

DAFTAR PUSTAKA

- Abbasifard, M. dan Khorramdelazad, H. (2020) "The bio-mission of interleukin-6 in the pathogenesis of COVID-19: A brief look at potential therapeutic tactics," *Life Sciences*, 257(July), hal. 118097. doi: 10.1016/j.lfs.2020.118097.
- Aisyah, R. D., Fitriyani, F. dan Pambudi, D. B. (2022) "Determinant Factors Involved In Pregnant Women's Willingness To Receive Covid-19 Vaccine," *Interest: Jurnal Ilmu Kesehatan*, 10(2), hal. 231–239. doi: 10.37341/interest.v0i0.362.
- Ananda, R. Y. D. *et al.* (2022) "Correlation of Interleukin-6 Levels with Clinical Features and Chest X-Ray Imaging in Coronavirus Disease-19 (COVID-19) Patients at Dr. Mohammad Hoesin General Hospital Palembang," *Bioscientia Medicina : Journal of Biomedicine and Translational Research*, 6(5), hal. 1799–1805. doi: 10.37275/bsm.v6i5.515.
- Arsyadi, A. (2014) *Sistem Imun*.
- Aydın, G. A., Ünal, S. dan Özsoy, H. G. T. (2021) "The effect of gestational age at the time of diagnosis on adverse pregnancy outcomes in women with COVID-19," *Journal of Obstetrics and Gynaecology Research*, 47(12), hal. 4232–4240. doi: 10.1111/jog.15051.
- Cai, H. (2020) "Sex difference and smoking predisposition in patients with COVID-19," *The Lancet Respiratory Medicine*, 8(4), hal. e20. doi: 10.1016/S2213-2600(20)30117-X.
- Channappanavar, R. dan Perlman, S. (2017) "Pathogenic human coronavirus infections: causes and consequences of cytokine storm and immunopathology," *Seminars in Immunopathology*, 39(5), hal. 529–539. doi: 10.1007/s00281-017-0629-x.
- Chen, G. *et al.* (2020) "Clinical and immunological features of severe and moderate coronavirus disease 2019," *Journal of Clinical Investigation*, 130(5), hal. 2620–2629. doi: 10.1172/JCI137244.
- Chen, J. *et al.* (2020) "Clinical progression of patients with COVID-19 in Shanghai, China," (January).
- Chen, X. *et al.* (2020) "Detectable serum SARS-CoV-2 viral load (RNAemia) is closely associated with drastically elevated interleukin 6 (IL-6) level in critically ill COVID-19 patients," 6. doi: 10.1101/2020.02.29.20029520.
- D'Ambrosi, F., Iurlaro, E. dan Tassis, B. (2021) "Sociodemographic characteristics of pregnant women tested positive for COVID-19 admitted to a referral center in Northern Italy during lockdown period.," *J Obstet Gynaecol Res*, 47, hal. 1751–1756.
- Dashraath, P. *et al.* (2020) "Coronavirus disease 2019 (COVID-19) pandemic and pregnancy," *American Journal of Obstetrics and Gynecology*, 222(6), hal. 21–531. doi: 10.1016/j.ajog.2020.03.021.
- K. *et al.* (2020) "Coronavirus Disease 2019 – COVID-19," *Preprints*, (April), hal. 1–75. doi: 10.20944/preprints202003.0001.v2.
- . *et al.* (2022) "Factors Related Health Status Among Pregnant Women



- With Confirmed Covid-19 In South Sulawesi, Indonesia,” *JKG (Jurnal Keperawatan Global)*, 6(2), hal. 79–87. doi: 10.37341/jkg.v0i0.351.
- Fakari, F. R. dan Kiani, Z. (2021) “The relationship between age and covid-19 in pregnancy,” *Journal of Obstetrics, Gynecology and Cancer Research*, 6(3), hal. 143–146. doi: 10.30699/jogcr.6.3.143.
- Fan, Y. Y. *et al.* (2009) “Characterization of SARS-CoV-specific memory T cells from recovered individuals 4 years after infection,” *Archives of Virology*, 154(7), hal. 1093–1099. doi: 10.1007/s00705-009-0409-6.
- Febry, J. (2018) “Perbandingan Kadar Interleukin 6 (IL - 6) dan Parameter Klinis pada Pasien Periodontitis Kronis dengan dan Tanpa Diabetes Mellitus Tipe 2.”
- Goklu, M. R. *et al.* (2022) “COVID-19 tanısı konmuş gebe kadınlarda proinflamatuvar IL-6 ve antiinflamatuvar IL-10 sitokinlerinin etkileri,” *Anadolu Kliniği Tıp Bilimleri Dergisi*, hal. 0–2. doi: 10.21673/anadoluklin.1129488.
- Gülçin, U. Ç. (2020) “SARS-CoV-2 During Pregnancy and Associated Cytokine-Storm,” hal. 10–12. doi: 10.36648/2471-9803.6.3.1.
- Gündüz, Ö. *et al.* (2023) “Correlation of systemic inflammation biomarkers and disease severity in pregnant women with COVID-19,” *Revista da Associacao Medica Brasileira*, 69(6), hal. 2–7. doi: 10.1590/1806-9282.20221614.
- Kalil, A. dan Thomas, P. (2019) “Influenza virus-related critical illness: pathophysiology and epidemiology,” *Crit Care*, 23(1), hal. 258.
- Kam, K. *et al.* (2020) “A WELL INFANT WITH CORONAVIRUS DISEASE 2019 (COVID-19) WITH HIGH VIRAL LOAD © The Author (s) 2020 . Published by Oxford University Press for the Infectious Diseases Society of America . All rights reserved . For permissions , e-mail : Abstract A well ,” 2019.
- Karimi, L. *et al.* (2021) “Effect of COVID-19 on Mortality of Pregnant and Postpartum Women: A Systematic Review and Meta-Analysis,” *Journal of Pregnancy*, 2021. doi: 10.1155/2021/8870129.
- Lee, D. W. *et al.* (2014) “Current concepts in the diagnosis and management of cytokine release syndrome,” *Blood*, 124(2), hal. 188–196. doi: 10.1182/blood-2014-05-552729.current.
- Li, X. *et al.* (2020) “Molecular immune pathogenesis and diagnosis of COVID-19,” *Journal of Pharmaceutical Analysis*, 10(2), hal. 102–108. doi: 10.1016/j.jpha.2020.03.001.
- Liang, W. *et al.* (2020) “Cancer patients in SARS-CoV-2 infection: a nationwide analysis in China,” *The Lancet Oncology*, 21(3), hal. 335–337. doi: 10.1016/S1470-2045(20)30096-6.
- Llamas-Clark, E. F. *et al.* (2023) “Factors associated with having COVID-19 among unvaccinated pregnant and non-pregnant women in Metro Manila, Philippines: a multicentre longitudinal cohort study,” *BMJ Open*, 13(4), hal. -7. doi: 10.1136/bmjopen-2022-070688.
- et al.* (2019) “Penggunaan Imunostimulan Dalam Bidang ermatovenereologi,” *Media Dermato Venereologica Indonesiana*, 46(2), al. 111–115. doi: 10.33820/mdvi.v46i2.65.



