CHAPTER V

CONCLUSION AND SUGGESTIONS

A. Conclusion

Based on the results of research conducted at Prof. Dr. Margono Soekarjo Purwokerto Hospital, it can be concluded that:

1. The majority of preterm infants in this study fell into the moderate to late preterm category (>32-36 weeks), with most being born by cesarean section, being male, having a low birth weight (<2500 grams), and undergoing treatment varying between 1 to 101 days.
2. Based on gestational age classification, 80.4% of infants were classified as moderate to late preterm and 19.6% as extremely to very preterm (<32 weeks).
3. The incidence of neonatal sepsis was found more in the group of babies with gestational age <32 weeks, namely 32.1%, compared to the group of gestational age >32 weeks, namely 12.6%, and the results of the Chi-Square test showed a significant relationship ($p < 0.001$) between the gestational age of premature babies and the incidence of neonatal sepsis.

Thus, the lower the gestational age of premature infants, the higher the risk of neonatal sepsis, which is closely related to the immaturity of the immune system and the need for intensive medical intervention in premature infants.

B. Suggestions

Based on the results of the research and discussions, suggestions that researchers can convey are:

1. For nurses at hospital, especially in the NICU room, are expected to increase supervision and early intervention in preterm infants with gestational age <32 weeks, because this group has a higher risk of developing neonatal sepsis.
2. For hospitals, it is necessary to provide facilities and protocols that support optimal care for preterm infants, especially in preventing

infection through standard procedures for sepsis prevention and intensive care according to gestational age.

3. For pregnant women and their families, it is important to raise awareness of the importance of regular pregnancy control to detect the risk of preterm birth as early as possible and prevent complications in infants.
4. For future research, this study can be used as an additional reference and insight in strengthening the results of studies related to the relationship between the gestational age category of premature babies with the incidence of neonatal sepsis and other accompanying factors.