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DESCRIPTION OF COVID-19 MANAGEMENT FOR PREGNANT MOTHERS IN PAGENTAN PUBLIC HEALTH CENTER 2 BANJARNEGARA REGENCY

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Abstract

During pandemic COVID-19, pregnant women were included in the susceptible group. Although, there has been no evidence of reports of vertical transmission from mother to fetus. COVID-19 prevention and control guidelines have been prepared and referred to WHO guidelines and government laws and regulations. This study aimed to describe COVID-19 management for pregnant women at the Pagentan Public Health Center 2, Banjarnegara Regency. This research used a descriptive method with a cross-sectional approach—the data used were secondary data from the medical report on the COVID-19 screening of pregnant women. Data analysis used univariate analysis. The number of samples was 36 respondents. The results showed that the swab test conducted on 36 respondents resulted in 5 respondents (13.9%) were positive, and 31 respondents (86.1%) were negative. Management of pregnant women with covid-19 was self-isolation at home, education on strengthening health protocols, and increasing endurance. A follow-up swab test was carried out again after the 14th day, and all respondents' results are negative.

Keywords: *Management, Pregnant Women, Covid-19*

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1. Introduction

The coronavirus pandemic known as COVID-19 appeared for the first time in Wuhan, one of the cities in China. Individuals infected were found to have pneumonia, fluid accumulation in the lungs, respiratory problems due to leakage of fluid in the lungs, decreased organ function and can causing death [1].

COVID-19 infection can cause mild, moderate, or severe symptoms. The main clinical symptoms are persistent fever (temperature > 38ºC), cough, and dyspnea. COVID-19 develops respiratory symptoms and fever as the onset on day 5 of illness. On day 11, the disease was non-specific; the diagnosis of pneumonia was already in a severe state. This condition may worsen with the presence of dyspnea and fatigue. A person can be infected with COVID-19 if they accidentally inhale the droplets containing COVID-19. Holds the mouth or nose without washing hands first after touching objects that have been splashed by the saliva of COVID-19 sufferers and close contact distance with

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COVID-19 sufferers [2]. March 11, 2020, WHO declared that the world was in a pandemic status because of the rapid spread of transmission of COVID-19.[3]

One of the countries affected by the Coronavirus is Indonesia. Maternal mortality and neonatal mortality in Indonesia itself are still an issue. This condition needs more attention during pandemic COVID-19 than before. Based on data from the Task Force for the Acceleration of Handling COVID-19, per September 14, 2020, the number of confirmed COVID-19 patients was 221,523 people, recovered patients were 158,405 people (71.5% of confirmed patients), and 8,841 people died (3.9% of confirmed patients). Of the total patients who were positive for COVID-19, 5,316 people (2.4%) were children aged 0-5 years, and 1.3% died. 4.9% of pregnant women were confirmed positive for COVID-19 from 1,483 confirmed cases accompanying condition data. These data indicate that pregnant women, childbirth, postpartum, and newborns are also vulnerable to COVID-19, and this condition is feared to increase maternal and newborn morbidity and mortality.[4]

The principle of treating patients with confirmed COVID-19: if the patient is asymptomatic, there is no need for hospitalization; it is enough to self-isolate for ten days from when the confirmation diagnosis specimen was taken. Self-isolation can be done at home or in public facilities prepared by the government. [5]

The management principles for confirmed COVID-19 patients with mild symptoms are the same for confirmed patients without symptoms. Patients must undergo isolation for at least ten days from the onset of symptoms plus three days free of symptoms. Patients who are mildly ill can be given symptomatic treatment such as antipyretic. Patients should be given information about symptoms and signs of worsening that may occur and a contact number that can be contacted at any time if these symptoms occur. Public Health Center (PHC) Officers are expected to be proactive in monitoring the patient's condition. After passing the isolation period, the patient will be monitored at the nearest PHC. Management of pregnant patients is by giving supportive therapy according to the condition of the pregnancy.[5]

Universal Screening for COVID-19 for pregnant women who are about to give birth needs to be done regularly. Ideally, pregnant women who are about to give birth undergo a Reverse Transcription Polymerase Chain Reaction test (RT-PCR) obtained through nasopharyngeal and oropharyngeal swabs so that a definite diagnosis can be made ("Universal testing with RT-PCR Swabs"). This is in line with recent recommendations from the Royal College of Obstetricians and Gynecologists (RCOG), which suggested that all hospitalized patients should be offered RT-PCR testing. However, screening can be done with other methods if the health facility cannot do this. RT-PCR examination is the gold standard for the diagnosis of Covid-19. Screening is carried out when pregnant women are about to give birth to the hospital (at the

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Emergency Department/Emergency Unit) [6]. The purpose of this study was to find out the description of the management of Covid 19 for pregnant women at the Pagentan Public Health Center 2, Banjarnegara Regency.

2. Method

This research used a descriptive method with a cross-sectional approach by looking at the description of the management of Covid-19 screening in pregnant women during the pandemic. This research was carried out at Pagentan Public Health Center 2, Banjarnegara Regency, in March-April 2021.

The population in this study were all pregnant women at the Pagentan Public Health Center 2 from January to December 2020, a total of 176 pregnant women. The sampling technic used the purposive sampling method. Inclusion criteria were pregnant women who had COVID-19 screening at Pangentan Public Health Center 2 since the policy being set in September-December 2020. The sample that fit with inclusion criteria was 36 pregnant women.