- Masood, K. I. *et al.* (2021) "Upregulated type I interferon responses in asymptomatic COVID-19 infection are associated with improved clinical outcome," *Scientific Reports*, 11(1), hal. 1–14. doi: 10.1038/s41598-021-02489-4.
- McCartney, S. A. *et al.* (2020) "Obesity as a contributor to immunopathology in pregnant and non-pregnant adults with COVID-19," *American Journal of Reproductive Immunology*, 84(5), hal. 1–9. doi: 10.1111/aji.13320.
- Miracle, J. E. *et al.* (2021) "COVID-19 in pregnancy," *Journal of Occupational and Environmental Medicine*, 63(12), hal. 1024–1028. doi: 10.1097/JOM.0000000000002374.
- Muldiani, A. *et al.* (2022) "The Maternal Referral Profile Before and During the Covid-19 Pandemic at the Educational Hospital and Affiliation Hospital in Makassar City 2019 - 2021," *Nusantara Medical Science Journal*, 7(2), hal. 106–113. doi: 10.20956/nmsj.v7i2.1.
- Nadeau-Vallée, M. *et al.* (2016) "Sterile inflammation and pregnancy complications: a review," *Reproduction*, 152(6), hal. R277-R292.
- Oktaviance, R. O. *et al.* (2022) "Description of Anxiety Level and Characteristics of Pregnant Mothers During the Covid-19 Pandemic at the Pratama Talia Clinic, Sub-District Pancur Batu Deli Serdang in 2022," *Science Midwifery*, 10(5), hal. 3524–3529. doi: 10.35335/midwifery.v10i5.786.
- Örtqvist, A. K. *et al.* (2022) "The association between maternal characteristics and SARS-CoV-2 in pregnancy: a population-based registry study in Sweden and Norway," *Scientific Reports*, 12(1), hal. 1–11. doi: 10.1038/s41598-022-12395-y.
- Oztas, E. *et al.* (2015) "First trimester interleukin-6 levels help to predict adverse pregnancy outcomes in both thyroid autoantibody positive and negative patients," *Journal of Obstetrics and Gynaecology Research*, 41(11), hal. 1700–1707. doi: 10.1111/jog.12799.
- Park, S. E. (2020) "Epidemiology, virology, and clinical features of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2; coronavirus disease-19)," *Pediatric Infection and Vaccine*, 27(1), hal. 1–10. doi: 10.14776/piv.2020.27.e9.
- Piekos, S. N. *et al.* (2022) "The effect of maternal SARS-CoV-2 infection timing on birth outcomes: a retrospective multicentre cohort study," *Lancet Digit Health*, (January), hal. 19–21.
- Prins, J. R., Gomez-Lopez, N. dan Robertson, S. A. (2012) "Interleukin-6 in pregnancy and gestational disorders," *Journal of Reproductive Immunology*, 95(1–2), hal. 1–14. doi: 10.1016/j.jri.2012.05.004.
- Rachmayanti, E. dan Wisnubroto, C. (2022) "Covid-19 and Neonatal Outcomes," *Jurnal kedokteran Media Informasi Ilmu*, 07(02), hal. 80–90.
- Rasmussen, S. A. *et al.* (2020) "Coronavirus Disease 2019 (COVID-19) and pregnancy: what obstetricians need to know," *American Journal of Obstetrics and Gynecology*, 222(5), hal. 415–426. doi: 10.1016/j.ajog.2020.02.017.
- N. C. *et al.* (2020) "C-reactive protein, interleukin-6 and pre-eclampsia: large-scale evidence from the GenPE case-control study," *Scandinavian*



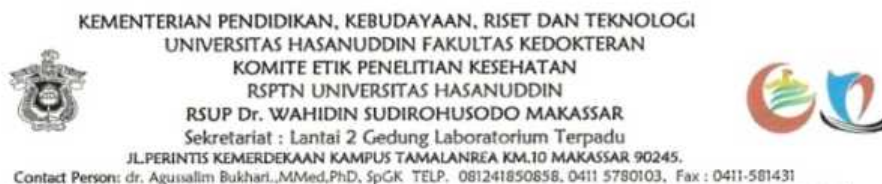
- Journal of Clinical and Laboratory Investigation*, 80(5), hal. 381–387. doi: 10.1080/00365513.2020.1747110.
- Shao, F. *et al.* (2023) "Characterization of mild or asymptomatic patient admitted with Omicron variant of COVID-19 infection in Tibetan mobile cabin hospital China, August–October 2022," *Frontiers in Public Health*, 11(August), hal. 1–7. doi: 10.3389/fpubh.2023.1174944.
- Shekhawat, J. *et al.* (2021) "Interleukin-6 Perpetrator of the COVID-19 Cytokine Storm," *Indian Journal of Clinical Biochemistry*, 36(4), hal. 440–450. doi: 10.1007/s12291-021-00989-8.
- Simmons, G. *et al.* (2004) "Characterization of severe acute respiratory syndrome-associated coronavirus (SARS-CoV) spike glycoprotein-mediated viral entry," *Proceedings of the National Academy of Sciences of the United States of America*, 101(12), hal. 4240–4245. doi: 10.1073/pnas.0306446101.
- Soares-Schanoski, A. *et al.* (2022) "Asymptomatic SARS-CoV-2 Infection Is Associated With Higher Levels of Serum IL-17C, Matrix Metalloproteinase 10 and Fibroblast Growth Factors Than Mild Symptomatic COVID-19," *Frontiers in Immunology*, 13(April), hal. 1–18. doi: 10.3389/fimmu.2022.821730.
- Soeroso, A. (2007) "Sitokin," *Jurnal Oftalmologi Indonesia*, 5(3), hal. 171–180.
- Suardana, I. B. K. (2017) *Diktat Immunologi Dasar*, [Http://Simdos.Unud.Ac.Id](http://Simdos.Unud.Ac.Id). Denpasar: UNIVERSITAS UDAYANA.
- Susilo, A. *et al.* (2020) "Coronavirus Disease 2019: Tinjauan Literatur Terkini," *Jurnal Penyakit Dalam Indonesia*, 7(1), hal. 45. doi: 10.7454/jpdi.v7i1.415.
- Tanacan, A. *et al.* (2021) "The impact of COVID-19 infection on the cytokine profile of pregnant women: A prospective case-control study," *Cytokine*, 140.
- Tanaka, T. dan Kishimoto, T. (2014) "The biology and medical implications of interleukin-6," *Cancer immunology research*, 2(4), hal. 288–294. doi: 10.1158/2326-6066.CIR-14-0022.
- Thijssen, S. *et al.* (2020) "High SARS-CoV-2 infection rates in respiratory staff nurses and correlation of COVID-19 symptom patterns with PCR positivity and relative viral loads," *Journal of Infection*, 81(3), hal. 452–482. doi: 10.1016/j.jinf.2020.06.035.
- Vassiliadis, S. *et al.* (1998) "Serum levels of pro- and anti-inflammatory cytokines in non-pregnant women, during pregnancy, labour and abortion," *Mediators of Inflammation*, 7(2), hal. 69–72. doi: 10.1080/09629359891199.
- Vatansever, H. S. dan Becer, E. (2020) "Relationship between IL-6 and COVID-19: To be considered during treatment," *Future Virology*, 15(12), hal. 817–822. doi: 10.2217/fvl-2020-0168.
- Wang, J., Zhou, M. dan Liu, F. (2020) "Reasons for healthcare workers becoming infected with novel coronavirus disease 2019 (COVID-19) in China," *Journal of Hospital Infection*, 105(1), hal. 100–101. doi: 10.1016/j.jhin.2020.03.002.
- E. *et al.* (2016) "SARS and MERS: Recent insights into emerging coronaviruses," *Nature Reviews Microbiology*, 14(8), hal. 523–534. doi: 10.1038/nrmicro.2016.81.



