

Research Article

EXPERIENCE OF PREGNANT AND BIRTH WOMEN CONFIRMED COVID-19 THAT HAVE BEEN TREATED IN ISOLATION AT SANGLAH GENERAL HOSPITAL

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ABSTRACT

Background: The rapid and massive spread of COVID-19 infection and ineffective treatment at the community and individual levels have caused the fatality rate of this disease to be quite high. Since the COVID-19 pandemic, pregnant and maternity women are faced completely new and unusual situations and conditions. Some of the concerns for pregnant women and giving birth were confirmed by Covid-19, including; having a higher risk of contracting COVID-19, susceptibility to more severe complications and even risk of death, risk of mother-to-child transmission, and the potential long-term effects of COVID-19 on both the fetus and itself. **Objective:** To explore the experiences of pregnant and childbirth women while receiving isolation treatment at the Sanglah Central General Hospital, Denpasar. **Methods:** This qualitative study discusses the experiences of pregnant women with confirmed COVID-19 during treatment in the isolation room of Sanglah Hospital. **Results and Discussion:** Of the 6 participants, there was 1 subject with mild COVID-19 clinical features, 2 subjects with moderate COVID-19, and 3 subjects with severe COVID-19. The average length of stay was 21 days, with a range of 11-31 days. All participants had sufficient knowledge about COVID-19, including being pregnant and giving birth. Most of the information is obtained through browsing activities on the internet. Participants' knowledge of Covid-19 infection is quite good, mostly obtained by browsing the internet. While isolated at Sanglah Hospital, participants were very comfortable with the services and facilities provided. Doctors and paramedics communicate well with participants to reduce tension and sadness. Participants' support and communication with their families through video calls helped foster enthusiasm for healing. **Conclusion:** Although the participants felt shocked, fearful, and sad when they were confirmed to be infected with Covid-19 and had to isolate themselves, all of them were satisfied with the services and facilities in the isolation room. Most families and neighbourhoods are receptive and display positive behaviors that help during isolation. Hospital policies that permit husbands to accompany them in the treatment room can increase their motivation to recover. The communication between doctors and paramedics with them in the treatment room or isolation room also affects the mental condition of pregnant and postpartum women.

Keywords: Pregnant women and childbirth, Covid-19 infection; isolation experience.

INTRODUCTION

Corona Virus Disease 2019 (COVID-19) has given rise to diverse views for pregnant and childbirth women. Especially, when getting treatment in the isolation room of a hospital. In addition, many cases require hospitalization with various organ failures (Wiersinga *et al.*, 2020). This disease spreads quickly because of the easy way of transmission through respiratory droplets. The mobility of people globally is very high, also facilitating the spread of this virus. Therefore, in early March 2020, the World Health Organization (WHO) declared this disease a pandemic. The incidence and fatality of this disease are quite high. Globally, until November 11, 2020, the number of people who died from this disease reached 1,288,181 people with a case fatality rate of 3.00%. In the same period, the number of cases of death due to Covid-19 in Indonesia reached 14,836, with a case fatality rate of 3.33%. Meanwhile in Bali, daily confirmed patients are 93 people, the total number of deaths is 402 people with a case fatality rate of 3.23%. Most (99%) had mild to moderate, and severe symptoms. Only 1% with a critical picture (Worldmeters, 2020; Mahmud and Islam, 2020; Dwinantoaji and Sumarni, 2020). The clinical spectrum of COVID-19 infection is very diverse, ranging from asymptomatic to critical. Approximately 81% with mild symptoms, 14% with severe symptoms, and 5% are critical, such as multiple organ failure, septic shock, and respiratory failure (Gao *et al.*, 2020).

At the community level, social stigma is one of the challenges in handling COVID-19. The rapid spread of COVID-19 and the high incidence and mortality rates make people afraid, panicked, worried, and anxious (Mahmud and Islam *et al.*, 2020). A study of 1200 subjects in China showed that more than half (54%) of respondents experienced moderate to severe psychosocial impacts due to COVID 19 (Qiu *et al.*, 2020). The same problem also arises in pregnant women who give birth as a result of the COVID-19 pandemic. There is fear, anxiety, and concern for the health of both mother and baby. In epidemic situations, pregnant women are a vulnerable group and many fall into severe conditions. During the SARS outbreak in Hong Kong, pregnant women experienced frustration, anxiety, sleep disturbances, and disturbances in daily living (Areskog, 1984; Saisto, 2001; Lohm, 2014; Linde, 2018; Brooks, 2020; Shorey, 2020).

MATERIALS AND METHODS

This study uses qualitative research methods, namely research with approaches and searches to explore and understand a symptom centrally. This research was conducted at Sanglah Hospital from January 1, 2021, to June 1, 2021, on pregnant and childbirth patients with confirmed COVID-19. With a purposive sampling method and a phenomenological approach, 6 participants were involved in in-depth interviews with semi-structured questions for face-to-face data collection, including through the Zoom application, Whatsapp, telephone, and voice recordings due to health protocols during the COVID-19 pandemic.

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RESULTS AND DISCUSSION

The mean age of the 6 participants in this study was 27 years, with a mean gestational age of 28 weeks. Four of the six subjects were multigravida. Most of the subjects live in Denpasar City, and only 1 person lives outside the city (Bangli Regency). All participants have a high school education. Most (66.67%) work as private employees, and the other 2 participants (16.67%) are housewives and are still in college. Of the 6 subjects, there was 1 subject with mild COVID-19, 2 subjects with moderate COVID-19, and 3 subjects with severe COVID-19. The average length of stay was 21 days, with a range of 11-31 days. The analysis was carried out using manuscript analysis techniques from interview results that had been recorded again and interview analysis techniques from direct statements of participants at the time of the interview. Qualitative analysis of experiences of 6 pregnant and childbirth women with 4 categories and 15 sub-categories are summarized in **Table 2**.

