

# Experiences of The Pregnant Women and Women who Gave Birth in Sanglah General Hospital during COVID-19 Pandemic-A Qualitative Study

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## ABSTRACT

Some psychosocial and social stigma issues affect women during pregnancy and giving birth during the COVID-19 pandemic. This study aimed to explore the experiences of COVID-19 confirmed pregnant women and women who gave birth during treatment in Sanglah General Hospital. The subjects had various knowledge about pregnancy during the COVID-19 pandemic. All subjects were motivated to recover. Fear and anxiety were common feelings in confirmed COVID-19 mothers. They mostly worried about their baby's condition. Most of the families could fairly accept the mother's condition. Two participants received negative stigma from the social and workplace environment. To avoid stigma, many families chose to conceal the mother's condition.

**Keywords:** COVID-19, pregnancy, giving birth.

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## I. INTRODUCTION

COVID-19 is very infectious and easily spread. As of March 2020, World Health Organization declared COVID-19 as a pandemic. There were 186,638,285 cases globally in July 2021. There are 68,219 death cases in Indonesia, with a fatality rate of 2.61%. As of July 2021, there were 56,697 confirmed cases in Bali, with a fatality rate of 2.95%. These numbers significantly increase during 2021 than in 2020 due to new SARS CoV-2 virus variants [1], [2].

Clinical, social, psychological and economic outcomes could affect a patient's attitude and perspective towards COVID-19. In the era of the COVID-19 pandemic, social stigma often instils anxiety, fear, and depression feelings within the patient. Frequently, medical personnel that treated COVID-19 patients also received negative stigma. Mandatory act such as social isolation exacerbates these underlying issues. The infectious attribute of COVID-19 and social stigma make yields psychological effects in patients. These factors make mothers feel unsure when facing

pregnancy and giving birth situations. To evaluate the psychological experience of COVID-19 confirmed pregnant women, it is important to conduct a qualitative study; therefore, in the future, clinicians can determine the best approach when treating pregnant women who also suffer COVID-19.

## II. LITERATURE SURVEY

Coronavirus Disease 2019 (COVID-19) is caused by SARS-CoV-2, an RNA-type virus. ACE-2 acts as the virus's receptor within the human body. COVID-19 has a wide clinical spectrum, from asymptomatic to death [3]. Currently, the case definitions are divided into suspect, probable, and confirmed. COVID-19 cases are defined as mild, moderate, and severe symptoms for treatment purposes [4].

The main transmission of COVID-19 is through the respiratory droplet, although it can also be spread through contact with inanimate objects. The droplets could originate

from nasal or oral. The risk of infection is higher if exposed for more than fifteen minutes with a distance of fewer than 2 meters. Innate and adaptive immune responses would occur once the virus enters the body. The incubation period ranges from 2-14 days, with an average of 5-6 days [5].

Pregnancy is one of the happiest moments in many women's lives but at the same time also a critical period. Pregnancy changes the physical attributes of the mother's body and the mother's emotional and psychological states that make her respond to various events with various responses. Decreased immune responses make expecting mothers more prone to infections, including COVID-19. A

portion of pregnant women confessed to experiencing negative feelings that can trigger anxiety and depression. Psychological problems during pregnancy related to short-term and long-term outcomes of both mothers and their children. Severe stress, emergencies, and pandemic could increase the morbidity risk of the mothers [6]-[8].

Easily spread with high mortality characteristics of COVID-19 cause people to panic and anxiety. Social stigma is one of the challenges in facing COVID-19. Excessive fear without correct information could arise this problem. On top of that, people were also burdened with financial issues during a pandemic. Pregnant women mostly fear the COVID-19 consequence for their conditions and their baby. Thus, support from the loved ones and the social environment is important for the mother's well-being [9]-[11].

### III. METHODS

This study was a descriptive qualitative with Colaizzi phenomenology approach to explore the psychological experiences of the confirmed COVID-19 patient. The subjects were fulfilled the following inclusion criteria:

1. Pregnant women and women who gave birth in Sanglah General Hospital from June 1<sup>st</sup> 2020 until May 31<sup>st</sup> 2021 according to Pedoman Tatalaksana COVID-19 Edisi 3 by PDPI, PERKI, PAPDI, PERDATIN dan IDAI [12].
2. Confirmed pregnant women according to urine, blood, and ultrasonography (USG) examination.
3. Intensive and Sanglah General Hospital COVID-19 isolation in-ward patient.
4. Patient agreed to be included in the study and signed an informed consent form

Exclusion criteria were: pregnant women with

Intrauterine fetal death (IUFD) and fetus anomaly; ectopic pregnancy; the patient could not provide an adequate response such as in severe mental disorder; outpatient patient; and the patient who did not consent to be included in the study.