- World Health Organization (2020a) "Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected," *Who*, 2019(January), hal. 12.
- World Health Organization (2020b) "Laboratory testing for coronavirus disease 2019 (COVID-19) in suspected human cases," (March), hal. 1–7.
- Yan, G. *et al.* (2020) "Covert COVID-19 and false-positive dengue serology in Singapore," *The Lancet Infectious Diseases*, 20(5), hal. 536. doi: 10.1016/S1473-3099(20)30158-4.
- Yang, J. *et al.* (2020) "Prevalence of comorbidities and its effects in coronavirus disease 2019 patients: A systematic review and meta-analysis," *International Journal of Infectious Diseases*, 94, hal. 91–95. doi: 10.1016/j.ijid.2020.03.017.
- Yin, M. *et al.* (2020) "Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Infection During Pregnancy In China: A Retrospective Cohort Study," 2. doi: 10.1101/2020.04.07.20053744.
- Zhu, H. *et al.* (2020) "Clinical analysis of 10 neonates born to mothers with 2019-nCoV pneumonia," *Translational Pediatrics*, 9(1), hal. 51–60. doi: 10.21037/tp.2020.02.06.



Lampiran 1

**REKOMENDASI PERSETUJUAN ETIK**

Nomor : 710/UN4.6.4.5.31/ PP36/ 2021

Tanggal: 9 Nopember 2021

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

No Protokol	UH21050317	No Sponsor Protokol	
Peneliti Utama	dr. Dzatur Rizqi Fathienah, S.Ked	Sponsor	
Judul Peneliti	Perbandingan Kadar IL-6 Perempuan Hamil Terdiagnosis COVID-19 Dan Perempuan Hamil Tanpa COVID-19		
No Versi Protokol	2	Tanggal Versi	26 Oktober 2021
No Versi PSP	2	Tanggal Versi	26 Oktober 2021
Tempat Penelitian	RS Dr. Wahidin Sudirohusodo dan RS Jejaring di Makassar		
Jenis Review	☐ Exempted ☒ Expedited ☐ Fullboard Tanggal	Masa Berlaku 9 Nopember 2021 sampai 9 Nopember 2022	Frekuensi review lanjutan
Ketua Komisi Etik Penelitian Kesehatan FKUH RSUH dan RSWS	Nama Prof.Dr.dr. Suryani As'ad, M.Sc.,Sp.GK (K)	Tanda tangan	
Sekretaris Komisi Etik Penelitian Kesehatan FKUH RSUH dan RSWS	Nama dr. Agusallim 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 protokol yang disetujui (protocol deviation / violation)
- Mematuhi semua peraturan yang ditentukan



Lampiran 2



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 KUESIONER PENELITIAN

Tanggal Swab :
Hasil Swab PCR Nasopharing : 1. Positif
2. Negatif

Diagnosis Klinis :

I. IDENTITAS PASIEN

1. Nama :
2. Pekerjaan :
3. Pendidikan :
4. Pekerjaan
 - a. Suami :
 - b. Istri :

5. Alamat / Kelurahan / Kecamatan :
6. Suku bangsa :
7. No. HP/ Telpn :

II. DATA UMUM PASIEN

1. Umur :
2. Umur pertama menikah :
3. Berapa kali menikah :
4. Lama perkawinan :
- HPHT & Umur Kehamilan :
- Berat badan (kg) :
- Tinggi badan (cm) :

ATA KLINIS PASIEN

- Keadaan umum : a. Baik b. Sedang c. Lemah
Keluhan :



- a. Demam
 - b. Batuk
 - c. Nyeri Tenggorokan
 - d. Sesak Nafas
 - e. Nyeri Otot , Nyeri sendi
 - f. Mual
 - g. Muntah
 - h. Diare
 - i. Nyeri perut
 - j. Gatal - gatal
 - k. Lainnya , tuliskan :
3. Riwayat penyakit :
- a. Diabetes Gestasional
 - b. Diabetes Mellitus
 - c. Penyakit Kardiovaskular
 - d. Hipertensi
 - e. Penyakit Paru Kronis
 - f. Keganasan / Kanker
 - g. Penyakit Ginjal Kronis
 - h. Penyakit autoimun
 - i. Penyakit Infeksi Lain
 - j. Ketuban Pecah Dini
4. Riwayat operasi :
-
5. Riwayat penyakit keluarga :
-
6. Riwayat merokok :

Kuostioner penelitian pada pasien Covid 19 dilakukan dengan upload elektronik pada website

https://docs.google.com/forms/d/e/1FAIpQLSeROH0pBhpk25t1RNYr0gmLolixpWIC_E2-akiLroXJMLQNsg/viewform?usp=pp_url





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 FORMULIR PENELITIAN

Tanggal Swab :
Hasil Swab PCR Nasopharing : 1. Positif
2. Negatif
Diagnosis Klinis :

A. IDENTITAS PASIEN

1. Nama :
.....
2. Rumah Sakit / No. Reg :
.....
3. Tanggal MRS :
.....
4. Pekerjaan :
.....
5. Pendidikan :
.....
6. Pekerjaan
a. Suami :
.....
b. Istri :
.....
7. Alamat / Kelurahan /
Kecamatan:.....
.....
8. Suku bangsa :
.....
9. No. HP/ Telpon :
.....

ATA UMUM PASIEN

Umur :
.....



9. Umur pertama menikah :
.....
10. Berapa kali menikah :
.....
11. Lama perkawinan :
.....
12. HPHT & Umur Kehamilan :
.....
13. Berat badan (kg) :
.....
14. Tinggi badan (cm) :
.....
15. IMT (kg/m^2) & Status Gizi :
.....
16. Tanda – tanda vital :
 - a. Tekanan darah (mmHg) :
 - b. Nadi :
 - c. Frekuensi Napas :
 - d. Suhu :
17. Paritas :
.....
18. Kehamilan tunggal / multipel :
.....

