyakit Bayi
N	Valid	58	58	58	58	58	58	58	58	58	58
	Missing	0	0	0	0	0	0	0	0	0	0
Mean		1.40	1.24	1.67	1.84	2.10	1.71	1.50	1.17	1.29	1.16
Median		1.00	1.00	2.00	2.00	2.00	2.00	1.50	1.00	1.00	1.00
Mode		1	1	1	2	3	2	1 ^a	1	1	1
Sum		81	72	97	107	122	99	87	68	75	67

a. Multiple modes exist. The smallest value is shown

Frequency Table

Lama Hari Rawat

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	<= 14 Hari	35	60.3	60.3	60.3
	> 14 Hari	23	39.7	39.7	100.0
	Total	58	100.0	100.0	

Usia Gestasi

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Prematur	44	75.9	75.9	75.9
	Aterm	14	24.1	24.1	100.0
	Total	58	100.0	100.0	

Berat Badan Lahir

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	BBLR	28	48.3	48.3
	BBLRS	21	36.2	84.5
	BBLER	9	15.5	100.0
	Total	58	100.0	

Apgar Score pertama

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Normal (7-10)	21	36.2	36.2
	Asfiksia Sedang (4-6)	25	43.1	79.3
	Asfiksia Berat (0-3)	12	20.7	100.0
	Total	58	100.0	

Pemberian Nutrisi

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	ASI	17	29.3	29.3
	Susu Formula	18	31.0	60.3
	ASI+Susu Formula	23	39.7	100.0
	Total	58	100.0	

Cara Persalinan

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Normal	17	29.3	29.3	29.3
Sectio Caesarea (SC)	41	70.7	70.7	100.0
Total	58	100.0	100.0	

Pemakaian Metode Kangguru

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Ya	29	50.0	50.0	50.0
Tidak	29	50.0	50.0	100.0
Total	58	100.0	100.0	

Pemakaian Inkubator

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Ya	48	82.8	82.8	82.8
Tidak	10	17.2	17.2	100.0
Total	58	100.0	100.0	

Penggunaan ventilator

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Ya	41	70.7	70.7	70.7
Tidak	17	29.3	29.3	100.0
Total	58	100.0	100.0	

Penyakit Bayi

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Ya	49	84.5	84.5	84.5
Tidak	9	15.5	15.5	100.0
Total	58	100.0	100.0	

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Lama Hari Rawat	58	2	62	16.71	13.966
Valid N (listwise)	58				

Crosstabs

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Usia Gestasi * Lama Hari Rawat	58	100.0%	0	.0%	58	100.0%
Berat Badan Lahir * Lama Hari Rawat	58	100.0%	0	.0%	58	100.0%
Apgar Score pertama * Lama Hari Rawat	58	100.0%	0	.0%	58	100.0%
Pemberian Nutrisi * Lama Hari Rawat	58	100.0%	0	.0%	58	100.0%
Cara Persalinan * Lama Hari Rawat	58	100.0%	0	.0%	58	100.0%
Pemakaian Metode Kangguru * Lama Hari Rawat	58	100.0%	0	.0%	58	100.0%
Pemakaian Inkubator * Lama Hari Rawat	58	100.0%	0	.0%	58	100.0%
Penggunaan ventilator * Lama Hari Rawat	58	100.0%	0	.0%	58	100.0%
Penyakit Bayi * Lama Hari Rawat	58	100.0%	0	.0%	58	100.0%

Penyakit Bayi * Lama Hari Rawat

Crosstab

			Lama Hari Rawat		Total
			<= 14 Hari	> 14 Hari	
Penyakit Bayi	Ya	Count	26	23	49
		Expected Count	29.6	19.4	49.0
		% within Penyakit Bayi	53.1%	46.9%	100.0%
		% within Lama Hari Rawat	74.3%	100.0%	84.5%
		% of Total	44.8%	39.7%	84.5%
	Tidak	Count	9	0	9
		Expected Count	5.4	3.6	9.0
		% within Penyakit Bayi	100.0%	.0%	100.0%
		% within Lama Hari Rawat	25.7%	.0%	15.5%
		% of Total	15.5%	.0%	15.5%
Total	Count	35	23	58	
	Expected Count	35.0	23.0	58.0	
	% within Penyakit Bayi	60.3%	39.7%	100.0%	
	% within Lama Hari Rawat	100.0%	100.0%	100.0%	
	% of Total	60.3%	39.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.001 ^a	1	.008		
Continuity Correction ^b	5.176	1	.023		
Likelihood Ratio	10.160	1	.001		
Fisher's Exact Test				.008	.007
Linear-by-Linear Association	6.880	1	.009		
N of Valid Cases ^b	58				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 3,57.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.328	.008
N of Valid Cases		58	

