Infeksi COVID-19 pada pasien Obstetri & Ginekologi

dr. Suzanna Patricia Mongan, SpOG(K)
The World Is Still Learning
Clinical manifestations and outcome of SARS-CoV-2 infection during pregnancy

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27 Februari 2020

- 8 Desember s/d 25 Februari 2020
- 13 wanita hamil
- 77 % -- demam
- 23 % -- sesak nafas
- 77 % SC
- 23% rawat jalan tanpa komplikasi kehamilan
- 38% SC ai komplikasi kehamilan
- 46% persalinan prematur

**Table 1**

Characteristics of 13 Hospitalized pregnant patients Infected With SARS-CoV-2

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Patient 1</th>
<th>Patient 2</th>
<th>Patient 3</th>
<th>Patient 4</th>
<th>Patient 5</th>
<th>Patient 6</th>
<th>Patient 7</th>
<th>Patient 8</th>
<th>Patient 9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, y</td>
<td>28</td>
<td>24</td>
<td>33</td>
<td>29</td>
<td>35</td>
<td>31</td>
<td>30</td>
<td>36</td>
<td>26</td>
</tr>
<tr>
<td>Gestational age at illness onset, wk</td>
<td>25w</td>
<td>27w</td>
<td>32w</td>
<td>33w</td>
<td>34w</td>
<td>34w+</td>
<td>35w</td>
<td>35+5</td>
<td>36w</td>
</tr>
<tr>
<td>Symptoms at onset</td>
<td>Fever, fatigue, Fever, peaking at 38.5°C, dyspnea</td>
<td>Persistent cough, Fever, peaking at 38°C</td>
<td>Fever, sore throat, Dyspnea</td>
<td>Fever, cough, dyspnea</td>
<td>Fever, fatigue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Epidemiologic history**

- Other family members affected: Yes, No
- Linkage to Wuhan: Yes, Yes, No, Yes
- Complications: No, No, PROM, Stillbirth, MODS, Fetal distress, No

**Method of delivery**

- NA, NA, C-section, NA, C-section, C-section, C-section, C-section, C-section, C-section

**Maternal outcome**

- Survived, Survived, Survived, Survived, Survived, Survived, Survived, Survived, Survived, Survived

**Premature delivery**

- NA, NA, Yes, Yes, Yes, Yes, Yes, No, No, No

**Fetal Apgar score**

- NA, NA, 10, 0, 10, 10, 10, 10, 10, 10

**Fetal outcome**

- Survived, Survived, Survived, Died, Survived, Survived, Survived, Survived, Survived, Survived

**Vertical transmission**

- NA, NA, No, No, No, No, No, No, No, No

Abbreviation: SARS-CoV-2=severe acute respiratory syndrome corona virus 2; PROM=premature rupture of membrane; MODS=multiple organ dysfunction syndrome; C-section=caesarean section
Clinical features and outcomes of pregnant women suspected of coronavirus disease 2019

Hui Yang, Guoqiang Sun, Fei Tang, Min Peng, Ying Gao, Jing Peng, Hui Xie, Yun Zhao, Zhichun Jin

SUMMARY

Background: 2019 novel coronavirus disease (COVID-19) has become a worldwide pandemic. Under such circumstance pregnant women are also affected significantly.

Objective: This study aims to observe the clinical features and outcomes of pregnant women who have been confirmed with COVID-19.

Methods: The research objects were 55 cases of suspected COVID-19 pregnant women who gave a birth from Jan 20th, 2020 to Mar 5th, 2020 in our hospital—a big birth center delivering about 30,000 babies in the last 3 years. These cases were subjected to pulmonary CT scan and routine blood test, manifested symptoms of fever, cough, chest tightness or gastrointestinal symptoms. They were admitted to an isolated suite, with clinical features and newborn babies being carefully observed. Among the 55 cases, 13 patients were assigned into the confirmed COVID-19 group for being tested positive severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) via maternal throat swab test, and the other 42 patients were assigned into the control group for being ruled out COVID-19 pneumonia based on new coronavirus pneumonia prevention and control program (the 7th edition).