According to [13] 6 participants were required in a qualitative study with a phenomenology approach. Purposive sampling was used to collect samples with semi-structured questions. Due to the COVID-19 pandemic, data were collected through interviews with Zoom, WhatsApp, telephone, and video call applications. The conversations were recorded. Data was then analyzed with the Colaizzi phenomenology method.

### IV. RESULTS

The average age of subjects was 27 years old with 28 weeks gestation age. The writer obtained 3 categories with 13 sub-categories of the subjects' testimonies regarding pregnancy and giving birth experience during the COVID-19 pandemic.

Changes in hospital regulations such as direct antenatal care cancellation and visitor restriction during birth could

make poor mental outcomes. A study found that negative experience while giving birth leads to abrupt plans and insufficient support correlated with post-traumatic stress disorder. Identification of positive giving birth experience attributes during the COVID-19 pandemic becomes an important aspect of treatment. COVID-19 confirmed that pregnant mothers and women giving birth experience during a pandemic could reveal problems related to the treatment protocol, evaluate preexisting hospital policies, and the unwanted consequences from those policies [14]-[18].

When patients were confirmed with COVID-19, subjects' knowledge in regards to COVID-19 symptoms were varied. Most of them already knew that COVID-19 was caused by a virus then compared their knowledge with the actual symptoms they experienced. Some subjects said that COVID-19 is a self-limiting disease. They knew that they had to contact authorities once confirmed with COVID-19. Not all subjects were tried to explore more about COVID-19. Some of them did and said that the internet and social media were the main sources of information. Nowadays, it is easy to obtain information about COVID-19 due to social media evolution. Virtual interaction made possible, thus simplifying the process of spreading information [19].

TABLE I: SUBJECT CHARACTERISTICS

No	Age (years)	Area From	Occupation	Education	Religion	Gestation Age (weeks)	Primi/Multigravida	COVID-19 Symptoms Classification	Duration of Treatment (days)
S1	26	Denpasar	Private employee	High School	Islam	38	Multigravida	Mild	11
S2	34	Denpasar	Private employee	High School	Islam	25	Multigravida	Moderate	15
S3	28	Denpasar	Private employee	High School	Islam	27	Multigravida	Severe	31
S4	26	Denpasar	Private employee	High School	Islam	28	Primigravida	Moderate	27
S5	26	Bangli	Housewife	High School	Hindu	26	Multigravida	Severe	18
S6	23	Denpasar	Student	High School	Hindu	24	Primigravida	Severe	24

TABLE II: ANALYTICAL RESULTS OF PREGNANT WOMEN AND WOMEN WHO GAVE BIRTH IN SANGLAH GENERAL HOSPITAL

Categories	Sub-Categories
Personal Concept to COVID-19 Infection	1. COVID-19 symptoms awareness
	2. An effort to seek knowledge about COVID-19
	3. Knowledge about COVID-19 treatment
	4. Personal feelings when being treated as a COVID-19 patient in the isolation ward
	5. Feelings as COVID-19 patient
	6. Motivation to recover from COVID-19
	7. Behavioral changes after infected with COVID-19
Pregnant Mothers with COVID-19	1. Knowledge about pregnancy and giving birth treatment for COVID-19 confirmed mothers
	2. Feelings as a pregnant mother with COVID-19
Relationships with Family and Surrounding Environment	1. Family knowledge about pregnancy with COVID-19
	2. Family acceptance and behaviour toward mother as COVID-19 patient
	3. Social environment acceptance and behaviour toward mother as COVID-19 patient
	4. Family and the environment influence on recovery/self-acceptance of the mother as COVID-19 patient

Almost all subjects experienced fear, confusion, and shock, as the first responses confirmed COVID-19. Their fetuses were the main concern. Only one subject resigned and happily accepted her condition. All of the subjects said their fetus well-being was their main hope. An empirical study pointed out that pregnant women with COVID-19 had an increased risk of severe manifestation of the disease and poor pregnancy outcomes such as premature birth. A previous study also reported the increase of stress and anxiety levels in pregnant women during a pandemic [14]-[18]. Anxiety score is significantly different between primigravida and multigravida. Some studies found that pandemics impacted the psychosocial function of peripartum mothers [20]-[22]. A cross-sectional study in Semarang by [23] showed that primigravida pregnant women had experienced more anxiety (57,1%) than multigravida mothers (27,4%).