C. DATA KLINIS PASIEN

1. Keadaan umum : a. Baik b. Sedang c. Lemah
2. Keluhan :
 - a. Demam
 - b. Batuk
 - c. Nyeri Tenggorokan
 - d. Sesak Nafas
 - e. Nyeri Otot , Nyeri sendi
 - f. Mual
 - g. Muntah
 - h. Diare
 - i. Nyeri perut
 - j. Gatal - gatal
 - k. Lainnya , tuliskan :
3. Riwayat penyakit :
 - a. Diabetes Gestasional
 - b. Diabetes Mellitus
 - c. Penyakit Kardiovaskular
 - d. Hipertensi
 - e. Penyakit Paru Kronis
 - f. Keganasan / Kanker
 - g. Penyakit Ginjal Kronis
 - h. Penyakit autoimun
 - i. Penyakit Infeksi Lain
 - j. Ketuban Pecah Dini

Riwayat operasi :
.....



5. Riwayat penyakit keluarga :
.....
6. Riwayat merokok :
.....

Hasil Nilai Laboratorium :

- a. WBC :
- b. HB :
- c. PLT :
- d. Limfosit :
- e. Netrofil :
- f. CRP :
- g. D-Dimer :
- h. IL-6 :

Hasil Pencitraan :

- a. Foto Thorax :
- b. CT Scan Thorax Tanpa Kontras





12022193004030

**PEMERINTAH PROVINSI SULAWESI SELATAN
DINASPENANAMANMODALDANPELAYANANTERPADUSATUPINTU
BIDANG PENYELENGGARAAN PELAYANAN PERIZINAN**

Nomor : **25940/S.01/PTSP/2021**

KepadaYth.

Lampiran : 1 (satu) Lembar

Terlampir

Perihal: **Izin Penelitian**

di-

Tempat

Berdasarkan surat Ketua Departemen Obstetri & Ginekologi Fak. Kedokteran UNHAS Makassar Nomor

: 7101/UN4.6.7/PT.01.12/2021 tanggal 5 November 2021 perihal tersebut diatas, mahasiswa/peneliti dibawah ini:

N a m a : **DZATUR RIZQI FATHIENAH S**

Nomor Pokok : C055191002

Program Studi : Obstetri dan Ginekologi

Pekerjaan/Lembaga : Mahasiswa(S2)

Alamat : Jl. Kumala II Selatan No. 85A, Makassar

Bermaksud untuk melakukan penelitian di daerah/kantor saudara dalam rangka penyusunan Tesis, dengan judul :

**" PERBANDINGAN KADAR
INTER LEUKIN 6 PADA IBU
HAMIL DENGAN COVID-19 DAN
TANPA COVID-19"**

Yang akan dilaksanakan dari : Tgl. **9 November 2021 s/d 9 November 2022**

Sehubungan dengan hal tersebut diatas, pada prinsipnya kami **menyetujui** kegiatan dimaksud dengan ketentuan yang tertera di belakang surat izin penelitian.

Dokumen ini ditandatangani secara elektronik dan Surat ini dapat dibuktikan keasliannya dengan menggunakan **barcode**,

Demikian surat izin penelitian ini diberikan agar dipergunakan sebagaimana mestinya.

Diterbitkan di Makassar
Pada tanggal : 9 November



A.n. GUBERNUR SULAWESI SELATAN**Plt. KEPALA DINAS PENANAMAN MODAL
DAN PELAYANAN TERPADU SATU PINTU
PROVINSI SULAWESI SELATAN**

Selaku Administrator Pelayanan Perizinan Terpadu


Dra. Hj. SukarniatyKondolele, M. MPangkat :

Pembina Utama Madya

Nip : 19650606 199003 2

011

Tembusan Yth

1. Ketua Departemen Obstetri & Ginekologi Fak. Kedokteran UNHAS Makassar di Makassar;
2. *Pertinggal.*

SIMAP PTSP 30-03-202



Nomor : 25940/S.01/PTSP/2021
Jl. Bougenville No.5 Telp. (0411) 441077 Fax. (0411) 448936 Halaman 2 (3)
Website : <http://simap.sulselprov.go.id> Email : ptsp@sulselprov.go.id
Makassar 90231

**Lampiran Surat Izin Penelitian****Kepada Yth :**

1. Direktur RSUP Dr. Wahidin Sudirohusodo Makassar
2. Direktur RSP Unhas Makassar
3. Direktur RSIA Sitti Khadijah I Makassar
4. Direktur RSKDIA Siti Fatimah Makassar
5. Direktur RSUD Salewangang Maros



KETENTUAN PEMEGANG IZIN PENELITIAN :

1. Sebelum dan sesudah melaksanakan kegiatan, kepada yang bersangkutan melapor kepada Bupati/Walikota C q. Kepala Bappelitbangda Prov. Sulsel, apabila kegiatan dilaksanakan di Kab/Kota
2. Penelitian tidak menyimpang dari izin yang diberikan
3. Mentaati semua peraturan perundang-undangan yang berlaku dan mengindahkan adat istiadat setempat
4. Menyerahkan 1 (satu) eksamplar hardcopy dan softcopy kepada Gubernur Sulsel. Cq. Kepala Badan Perencanaan Pembangunan Penelitian dan Pengembangan Daerah Prov. Sulsel
5. Surat izin akan dicabut kembali dan dinyatakan tidak berlaku apabila ternyata pemegang surat izin ini tidak mentaati ketentuan tersebut diatas.

REGISTRASI ONLINE IZIN PENELITIAN DI WEBSITE :

<https://izin-penelitian.sulselprov.go.id>





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Lampiran 3
Data Positif COVID-19

No	Nama	Pekerjaan	Pendidikan	Umur	Umur kehamilan	BB	Tinggi badan	IMT	Status gizi	Paritas	Kehamilan tunggal / multiple	Keadaan umum	WBC	HB	Limfosit	Netrofil	IL-6	Derajat COVID-19
1	Widya Astuti	Bekerja	≥ 9	36	Aterm	50	154	21.08	Normal	Multipara	Tunggal	Baik	Normal	Normal	Normal	Neutrofilia	38.16	Asimtomatik
2	Rika Veronika	Tidak bekerja	≥ 9	39	Preterm	60	153	25.63	Obesitas	Multipara	Tunggal	Lemah	Normal	Anemia	Normal	Neutrofilia	113.91	Sedang Ringan
3	Jeliana Doi	Tidak bekerja	≥ 9	26	Aterm	55	159	21.76	Normal	Nulipara	Tunggal	Sedang	Normal	Normal	Limfositosis	Normal	38.96	Ringan
4	Aulia Muhammad	Tidak bekerja	≥ 9	26	Aterm	80	158	32.12	Obesitas	Multipara	Tunggal	Baik	Normal	Normal	Normal	Normal	46.05	Ringan
5	Ida Royani	Tidak bekerja	≥ 9	33	Aterm	75	157	30.58	Obesitas	Multipara	Tunggal	Baik	Normal	Normal	Normal	Normal	44.77	Ringan
6	Nurmusdalifah Jamaluddin	Tidak bekerja	≥ 9	23	Aterm	54	148	24.70	Overweight	Nulipara	Tunggal	Baik	Normal	Anemia	Normal	Normal	45.85	Ringan
7	Widyana	Tidak bekerja	≥ 9	30	Aterm	60	158	24.03	Overweight	Multipara	Tunggal	Baik	Normal	Anemia	Normal	Normal	144.68	Ringan
8	Kartini	Tidak bekerja	≥ 9	35	Aterm	80	159	31.74	Obesitas	Nulipara	Tunggal	Baik	Leukositosis	Normal	Normal	Neutrofilia	46.03	Ringan
9	Caroline	Tidak bekerja	≥ 9	28	Aterm	50	150	22.22	Normal	Nulipara	Tunggal	Baik	Leukositosis	Anemia	Normal	Neutrofilia	38.72	Asimtomatik
10	Heriani Idris	Bekerja	≥ 9	34	Aterm	77	165	28.28	Obesitas	Multipara	Tunggal	baik	Normal	Normal	Normal	Normal	62.8	Sedang Ringan
11	A	Tidak bekerja	≥ 9	31	Preterm	70	1.54	29.00	Obesitas	Primipara	Tunggal	sedang	Normal	Normal	Limfositosis	Normal	52.95	Ringan
12			< 9	35	Aterm	93	160	31.41	Obesitas	Multipara	Tunggal	baik	Leukositosis	Normal	Normal	Normal	59.77	Asimtomatik