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Lama Hari Rawat = <= 14 Hari	.531	.408	.690
N of Valid Cases		58	

Penggunaan ventilator * Lama Hari Rawat

Crosstab

			Lama Hari Rawat		Total
			<= 14 Hari	> 14 Hari	
Penggunaan ventilator	Ya	Count	19	22	41
		Expected Count	24.7	16.3	41.0
		% within Penggunaan ventilator	46.3%	53.7%	100.0%
		% within Lama Hari Rawat	54.3%	95.7%	70.7%
		% of Total	32.8%	37.9%	70.7%
	Tidak	Count	16	1	17
		Expected Count	10.3	6.7	17.0
		% within Penggunaan ventilator	94.1%	5.9%	100.0%
		% within Lama Hari Rawat	45.7%	4.3%	29.3%
		% of Total	27.6%	1.7%	29.3%
Total	Count	35	23	58	
	Expected Count	35.0	23.0	58.0	
	% within Penggunaan ventilator	60.3%	39.7%	100.0%	
	% within Lama Hari Rawat	100.0%	100.0%	100.0%	
	% of Total	60.3%	39.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11.463 ^a	1	.001		
Continuity Correction ^b	9.553	1	.002		
Likelihood Ratio	13.680	1	.000		
Fisher's Exact Test				.001	.000
Linear-by-Linear Association	11.265	1	.001		
N of Valid Cases ^b	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6,74.

b. Computed only for a 2x2 table

Symmetric Measures

	Value	Approx. Sig.
Nominal by Nominal Contingency Coefficient	.406	.001
N of Valid Cases	58	

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Penggunaan ventilator (Ya / Tidak)	.054	.007	.446
For cohort Lama Hari Rawat = <= 14 Hari	.492	.347	.699
For cohort Lama Hari Rawat = > 14 Hari	9.122	1.334	62.383
N of Valid Cases	58		

Pemakaian Inkubator * Lama Hari Rawat

Crosstab

			Lama Hari Rawat		Total
			<= 14 Hari	> 14 Hari	
Pemakaian Inkubator	Ya	Count	25	23	48
		Expected Count	29.0	19.0	48.0
		% within Pemakaian Inkubator	52.1%	47.9%	100.0%
		% within Lama Hari Rawat	71.4%	100.0%	82.8%
		% of Total	43.1%	39.7%	82.8%
	Tidak	Count	10	0	10
		Expected Count	6.0	4.0	10.0
		% within Pemakaian Inkubator	100.0%	.0%	100.0%
		% within Lama Hari Rawat	28.6%	.0%	17.2%
		% of Total	17.2%	.0%	17.2%
Total	Count	35	23	58	
	Expected Count	35.0	23.0	58.0	
	% within Pemakaian Inkubator	60.3%	39.7%	100.0%	
	% within Lama Hari Rawat	100.0%	100.0%	100.0%	
	% of Total	60.3%	39.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	7.940 ^a	1	.005		
Continuity Correction ^b	6.064	1	.014		
Likelihood Ratio	11.446	1	.001		
Fisher's Exact Test				.004	.004
Linear-by-Linear Association	7.804	1	.005		
N of Valid Cases ^b	58				

a. 1 cells (25,0%) have expected count less than 5. The minimum expected count is 3,97.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.347	.005
N of Valid Cases		58	

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
For cohort Lama Hari Rawat = <= 14 Hari	.521	.397	.683
N of Valid Cases		58	

Pemakaian Metode Kangguru * Lama Hari Rawat

Crosstab

			Lama Hari Rawat		Total
			<= 14 Hari	> 14 Hari	
Pemakaian Metode Kangguru	Ya	Count	24	5	29
		Expected Count	17.5	11.5	29.0
		% within Pemakaian Metode Kangguru	82.8%	17.2%	100.0%
		% within Lama Hari Rawat	68.6%	21.7%	50.0%
		% of Total	41.4%	8.6%	50.0%
	Tidak	Count	11	18	29
		Expected Count	17.5	11.5	29.0
		% within Pemakaian Metode Kangguru	37.9%	62.1%	100.0%
		% within Lama Hari Rawat	31.4%	78.3%	50.0%
		% of Total	19.0%	31.0%	50.0%
Total	Count	35	23	58	
	Expected Count	35.0	23.0	58.0	
	% within Pemakaian Metode Kangguru	60.3%	39.7%	100.0%	
	% within Lama Hari Rawat	100.0%	100.0%	100.0%	
	% of Total	60.3%	39.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	12.176 ^a	1	.000		
Continuity Correction ^b	10.375	1	.001		
Likelihood Ratio	12.746	1	.000		
Fisher's Exact Test				.001	.001
Linear-by-Linear Association	11.966	1	.001		
N of Valid Cases ^b	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 11,50.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.417	.000
N of Valid Cases		58	