The data was secondary data from the medical report of COVID-19 screening for pregnant women. The data were analyzed using univariate analysis. The univariate analysis aims to explain or describe the characteristics of each research variable. This analysis only produces a frequency distribution using the SPSS program.

3. Results and Discussion

Table 1. Distribution of The Result of COVID-19 Screening For Pregnant Women

Screening Results	*f*	%
Positive	5	13.9
Negative	31	86.1
Total	36	100.0

Table 1. shows that the number of pregnant women screened for COVID-19 was 36 respondents, with five respondents (13.9%) with positive results and 31 respondents (86.1%) negative results.

RT-PCR is recommended test to identify COVID-19. The diagnostic test works by using a sample of nasopharyngeal or throat/oropharynx swab material, sputum, or bronchial lavage, which can amplify the virus's genetic material. The material can be detected when a person is actively infected. The use of RT-PCR requires a standard protocol, including ribonucleic acid (RNA) must be extracted, and RT-PCR confirms the presence of viral RNA [7].

A patient is said to have confirmed COVID-19 if detection by RT-PCR found a unique sequence of viral RNA. A positive RT-PCR result indicates that a person may be infected with COVID-19, while a negative result cannot exclude someone from being infected with COVID-19. RT-PCR examination is a qualitative test but, until now, there is no standardization to determine the viral load threshold in different hosts. [8].

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Tabel 2. Distribution of COVID-19 Management for Pregnant Women

COVID-19 Management for Pregnant Women	*f*	%
Self-isolation at home; Education on strengthening health protocol; Education to increase endurance	5	100
Total	5	100

Table 2. shows that all respondents who tested positive for COVID-19 were self-isolating at home and receiving education on strengthening health protocols and increasing body resistance. All respondents did not show symptoms of COVID-19.

Patients suspected of COVID-19 must be treated as positive COVID-19 patients before the results of the PCR examination say otherwise, so they are treated in an isolation room; and if it is necessary to manage a delivery that cannot be delayed, then the delivery management is carried out following the COVID-19 delivery management. Patients with mild symptoms (no shortness of breath and stable vital signs), without comorbidities, without obstetric emergencies can self-isolate at home or in a particular place with daily monitoring of clinical parameters. [6].

Isolation is essential to reduce the level of transmission that occurs in the community. Patients undergoing isolation must comply with the rules related to infection prevention and control and be monitored regularly either through home visits or via telemedicine by PHC officers. Patients were given leaflets containing things that must be known and implemented. Patients were asked to take body temperature measurements twice a day. After ten days, the patient will control to the nearest PHC [5].

If a pregnant woman tests positive for COVID-19 before entering the delivery room at the hospital, then elective births are usually not admitted or safely deferred to include a seven-day isolation period. Establishing an elective pathway with a 14-day pre-admission self-isolation period for households does not match a woman's ability to access essential antenatal care in the time leading up to birth. It is likely to be difficult for women with families (particularly for children returning to school and household members) [9].

Education on strengthening health protocols to prevent COVID-19 transmission to individuals was: cleaning hands regularly by washing hands with soap and running water for 40-60 seconds or using alcohol-based antiseptic liquid (hand-sanitizer) for at least 20-30 seconds; using personal protective equipment such as masks that cover the nose and mouth while outside or interact with others; maintain a minimum distance of 1 meter from other people; limiting oneself to interaction/contact with others [5].

Increasing the body's resistance can be done by implementing a clean and healthy lifestyle, such as balanced nutrition.[5] Supplementation of folic acid, calcium, vitamin D, and iron is still given following national recommendations. Another micronutrient supplementation was given according to the needs of each

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pregnant woman. Provision of iron tablets for pregnant women with suspected, probable, or confirmed COVID-19 status is carried out with the consideration of the treating doctor and the condition of the patient concerned. All staff wear appropriate personal protective equipment, and pregnant women and carriers wear masks [6].

Tabel 3. Distribution of Results COVID-19 Advanced Screening.

Results COVID-19 Advanced Screening	*f*	%
Positive	0	0
Negative	5	100
Total	5	100

Pregnant women who are positive for COVID-19 need to re-examine for COVID-19 on day 14. Table 3 shows that all respondents who were positive for COVID-19 have been declared negative for COVID-19 after 14 days of self-isolation. A confirmed COVID-19 patient is declared cured if he has fulfilled the criteria for completing isolation, and a statement letter is issued after monitoring from the doctor at the health facility.

Pregnant women who have been declared cured of COVID-19 are still given antenatal care. Services missed due to self-isolation or hospitalization can be completed immediately after the isolation period ends. Pregnant women with a history of severe illness need an ultrasound examination 14 days after recovery to see the growth of the fetus unless other indications require an ultrasound sooner than 14 days. The WHO criteria for recovery for patients with symptoms are ten days after symptom onset and at least three days without symptoms [7].

4. Conclusion

The management of pregnant women with COVID-19 is self-isolation, education on strengthening health protocols and increasing body resistance. After passing the isolation period, the patient must carry out control to the nearest PHC—management of pregnant patients, supportive therapy, and according to the pregnancy condition.

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