13	Nilam Sahratun Nadira	Bekerja	≥ 9	27	Aterm	65	168	23.03	Overweight	Primipara	Tunggal	Baik	Normal	Normal	Normal	Normal	153.99	Asimtomatik
14	Ny. Nur Syam	Bekerja	≥ 9	30	Aterm	68	160	26.56	Obesitas	Primipara	Tunggal	Baik	Normal	Normal	Normal	Normal	45.06	Asimtomatik
15	Ny. Nurimamah	Tidak bekerja	≥ 9	22	Aterm	68	158	27.2	Obesitas	Nulipara	Tunggal	Baik	Leukositosis	Normal	Normal	Neutrofilia	36.95	Ringan
16	Ny Selpiana	Bekerja	≥ 9	32	Aterm	60	155	24.97	Overweight	Primipara	Tunggal	Baik	Leukositosis	Normal	Normal	Neutrofilia	45.35	Ringan
17	Kiki Aprilia	Tidak bekerja	≥ 9	29	Aterm	59	155	22.89	Normal	Multipara	Tunggal	Baik	Normal	Normal	Normal	Normal	45.35	Ringan
18	Diah Novika Sari	Tidak bekerja	≥ 9	29	Aterm	68	160	23.43	Overweight	Multipara	Tunggal	Baik	Leukositosis	Anemia	Limfositosis	Normal	41.2	Ringan
19	ST Rosmidah	Bekerja	≥ 9	31	Aterm	51	150	22.66	Normal	Multipara	Tunggal	Baik	Leukositosis	Normal	Normal	Normal	53.51	Ringan
20	Serlidawati	Tidak bekerja	≥ 9	39	Aterm	76	158	30.44	Obesitas	Multipara	Tunggal	Baik	Normal	Normal	Normal	Neutrofilia	42.91	Ringan
21	Nurul Winda Sari	Tidak bekerja	≥ 9	24	Aterm	100	160	39.00	Obesitas Grade II	Nulipara	Tunggal	Baik	Normal	Normal	Normal	Normal	53.51	Ringan
22	Ny. Erni Ismail	Tidak bekerja	< 9	38	Aterm	70	155	29.1	Obesitas	Multipara	Tunggal	Baik	Normal	Anemia	Normal	Neutrofilia	41.36	Ringan
23	Veronika	Tidak bekerja	≥ 9	31	Preterm	68	157	27.64	Obesitas	Multipara	Tunggal	Baik	Normal	Normal	Limfositosis	Normal	38.05	Ringan
24	Rani Dian Anggrain	Bekerja	≥ 9	34	Aterm	94	154	39.64	Obesitas	Multipara	Tunggal	Baik	Normal	Anemia	Normal	Normal	35.22	Asimtomatik
25			≥ 9	32	Aterm	78	155	32,46	Obesitas	Primipara	Tunggal	Baik	Leukositosis	Anemia	Normal	Normal	47.47	Asimtomatik
26			≥ 9	35	Aterm	80	150	39111.00	Obesitas	Nulipara	Tunggal	Baik	Normal	Anemia	Normal	Normal	43.57	Asimtomatik

27	vivi	Tidak bekerja	≥ 9	34	Aterm	67	145	32.00	Obesitas	Primipara	Tunggal	Baik	Normal	Normal	Normal	Normal	35.15	Asimtomatik
28	Khaerunisa	Bekerja	≥ 9	28	Preterm	65	158	26.00	Obesitas	Primipara	Tunggal	Baik	Normal	Anemia	Normal	Normal	41.36	Asimtomatik
29	Febrianty	Tidak bekerja	≥ 9	36	Aterm	77	157	31.24	Obesitas	Multipara	Tunggal	Baik	Normal	Anemia	Normal	Neutrofilia	93.38	Asimtomatik
30	Mutiara	Tidak bekerja	≥ 9	23	Aterm	56	154	23.61	Overweight	Nulipara	Tunggal	Baik	Normal	Anemia	Normal	Normal	53.18	Asimtomatik
31	Nirwana	Tidak bekerja	≥ 9	39	Aterm	55	140	28,1	Obesitas	Multipara	Tunggal	baik	Normal	Anemia	Normal	Normal	43.21	Asimtomatik



Data negatif COVID-19

No	Nama	Pekerjaan	Pendidikan	Umur	Umur kehamilan	BB	Tinggi badan	IMT	Status gizi	Paritas	Kehamilan tunggal / multiple	Kondisi umum	Keluhan	WBC	HB	Limfosit	Netrofil	IL-6
1	Hasryani	Tidak bekerja	≥ 9	38	Preterm	57	154	24.00	Overweight	Multi para	Tunggal	Lemah	tidak ada	Normal	Anemia	Normal	Neutrofilia	28.66
2	Yayu Trisnawati Apriani Syaisar Iskandar	Bekerja	≥ 9	38	Preterm	77	169	27.00	Obesitas	Multi para	Tunggal	Baik	tidak ada	Normal	Normal	Normal	Normal	15.02
3	Susanti	Tidak bekerja	≥ 9	25	Preterm	65	145	30.95	Obesitas	Nulipara	Tunggal	Baik	tidak ada	Normal	Anemia	Normal	Normal	43.21
4	Karhni	Bekerja	≥ 9	31	Aterm	70	156	28.76	Obesitas	Nulipara	Tunggal	Baik	tidak ada	Normal	Anemia	Normal	Normal	41.89
5	Nirwana	Tidak bekerja	< 9	43	Aterm	68	149	30.00	Obesitas	Multi para	Multipel	Baik	tidak ada	Normal	Normal	Normal	Normal	54.12
6	Harhawati	Bekerja	≥ 9	38	Aterm	72	155	30.00	Obesitas	Primi para	Tunggal	sedang	tidak ada	Normal	Anemia	Normal	Neutrofilia	46.38
7	Anja Yudta Prahwi Silfyana Haris	Bekerja	≥ 9	28	Aterm	65	149	29.00	Obesitas	Multi para	Tunggal	Baik	tidak ada	Normal	Anemia	Normal	Normal	30.96
8	Haminah	Tidak bekerja	≥ 9	29	Aterm	74	160	28.91	Obesitas	Multi para	Tunggal	Baik	tidak ada	Normal	Anemia	Normal	Normal	38.86
9	Sriani Erni	Tidak bekerja	≥ 9	29	Aterm	85	158	34.04	Obesitas	Multi para	Tunggal	Baik	tidak ada	Normal	Anemia	Normal	Normal	31.67
10		Bekerja	≥ 9	31	Aterm	77	156	31.64	Obesitas	Multi para	Tunggal		nyeri perut	Normal	Anemia	Normal	Normal	54.25
11		Tidak bekerja	≥ 9	31	Aterm	59	154	25.00	Obesitas	Primi para	Tunggal	Baik	tidak ada	Normal	Anemia	Normal	Normal	51.29
		Bekerja	≥ 9	25	Aterm	67	158	26.00	Obesitas	Nulipara	Tunggal	Baik	tidak ada	Normal	Anemia	Normal	Normal	36.95
		Tidak bekerja	≥ 9	32	Aterm	76	163	28.60	Obesitas	Primi para	Tunggal	Baik	nyeri perut	Normal	Normal	Normal	Normal	36.17
		Tidak bekerja	≥ 9	23	Aterm	65	160	25.39	Obesitas	Nulipara	Tunggal	Baik	tidak ada	Normal	Anemia	Normal	Neutrofilia	48.51