Table 2. Results of Qualitative Analysis of Pregnant Women Confirmed COVID-19 During Isolation at Sanglah General Hospital

Categories	Sub-Categories
Self-concept against COVID-19 infection.	<p>Knowledge about the symptoms of COVID-19.</p> <p>Efforts to find information about COVID-19.</p> <p>Knowledge about handling COVID-19.</p> <p>Feelings of being a COVID-19 patient.</p> <p>Motivation to recover from COVID-19.</p> <p>Changes in behavior after being infected with COVID-19.</p>
Pregnant women with COVID-19	<p>Knowledge of handling pregnancy and childbirth with COVID-19.</p> <p>The feeling of being a pregnant mother with COVID-19.</p>
Experience being treated in an isolation room as a COVID-19 patient	<p>Feelings of being treated in an isolation room as a COVID-19 patient.</p> <p>Services in isolation rooms (rooms, medical personnel, food).</p> <p>Communication in the isolation room (doctor to patient, patient to family).</p>
Relationship with family and social environment	<p>Family knowledge about pregnant women with COVID-19.</p> <p>Acceptance/behavior of the family towards the mother as a COVID-19 patient.</p> <p>Environmental acceptance/behavior towards mothers as COVID-19 patients.</p> <p>The influence of family/environmental support on healing/self-acceptance as a COVID-19 patient.</p>

In the self-concept of COVID-19 infection, all participants have sufficient knowledge about COVID-19 disease including being pregnant and giving birth. Most of the information is obtained through browsing activities on the internet. They immediately seek information after being confirmed positive or after experiencing symptoms in themselves or their close family. The research of Karavadra *et al.*, (2020) also got the same results. The existence of social media has an impact on the perspective of pregnant women during the COVID-19 pandemic. They found that media influence also had a significant impact on the way women viewed hospital care concerning COVID-19 and determined how they would seek help. Most of the subjects knew that when they were confirmed positive for COVID-19 they would be isolated, but did not expect that they would have to be isolated on their own apart from their family and then their baby. Ge *et al.*, (2021) argue that the COVID-19 pandemic has had a significant psychological impact on pregnant women, especially on ethnic minorities. Factors related to quarantine policies, and social

isolation encourage behavioral changes including anxiety disorders. Regarding the findings of our study, the same results were also found in a study conducted by Lim *et al.*, (2021) that the majority of participants or participants knew the mode of transmission, prevention strategies, and transmission of SARS-CoV-2 in utero. Significant gaps were identified in their knowledge regarding delivery methods and breastfeeding safety, along with significant variability in agreement with changes in perinatal care. Preventive measures for COVID-19 and factors related to health facilities for antenatal care services are critical to prevent avoidable negative impacts on the lives of mothers and children during the pandemic period. Therefore, programs and strategies designed to maintain maternal health services, especially antenatal care services, should be considered carefully (Naurin *et al.*, 2020; Haelimariam *et al.*, 2021). Almost all subjects felt fear, confusion, and shock as an initial reaction when confirmed COVID-19 with their pregnancy. Only one subject said to accept it with resignation and happiness. The coronavirus outbreak makes pregnant women anxious. Pregnant women more easily feel what will happen to themselves and their children and also need to avoid negative impacts on the mother and fetus (Viandika and Septiasari, 2021). Our research found that most families and neighborhoods were receptive, and exhibited positive behaviors that were helpful during isolation. Hospital policies that permit husbands to accompany them in the treatment room can increase their motivation to recover. The communication between doctors and paramedics with them in the treatment room or isolation room also affects the mental condition of pregnant and postpartum women. Communication with family, even through video call facilities, is also very important and makes them happy and not "feel" alone. A longitudinal survey by Naurin *et al.*, (2020) found that there is increasing concern regarding the health of pregnant women and their partners as a consequence of the COVID-19 pandemic. The experience of suffering from COVID-19 had a positive impact on most of the subjects, they became more aware and implemented stricter health protocols than before and tried to do the same for their families and environment. Lee *et al* (2020) found that social demographic factors including age >36 years, ethnic Malay, front-line employment and need to attend high-risk clinics are likely to influence attitudes and preventive practices among pregnant women towards COVID-19 in Singapore. Our subjects are on average 27 years old, but their views and changes in behavior after being confirmed by COVID-19 have a positive impact. Based on the experience of doing isolation in hospitals, most of the informants said that pregnant women who were isolated at Sanglah Hospital expressed satisfaction with the services provided at Sanglah Hospital. This is explained by several patients who said that nurses and doctors care about the health of confirmed pregnant women. Most pregnant women objected and were afraid because they had to be isolated in the hospital, but pregnant women said they were comfortable after doing isolated at Sanglah Hospital.

CONCLUSION

All participants knew about Covid-19 infection, most of which were obtained by browsing the internet. Although there was fear, shock, and sadness after being confirmed with Covid-19 infection, all participants had the enthusiasm to recover and caused positive behavioral changes to take preventive measures. Participants were satisfied with the services and facilities in the isolation room and comfortable with the treatment they received during isolation at Sanglah Hospital. Doctors and paramedics have good communication with them and have concern for the health of pregnant women during isolation at Sanglah Hospital. Besides that, a comfortable room, healthy food, and being able to communicate with family who is outside. The support of doctors and paramedics in the form of communication, care, and education in the isolation room has a

positive impact in the form of comfort and motivation for the patient's recovery. The policy in the form of allowing husbands to assist pregnant women who are treated in isolation rooms has a positive impact on maternal and fetal outcomes.

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