Many subjects knew that individual or hospital isolation was part of the COVID-19 handling process. However, they did not expect to be isolated from their families and babies. When being informed that they were about to be treated in an isolation ward, various feelings emerged. Mainly the negative feelings such as fear and sadness. These feelings were separation from a family member, repeated nasopharyngeal sample collection process, and lengthy duration of the isolation. One subject who underwent isolation said she experienced unpleasant feelings due to separation from her newborn baby. One other subject testified she did not have a problem with isolation because she was frequently alone.

All subjects were motivated to recover properly. Support from medical staff in good care boosted their motivation to undergo treatment until recovery. The subjects who gave birth accepted the separation from their newborn babies during isolation was the best decision. This behaviour is possibly related to education level, occupation, age, or the number of pregnancies of the subjects. Reference [24] concluded that the COVID-19 pandemic had significant psychological effects on pregnant women. Preventive measures and factors related to antenatal care facilities were vital to prevent negative outcomes from mothers and children during the pandemic. Thus, the programs and strategies to preserve antenatal service care should be considered [25].

Knowledge and acceptance from the family and social environment greatly impacted COVID-19 confirmed the

mother's recovery and mentality. Subjects' families said to have adequate knowledge regarding COVID-19 and had positive opinions towards the conditions of both mother and her baby. Hospital policy that permits the husbands to accompany their wives during treatment had a tremendous effect of motivating mothers towards recovery. During the COVID-19 pandemic, protection of public health and safety takes the form of physical distancing. Therefore, the health system should adjust so the families still contribute to patient treatment and, at the same time, also reduce infection risk. E-communication between patients and their families is very important to reduce the transmission, and at the same time, the patient could still feel connected to their families. Although this approach is not always successful in providing support to patients [26], [27].

Most of the subjects opinionated that their social environment would be afraid, ostracized, or give them negative stigma upon learning their COVID-19 diagnosis. This proved wrong because their social environment reacted with support and a positive attitude. However, two subjects experienced social stigma from the social environment and workplace. Social stigma posed a challenge in the COVID-19 treatment as the subjects' psychological well-being and recovery was related to their social-environmental support. Social stigma happens because of the interaction of these factors: anticipation, perception; experience; and internalization—these four components underlying the social stigma of COVID-19. People usually avoid SARS-CoV-2 tests because they are afraid of discrimination (anticipation), patients and their families feel judged by society (perception), infected people are publicly being ostracized (experience), then these infected people feel rejected and ashamed (internalization) [28]. To navigate social stigma, most of the subjects' families chose to hide patients' conditions from the public. Like other studies, stigma and discrimination were the main reasons for hiding the diagnosis of transmitted diseases such as HIV even though it was necessary to disclose the condition so preventive measures could be taken [29], [30].

Experience of COVID-19 infection had a positive effect on most of the subjects. They were more aware and closely followed COVID-19 health protocols than before. They also did this towards their families and the surrounding environment. Research by [31] shown that 80.6% of patients with a history of COVID-19 infection were afraid of repeated infection thus practiced preventive measures very strictly, such as physical distancing (97%), wearing the

mask (96%), washing hands (97%), and avoiding crowded area (95%). They were also determined to use antiseptic more often (84%).

## V. CONCLUSION

This study found that subjects had various knowledge about COVID-19, including pregnancy. Most of the information is obtained from the internet and social media. Fear and sadness were common feelings experienced by the subjects upon learning their COVID-19 diagnosis because of their families, social, medical condition, and newborn well-being. Almost all subjects knew that they had to report authorities once they were confirmed with COVID-19 and that isolation was part of the treatment, whether individual or hospital. During isolation, many subjects experienced negative feelings. All subjects were motivated to recover from COVID-19 fully. One of the reasons was families' support for patients' conditions. They communicated with patients via video call or telephone. After being infected with COVID-19, subjects practiced strict COVID-19 preventive measure protocols. Overall, the subjects also received support and a positive social environment. However, two participants received negative stigma from the social environment and workplace. Patients' families chose to conceal patient diagnoses to avoid this stigma.

## FUTURE SCOPE

A qualitative study has superior attributes, specifically exploring the subject's experience in social, family, linguistic, and institutional contexts—further studies with larger samples and open questions to obtain more comprehensive information regarding this phenomenon.

## CONFLICT OF INTEREST

Authors declare that there is not any conflict of interest.

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