Results: There were 2 fever patients during the prenatal period and 8 fever patients during the postpartum period in the confirmed COVID-19 group. In contrast, there were 11 prenatal fever patients and 20 postpartum fever patients in the control group (p<0.05). Among 55 cases, only 2 case had cough in the confirmed group. The imaging of pulmonary CT scan showed ground-glass opacity (46.2%, 6/13), patchy lesions (38.5%, 5/13), pleural effusion (38.5%, 5/13), and pleural thickening (7.7%, 1/13), and there was no statistical difference between the confirmed COVID-19 group and the control group (p>0.05). During the prenatal and postpartum period, there was no difference in the count of WBC, Neutrophils and Lymphocyte, the radio of Neutrophils and Lymphocyte and the level of CRP between the confirmed COVID-19 group and the control group (p>0.05). 20 babies (from confirmed mother and from normal mother) were subjected to SARS-CoV-2 examination by throat swab samples in 24 h after birth and no case was tested positive.

Conclusion: The clinical symptoms and laboratory indicators are not obvious for asymptomatic and mild COVID-19 pregnant women. Pulmonary CT scan plus blood routine examination are more suitable for finding pregnancy women with asymptomatic or mild COVID-19 infection, and can be used screening COVID-19 pregnant women in the outbreak area of COVID-19 infection.

Several limitations in this study:

• sample size was small & all of the pregnant women confirmed with COVID-19 were in mild or asymptomatic degree and no serious degree with typical symptoms.

• throat swab samples of all the newborns to check for COVID-19 infection were not taken.

• the samples such as placenta, amniotic fluid and cord blood were not collected for COVID-19 test.
A series of 43 test-confirmed cases of COVID-19 presenting to a pair of affiliated New York City hospitals over two weeks from March 13 to 27, 2020

14 (32.6%) of 43 patients initially presented without COVID-19 associated symptoms.

- 2 of 14 initially presented for obstetrically indicated labor induction → developed symptoms that mimicked obstetrical complications
- 12 of 14 patients were asymptomatic on presentation → result of universal testing upon Labor Unit admission for obstetric indications
- Universal Testing → since 22 March
Results

The median gestational age on admission was 38\textsuperscript{+0}\,(IQR\,36\textsuperscript{+0}-39\textsuperscript{+1}) weeks. The most common symptoms were fever (50.9%, 59/116) and cough (28.4%, 33/116); 23.3% (27/116) patients presented without symptoms. Abnormal radiologic findings were found in 96.3% (104/108) of cases. There were eight cases (6.9%, 8/116) of severe pneumonia but no maternal deaths. One of eight patients (1/8) that presented in the first- and early-second-trimester had a missed spontaneous abortion. Twenty-one of 99 patients (21.2%, 21/99) that had delivered had preterm birth, including six with preterm premature ruptured of membranes. The rate of spontaneous preterm birth before 37 weeks was 6.1% (6/99). There was one case of severe neonatal asphyxia that resulted in neonatal death. Eighty-six of the 100 neonates that had testing for SARS-CoV-2 had negative results, of these ten neonates had paired amniotic fluid and cord blood samples that were tested negative for SARS-CoV-2.

Conclusions

SARS-CoV-2 infection during pregnancy is not associated with an increased risk of spontaneous abortion and spontaneous preterm birth. There is no evidence of vertical transmission of SARS-CoV-2 infection when the infection manifests during the third-trimester of pregnancy.
Maret – 18 April 2020

Jumlah pasien yang ditangani
Obstetri 28 orang
Ginekologi 2 orang

- 5 pasien hamil terkonfirmasi COVID-19
- 3 swab bayi negatif
- 1 bayi belum ada hasil
- 1 bayi meninggal bersama ibunya di hamil 25-26 minggu
- 11 belum ada hasil
April 2020

Jumlah pasien yang ditangani:
- Obstetri 3 orang → SC
- Ginekologi 1 orang → Laparotomi KET

- 1 pasien swab negatif sudah rawat jalan
- 3 pasien dalam perawatan → belum ada hasil swab
REKOMENDASI PENANGANAN INFEKSI VIRUS CORONA (COVID-19) PADA MATERNAL (HAMIL, BERSALIN DAN NIFAS)

PEDOMAN BAGI IBU HAMIL, IBU NIFAS DAN BAYI BARU LAHIR Selama Social Distancing

Rekomendasi Perkumpulan Obstetri Ginekologi Indonesia (POGI) mengenai kesehatan ibu pada Pandemi Covid 19
I’m pregnant. How can I protect myself against COVID-19?