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Pemakaian Metode Kangguru (Ya / Tidak)	7.855	2.316	26.633
For cohort Lama Hari Rawat = <= 14 Hari	2.182	1.331	3.577
For cohort Lama Hari Rawat = > 14 Hari	.278	.119	.648
N of Valid Cases	58		

Cara Persalinan * Lama Hari Rawat

Crosstab

			Lama Hari Rawat		Total
			<= 14 Hari	> 14 Hari	
Cara Persalinan	Normal	Count	10	7	17
		Expected Count	10.3	6.7	17.0
		% within Cara Persalinan	58.8%	41.2%	100.0%
		% within Lama Hari Rawat	28.6%	30.4%	29.3%
		% of Total	17.2%	12.1%	29.3%
	Sectio Caesarea (SC)	Count	25	16	41
		Expected Count	24.7	16.3	41.0
		% within Cara Persalinan	61.0%	39.0%	100.0%
		% within Lama Hari Rawat	71.4%	69.6%	70.7%
		% of Total	43.1%	27.6%	70.7%
Total	Count	35	23	58	
	Expected Count	35.0	23.0	58.0	
	% within Cara Persalinan	60.3%	39.7%	100.0%	
	% within Lama Hari Rawat	100.0%	100.0%	100.0%	
	% of Total	60.3%	39.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.023 ^a	1	.879		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.023	1	.879		
Fisher's Exact Test				1.000	.553
Linear-by-Linear Association	.023	1	.880		
N of Valid Cases ^b	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6,74.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.020	.879
N of Valid Cases		58	

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Cara Persalinan (Normal / Sectio Caesarea (SC))	.914	.289	2.893
For cohort Lama Hari Rawat = <= 14 Hari	.965	.605	1.539
For cohort Lama Hari Rawat = > 14 Hari	1.055	.532	2.093
N of Valid Cases	58		

Pemberian Nutrisi * Lama Hari Rawat

Crosstab

			Lama Hari Rawat		Total
			<= 14 Hari	> 14 Hari	
Pemberian Nutrisi	ASI	Count	12	5	17
		Expected Count	10.3	6.7	17.0
		% within Pemberian Nutrisi	70.6%	29.4%	100.0%
		% within Lama Hari Rawat	34.3%	21.7%	29.3%
		% of Total	20.7%	8.6%	29.3%
	Susu Formula	Count	9	9	18
		Expected Count	10.9	7.1	18.0
		% within Pemberian Nutrisi	50.0%	50.0%	100.0%
		% within Lama Hari Rawat	25.7%	39.1%	31.0%
		% of Total	15.5%	15.5%	31.0%
	ASI+Susu Formula	Count	14	9	23
		Expected Count	13.9	9.1	23.0
		% within Pemberian Nutrisi	60.9%	39.1%	100.0%
		% within Lama Hari Rawat	40.0%	39.1%	39.7%
		% of Total	24.1%	15.5%	39.7%
Total	Count	35	23	58	
	Expected Count	35.0	23.0	58.0	
	% within Pemberian Nutrisi	60.3%	39.7%	100.0%	
	% within Lama Hari Rawat	100.0%	100.0%	100.0%	
	% of Total	60.3%	39.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.553 ^a	2	.460
Likelihood Ratio	1.565	2	.457
Linear-by-Linear Association	.274	1	.601
N of Valid Cases	58		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6,74.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.161	.460
N of Valid Cases		58	

Risk Estimate

	Value
Odds Ratio for Pemberian Nutrisi (ASI / Susu Formula)	^a

a. Risk Estimate statistics cannot be computed. They are only computed for a 2*2 table without empty cells.

Apgar Score pertama * Lama Hari Rawat

Crosstab

			Lama Hari Rawat		Total
			<= 14 Hari	> 14 Hari	
Apgar Score pertama	Normal (7-10)	Count	18	3	21
		Expected Count	12.7	8.3	21.0
		% within Apgar Score pertama	85.7%	14.3%	100.0%
		% within Lama Hari Rawat	51.4%	13.0%	36.2%
		% of Total	31.0%	5.2%	36.2%
	Asfiksia Sedang (4-6)	Count	12	13	25
		Expected Count	15.1	9.9	25.0
		% within Apgar Score pertama	48.0%	52.0%	100.0%
		% within Lama Hari Rawat	34.3%	56.5%	43.1%
		% of Total	20.7%	22.4%	43.1%
	Asfiksia Berat (0-3)	Count	5	7	12
		Expected Count	7.2	4.8	12.0
		% within Apgar Score pertama	41.7%	58.3%	100.0%
		% within Lama Hari Rawat	14.3%	30.4%	20.7%
		% of Total	8.6%	12.1%	20.7%
Total	Count	35	23	58	
	Expected Count	35.0	23.0	58.0	
	% within Apgar Score pertama	60.3%	39.7%	100.0%	
	% within Lama Hari Rawat	100.0%	100.0%	100.0%	
	% of Total	60.3%	39.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	8.990 ^a	2	.011
Likelihood Ratio	9.761	2	.008
Linear-by-Linear Association	7.445	1	.006
N of Valid Cases	58		