15	Rabaidah	Tidak bekerja	≥ 9	26	Aterm	58	156	24, 16	Overweigh t	Nulip ara	Tunggal	Baik	tidak ada	Nor mal	Nor mal	Nor mal	Norm al	30.7 5
16	Nurjanna h	Bekerja	≥ 9	26	Aterm	50	150	22. 22	Normal	Nulip ara	Tunggal	Baik	Dema m	Nor mal	Ane mia	Nor mal	Neutr ofilia	37.8 4
17	Sitti Aminah	Tidak bekerja	≥ 9	35	Aterm	74	162	28. 20	Obesitas	Primi para	Tunggal	Baik	Nyeri perut	Nor mal	Ane mia	Nor mal	Norm al	27.3 3
18	Erna	Tidak bekerja	< 9	36	Aterm	96	151	42, 10	Obesitas	Multi para	Tunggal	Baik	nyeri perut	Nor mal	Ane mia	Nor mal	Neutr ofilia	31.6 7
19	Nurhayati	Tidak bekerja	≥ 9	32	Aterm	53	150	24. 00	Overweigh t	Nulip ara	Tunggal	seda ng	tidak ada	Nor mal	Ane mia	Nor mal	Norm al	47.4 3
20	Karhni	Tidak bekerja	< 9	43	Aterm	68	149	30. 00	Obesitas	Multi para	Multipel	Baik	tidak ada	Nor mal	Nor mal	Nor mal	Norm al	49.2 4
21	Roslinda Herman	Tidak bekerja	≥ 9	32	Aterm	14 9	67	30. 00	Obesitas	Primi para	Tunggal	Baik	tidak ada	Nor mal	Ane mia	Nor mal	Norm al	51.5 2
22	Haminah	Bekerja	≥ 9	31	Aterm	77	156	31. 64	Obesitas	Multi para	Tunggal		tidak ada	Nor mal	Ane mia	Nor mal	Norm al	46.4 3
23	Ermawati	Bekerja	≥ 9	31	Aterm	58	158	24, 16	Overweigh t	Primi para	Tunggal	Baik	tidak ada	Nor mal	Ane mia	Nor mal	Norm al	42.8 7
24	Hasnah	Tidak bekerja	≥ 9	34	Aterm	72	156	29, 59	Obesitas	Primi para	Tunggal	Baik	tidak ada	Nor mal	Ane mia	Nor mal	Norm al	55.1 9
25	Ny. Sahratul Jannah	Bekerja	≥ 9	29	Aterm	69	155	28. 72	Obesitas	Nulip ara	Tunggal	Baik	tidak ada	Nor mal	Nor mal	Nor mal	Norm al	59.5 2
26	Shafirah Audina Ananda	Tidak bekerja	≥ 9	22	Aterm	63	153	26. 91	Obesitas	Primi para	Tunggal	Baik	tidak ada	Nor mal	Nor mal	Nor mal	Norm al	54.2 5
27	Ny. Sri Bulan Usman	Tidak bekerja	≥ 9	29	Aterm	68	165	24. 9	Overweigh t	Primi para	Tunggal	Baik	tidak ada	Nor mal	Nor mal	Nor mal	Norm al	15.0 2
28	Sukmawa ti	Tidak bekerja	< 9	27	Aterm	70	160	19. 5	Normal	Primi para	Tunggal	Baik	tidak ada	Nor mal	Nor mal	Nor mal	Norm al	30.9 6
		Tidak bekerja	≥ 9	38	Aterm	65	150	28. 9	Obesitas	Multi para	Tunggal	Baik	tidak ada	Nor mal	Nor mal	Nor mal	Norm al	38.8 6
		Tidak bekerja	≥ 9	31	Aterm	64	156	26. 29	Obesitas	Multi para	Tunggal	Baik	tidak ada	Nor mal	Nor mal	Nor mal	Norm al	36.9 5
		Bekerja	≥ 9	35	Aterm	60	155	24. 97	Obesitas	Primi para	Tunggal	baik	tidak ada	Nor mal	Nor mal	Nor mal	Norm al	27.3 3





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Lampiran 4

UJI CHI SQUARE

Umur_2 * Kelompok

Crosstab							
			Kelompok				
			Positif	Negatif	Total		
Umur_2	20-35 tahun	Count	25	24	49		
		% within Umur_2	51.0%	49.0%	100.0%		
		% within Kelompok	80.6%	77.4%	79.0%		
		% of Total	40.3%	38.7%	79.0%		
	< 20 tahun atau > 35 tahun	Count	6	7	13		
		% within Umur_2	46.2%	53.8%	100.0%		
		% within Kelompok	19.4%	22.6%	21.0%		
		% of Total	9.7%	11.3%	21.0%		
		Total		Count	31	31	62
				% within Umur_2	50.0%	50.0%	100.0%
				% within Kelompok	100.0%	100.0%	100.0%
				% of Total	50.0%	50.0%	100.0%



Chi-Square Tests				
			Asymptotic	
	Value	df	Significance (2- sided)	Exact Sig. (2- sided)
				Exact Sig. (1- sided)
Pearson Chi-Square	.097 ^a	1	.755	
Continuity Correction ^b	.000	1	1.000	
Likelihood Ratio	.097	1	.755	
Fisher's Exact Test				1.000
Linear-by-Linear Association	.096	1	.757	
N of Valid Cases	62			

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6,50.