a. 1 cells (16,7%) have expected count less than 5. The minimum expected count is 4,76.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.366	.011
N of Valid Cases		58	

Risk Estimate

	Value
Odds Ratio for Apgar Score pertama (Normal (7-10) / Asfiksia Sedang (4-6))	^a

a. Risk Estimate statistics cannot be computed. They are only computed for a 2*2 table without empty cells.

Berat Badan Lahir * Lama Hari Rawat

Crosstab

			Lama Hari Rawat		Total
			<= 14 Hari	> 14 Hari	
Berat Badan Lahir	BBLR	Count	23	5	28
		Expected Count	16.9	11.1	28.0
		% within Berat Badan Lahir	82.1%	17.9%	100.0%
		% within Lama Hari Rawat	65.7%	21.7%	48.3%
		% of Total	39.7%	8.6%	48.3%
	BBLRS	Count	6	15	21
		Expected Count	12.7	8.3	21.0
		% within Berat Badan Lahir	28.6%	71.4%	100.0%
		% within Lama Hari Rawat	17.1%	65.2%	36.2%
		% of Total	10.3%	25.9%	36.2%
	BBLER	Count	6	3	9
		Expected Count	5.4	3.6	9.0
		% within Berat Badan Lahir	66.7%	33.3%	100.0%
		% within Lama Hari Rawat	17.1%	13.0%	15.5%
		% of Total	10.3%	5.2%	15.5%
Total	Count	35	23	58	
	Expected Count	35.0	23.0	58.0	
	% within Berat Badan Lahir	60.3%	39.7%	100.0%	
	% within Lama Hari Rawat	100.0%	100.0%	100.0%	
	% of Total	60.3%	39.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	14.569 ^a	2	.001
Likelihood Ratio	15.043	2	.001
Linear-by-Linear Association	4.087	1	.043
N of Valid Cases	58		

a. 1 cells (16,7%) have expected count less than 5. The minimum expected count is 3,57.

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.448	.001
N of Valid Cases		58	

Risk Estimate

	Value
Odds Ratio for Berat Badan Lahir (BBLR / BBLRS)	^a

a. Risk Estimate statistics cannot be computed. They are only computed for a 2*2 table without empty cells.

Usia Gestasi * Lama Hari Rawat

Crosstab

			Lama Hari Rawat		Total
			<= 14 Hari	> 14 Hari	
Usia Gestasi	Prematur	Count	22	22	44
		Expected Count	26.6	17.4	44.0
		% within Usia Gestasi	50.0%	50.0%	100.0%
		% within Lama Hari Rawat	62.9%	95.7%	75.9%
		% of Total	37.9%	37.9%	75.9%
	Aterm	Count	13	1	14
		Expected Count	8.4	5.6	14.0
		% within Usia Gestasi	92.9%	7.1%	100.0%
		% within Lama Hari Rawat	37.1%	4.3%	24.1%
		% of Total	22.4%	1.7%	24.1%
Total	Count	35	23	58	
	Expected Count	35.0	23.0	58.0	
	% within Usia Gestasi	60.3%	39.7%	100.0%	
	% within Lama Hari Rawat	100.0%	100.0%	100.0%	
	% of Total	60.3%	39.7%	100.0%	

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.152 ^a	1	.004		
Continuity Correction ^b	6.459	1	.011		
Likelihood Ratio	9.702	1	.002		
Fisher's Exact Test				.005	.004
Linear-by-Linear Association	8.011	1	.005		
N of Valid Cases ^b	58				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 5,55.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approx. Sig.
Nominal by Nominal	Contingency Coefficient	.351	.004
N of Valid Cases		58	

Risk Estimate

	Value	95% Confidence Interval	
		Lower	Upper
Odds Ratio for Usia Gestasi (Prematur / Aterm)	.077	.009	.640
For cohort Lama Hari Rawat = <= 14 Hari	.538	.387	.748
For cohort Lama Hari Rawat = > 14 Hari	7.000	1.035	47.349
N of Valid Cases	58		