b. Computed only for a 2x2 table



Pekerjaan * Kelompok

Crosstab					
			Kelompok		
			Positif	Negatif	Total
Pekerjaan	Bekerja	Count	8	11	19
		% within Pekerjaan	42.1%	57.9%	100.0%
		% within Kelompok	25.8%	35.5%	30.6%
		% of Total	12.9%	17.7%	30.6%
	Tidak bekerja	Count	23	20	43
		% within Pekerjaan	53.5%	46.5%	100.0%
		% within Kelompok	74.2%	64.5%	69.4%
		% of Total	37.1%	32.3%	69.4%
	Total	Count	31	31	62
		% within Pekerjaan	50.0%	50.0%	100.0%
		% within Kelompok	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%



Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.683 ^a	1	.409		
Continuity Correction ^b	.304	1	.582		
Likelihood Ratio	.685	1	.408		
Fisher's Exact Test				.582	.291
N of Valid Cases	62				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 9,50.

b. Computed only for a 2x2 table



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Pendidikan * Kelompok

Pendidikan * Kelompok Crosstabulation					
		Kelompok			
			Positif	Negatif	Total
Pendidikan	< 9	Count	2	4	6
		% within Pendidikan	33.3%	66.7%	100.0%
		% within Kelompok	6.5%	12.9%	9.7%
		% of Total	3.2%	6.5%	9.7%
	≥ 9	Count	29	27	56
		% within Pendidikan	51.8%	48.2%	100.0%
		% within Kelompok	93.5%	87.1%	90.3%
		% of Total	46.8%	43.5%	90.3%
Total		Count	31	31	62
		% within Pendidikan	50.0%	50.0%	100.0%
		% within Kelompok	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%



Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.738 ^a	1	.390		
Continuity Correction ^b	.185	1	.668		
Likelihood Ratio	.751	1	.386		
Fisher's Exact Test				.671	.336
N of Valid Cases	62				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 3,00.

b. Computed only for a 2x2 table



Usia_kehamilan * Kelompok

Crosstab

			Kelompok		
			Positif	Negatif	Total
Usia_kehamilan	Aterm	Count	27	28	55
		% within Usia_kehamilan	49.1%	50.9%	100.0%
		% within Kelompok	87.1%	90.3%	88.7%
		% of Total	43.5%	45.2%	88.7%
	Preterm	Count	4	3	7
		% within Usia_kehamilan	57.1%	42.9%	100.0%
		% within Kelompok	12.9%	9.7%	11.3%
		% of Total	6.5%	4.8%	11.3%
	Total	Count	31	31	62
		% within Usia_kehamilan	50.0%	50.0%	100.0%
		% within Kelompok	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%



Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.161 ^a	1	.688		
Continuity Correction ^b	.000	1	1.000		
Likelihood Ratio	.162	1	.688		
Fisher's Exact Test				1.000	.500
N of Valid Cases	62				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 3,50.

b. Computed only for a 2x2 table



Paritas * Kelompok

		Crosstab			
		Kelompok			
			Positif	Negatif	Total
Paritas	Multipara	Count	16	12	28
		% within Paritas	57.1%	42.9%	100.0%
		% within Kelompok	51.6%	38.7%	45.2%
		% of Total	25.8%	19.4%	45.2%
	Nulipara	Count	8	8	16
		% within Paritas	50.0%	50.0%	100.0%
		% within Kelompok	25.8%	25.8%	25.8%
		% of Total	12.9%	12.9%	25.8%
	Primipara	Count	7	11	18
		% within Paritas	38.9%	61.1%	100.0%
		% within Kelompok	22.6%	35.5%	29.0%
		% of Total	11.3%	17.7%	29.0%
Total			Count	31	31
			% within Paritas	50.0%	50.0%
			% within Kelompok	100.0%	100.0%
			% of Total	50.0%	100.0%



Chi-Square Tests			
	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	1.460 ^a	2	.482
Likelihood Ratio	1.470	2	.480
N of Valid Cases	62		
a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 8,00.			



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IMT * Kelompok

Crosstab					
		Kelompok			
			Positif	Negatif	Total
IMT	Normal	Count	5	2	7
		% within IMT	71.4%	28.6%	100.0%
		% within Kelompok	16.1%	6.5%	11.3%
		% of Total	8.1%	3.2%	11.3%
	Obesitas	Count	20	24	44
		% within IMT	45.5%	54.5%	100.0%
		% within Kelompok	64.5%	77.4%	71.0%
		% of Total	32.3%	38.7%	71.0%
	Overweight	Count	6	5	11
		% within IMT	54.5%	45.5%	100.0%
		% within Kelompok	19.4%	16.1%	17.7%
		% of Total	9.7%	8.1%	17.7%
Total			Count	31	31
			% within IMT	50.0%	50.0%
			% within Kelompok	100.0%	100.0%
			% of Total	50.0%	100.0%



Chi-Square Tests			
	Value	df	Asymptotic Significance (2- sided)
Pearson Chi-Square	1.740 ^a	2	.419
Likelihood Ratio	1.783	2	.410
N of Valid Cases	62		
a. 2 cells (33,3%) have expected count less than 5. The minimum expected count is 3,50.			



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Kehamilan * Kelompok

Crosstab					
			Kelompok		Total
			Positif	Negatif	
Kehamilan	Multipel	Count	0	2	2
		% within Kehamilan	0.0%	100.0%	100.0%
		% within Kelompok	0.0%	6.5%	3.2%
		% of Total	0.0%	3.2%	3.2%
	Tunggal	Count	31	29	60
		% within Kehamilan	51.7%	48.3%	100.0%
		% within Kelompok	100.0%	93.5%	96.8%
		% of Total	50.0%	46.8%	96.8%
	Total	Count	31	31	62
		% within Kehamilan	50.0%	50.0%	100.0%
		% within Kelompok	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%



Chi-Square Tests					
	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	2.067 ^a	1	.151		
Continuity Correction ^b	.517	1	.472		
Likelihood Ratio	2.839	1	.092		
Fisher's Exact Test				.492	.246
N of Valid Cases	62				
a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 1,00.					
b. Computed only for a 2x2 table					



WBC * Kelompok

Crosstab					
			Kelompok		
			Positif	Negatif	Total
WBC	Leukositosis	Count	8	0	8
		% within WBC	100.0%	0.0%	100.0%
		% within Kelompok	25.8%	0.0%	12.9%
		% of Total	12.9%	0.0%	12.9%
	Normal	Count	23	31	54
		% within WBC	42.6%	57.4%	100.0%
		% within Kelompok	74.2%	100.0%	87.1%
		% of Total	37.1%	50.0%	87.1%
	Total	Count	31	31	62
		% within WBC	50.0%	50.0%	100.0%
		% within Kelompok	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%



Chi-Square Tests					
	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	9.185 ^a	1	.002		
Continuity Correction ^b	7.032	1	.008		
Likelihood Ratio	12.280	1	.000		
Fisher's Exact Test				.005	.002
N of Valid Cases	62				

a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 4,00.

b. Computed only for a 2x2 table



HB * Kelompok

Crosstab					
			Kelompok		
			Positif	Negatif	Total
HB	Anemia	Count	13	19	32
		% within HB	40.6%	59.4%	100.0%
		% within Kelompok	41.9%	61.3%	51.6%
		% of Total	21.0%	30.6%	51.6%
	Normal	Count	18	12	30
		% within HB	60.0%	40.0%	100.0%
		% within Kelompok	58.1%	38.7%	48.4%
		% of Total	29.0%	19.4%	48.4%
Total			Count	31	31
			% within HB	50.0%	50.0%
			% within Kelompok	100.0%	100.0%
			% of Total	50.0%	100.0%



Chi-Square Tests

	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	2.325 ^a	1	.127		
Continuity Correction ^b	1.615	1	.204		
Likelihood Ratio	2.340	1	.126		
Fisher's Exact Test				.204	.102
N of Valid Cases	62				

a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 15,00.

b. Computed only for a 2x2 table



Limfosit * Kelompok

Crosstab

			Kelompok		
			Positif	Negatif	Total
Limfosit	Limfositosis	Count	4	0	4
		% within Limfosit	100.0%	0.0%	100.0%
		% within Kelompok	12.9%	0.0%	6.5%
		% of Total	6.5%	0.0%	6.5%
	Normal	Count	27	31	58
		% within Limfosit	46.6%	53.4%	100.0%
		% within Kelompok	87.1%	100.0%	93.5%
		% of Total	43.5%	50.0%	93.5%
	Total	Count	31	31	62
		% within Limfosit	50.0%	50.0%	100.0%
		% within Kelompok	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%



Chi-Square Tests					
	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	4.276 ^a	1	.039		
Continuity Correction ^b	2.405	1	.121		
Likelihood Ratio	5.821	1	.016		
Fisher's Exact Test				.113	.056
N of Valid Cases	62				
a. 2 cells (50,0%) have expected count less than 5. The minimum expected count is 2,00.					
b. Computed only for a 2x2 table					



Neutrofil * Kelompok

Crosstab					
			Kelompok		
			Positif	Negatif	Total
Neutrofil	Neutrofilia	Count	9	5	14
		% within Neutrofil	64.3%	35.7%	100.0%
		% within Kelompok	29.0%	16.1%	22.6%
		% of Total	14.5%	8.1%	22.6%
	Normal	Count	22	26	48
		% within Neutrofil	45.8%	54.2%	100.0%
		% within Kelompok	71.0%	83.9%	77.4%
		% of Total	35.5%	41.9%	77.4%
	Total	Count	31	31	62
		% within Neutrofil	50.0%	50.0%	100.0%
		% within Kelompok	100.0%	100.0%	100.0%
		% of Total	50.0%	50.0%	100.0%



Chi-Square Tests					
	Value	df	Asymptotic Significance (2- sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	1.476 ^a	1	.224		
Continuity Correction ^b	.830	1	.362		
Likelihood Ratio	1.493	1	.222		
Fisher's Exact Test				.363	.181
N of Valid Cases	62				
a. 0 cells (,0%) have expected count less than 5. The minimum expected count is 7,00.					
b. Computed only for a 2x2 table					



UJI NORMALITAS

Descriptives				
Kelompok			Statistic	Std. Error
IL6	Positif	Mean	55.5623	5.36256
		95% Confidence Interval for Mean		
		Lower Bound	44.6105	
		Upper Bound	66.5141	
		5% Trimmed Mean	51.4102	
		Median	45.3500	
		Variance	891.467	
		Std. Deviation	29.85744	
		Minimum	35.15	
		Maximum	153.99	
		Range	118.84	
		Interquartile Range	12.31	
		Skewness	2.475	.421
		Kurtosis	5.470	.821
	Negatif	Mean	40.0355	2.05320
		95% Confidence Interval for Mean		
		Lower Bound	35.8423	
		Upper Bound	44.2287	
		5% Trimmed Mean	40.4281	
		Median	38.8600	
		Variance	130.685	
		Std. Deviation	11.43174	
		Minimum	15.02	
		Maximum	59.52	
		Range	44.50	



Interquartile Range	18.28	
Skewness	-.376	.421
Kurtosis	-.336	.821

Tests of Normality							
		Kolmogorov-Smirnov ^a			Shapiro-Wilk		
	Kelompok	Statistic	df	Sig.	Statistic	df	Sig.
IL6	Positif	.334	31	.000	.609	31	.000
	Negatif	.098	31	.200*	.962	31	.326

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction



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UJI MANN WHITNEY dan KRUSKAL WALLIS

Ranks				
	Kelompok	N	Mean Rank	Sum of Ranks
IL6	Positif	31	36.60	1134.50
	Negatif	31	26.40	818.50
	Total	62		

Test Statistics ^a	
	IL6
Mann-Whitney U	322.500
Wilcoxon W	818.500
Z	-2.225
Asymp. Sig. (2-tailed)	.026

a. Grouping Variable: Kelompok

Ranks			
	IMT	N	Mean Rank
IL6	Normal	7	24.64
	Overweight	11	31.91
	Obesitas	44	32.49
	Total	62	



Test Statistics^{a,b}

IL6	
Chi-Square	1.149
df	2
Asymp. Sig.	.563
a. Kruskal Wallis Test	
b. Grouping Variable: IMT	

Ranks

		N	Mean Rank	Sum of Ranks
IL6	Tunggal	60	30.93	1856.00
	Multipel	2	48.50	97.00
	Total	62		

Test Statistics^a

IL6	
Mann-Whitney U	26.000
Wilcoxon W	1856.000
Z	-1.355
Asymp. Sig. (2-tailed)	.175
[2*(1-tailed Sig.)]	.207 ^b
g Variable: Kehamilan	
ected for ties.	



Ranks				
	WBC	N	Mean Rank	Sum of Ranks
IL6	Normal	54	30.93	1670.00
	Leukositosis	8	35.38	283.00
	Total	62		

Test Statistics ^a	
	IL6
Mann-Whitney U	185.000
Wilcoxon W	1670.000
Z	-.651
Asymp. Sig. (2-tailed)	.515
a. Grouping Variable: WBC	

Ranks				
	HB	N	Mean Rank	Sum of Ranks
IL6	Normal	30	31.07	932.00
	Anemia	32	31.91	1021.00
	Total	62		



Test Statistics ^a	
	IL6
Mann-Whitney U	467.000
Wilcoxon W	932.000
Z	-.183
Asymp. Sig. (2-tailed)	.855
a. Grouping Variable: HB	

Ranks				
	Limfosit	N	Mean Rank	Sum of Ranks
IL6	Normal	58	31.72	1840.00
	Limfositosis	4	28.25	113.00
	Total	62		

Test Statistics ^a	
	IL6
Mann-Whitney U	103.000
Z	-.373
Asymp. Sig. (2-tailed)	.709
Exact Sig. (2-tailed)	.730 ^b



a. Grouping Variable: Limfosit

b. Not corrected for ties.

Ranks				
	Neutrofil	N	Mean Rank	Sum of Ranks
IL6	Normal	48	32.01	1536.50
	Neutrofilia	14	29.75	416.50
	Total	62		

Test Statistics ^a	
	IL6
Mann-Whitney U	311.500
Wilcoxon W	416.500
Z	-.413
Asymp. Sig. (2-tailed)	.680

a. Grouping Variable: Neutrofil