- Wash your hands frequently
- Avoid touching your eyes, nose and mouth
- Put space between yourself and others
- Cough or sneeze into your bent elbow or a tissue

If you have fever, cough or difficulty breathing, seek care early. Call beforehand, and follow medical advice.

World Health Organization
#COVID19 #CORONAVIRUS
Lindungi Ibu Hamil, Ibu Beraslin, Ibu Nifas, dan Bayi Baru Lahir dari COVID-19

Jaga Kesehatan
- Konsumsi makanan bergizi seimbang
- Aktivitas fisik ringan (yoga / senam hamil)
- Tetap minum Tablet Tambah Darah sesuai dosis
- Jaga kebersihan diri dan lingkungan
- Bersihkan & desinfeksi secara rutin permukaan / benda yang sering disentuh

Jika Sakit batuk / pilek
- Gunakan masker medis
- Tutup hidung & mulut saat batuk / bersin
- Tetap tinggal di rumah / jangan aktivitas di luar
- Segera ke fasaynkes bila ada tanda bahaya (baca di Buku KIA)

Sesering Mungkin Cuci Tangan dengan Sabun dan Air Mengalir (6 langkah) selama 20 detik
- Setelah bepergian / ke luar rumah
- Setelah menyentuh barang yang kemungkinan terkontaminasi COVID-19
- Setelah berbicang dengan orang lain
- Setelah BAB & BAK
- Sebelum & sesudah menyentuh bayi
- Sebelum & sesudah makan

Penggunaan Masker Medis
- Menutup mulut dan hidung, celah dengan wajah minimal
- Hindari menyentuh masker saat digunakan
- Lepas masker dan belakang dan bahan dalam
- Buang masker setelah pakai
- Jangan pakai ulang masker yang telah terpakai
- Masker pakaian katun tidak direkomendasikan

Hindari!
- x Jabat tangan, cium pipi, cium tangan
- x Sentuh muka, mata, hidung, dan mulut sebelum cuci tangan dengan sabun dan air mengalir
- x Pertemuan dan kegiatan sosial lainnya
- x Pergi berbelanja kecuali untuk kebutuhan pokok dan batas waktu serta berdekatkan dengan orang lain
- x Tunda kelas ibu sampai bebas dan COVID-19
- x Pergi ke negara / daerah terjangkit COVID-19
- x Kontak dengan hewan (kelelawar, tikus, musang, atau hewan lain pembawa virus COVID-19)

Terkait COVID-19
- *Tata cara kehamilan dan persalinan dengan COVID-19 sesuai rekomendasi PPOGI
- *Tanda bahaya buah dan bayi dapat dilihat di Buku KGA
- Pelayanan buah dan bayi tetap mempertahankan proses penanganan pembaruan COVID-19
- Cari informasi yang benar tentang COVID-19

Informasi Terkini
https://www.covid19.go.id
HOTLINE COVID-19: 0812-1950-0000

Direktorat Kesehatan Keluarga - Kementerian Kesehatan RI
PANDUAN PEMERIKSAAN ANTENATAL

<table>
<thead>
<tr>
<th>No</th>
<th>Usia Kehamilan</th>
<th>Pemeriksaan antenatal</th>
<th>Ultrasonografi</th>
<th>Keterangan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt; 11 minggu</td>
<td>Tidak perlu dilakukan</td>
<td>Mendeteksi kehamilan intra uterin</td>
<td>Bila ditemukan keluhan mencurigakan kehamilan ektopik</td>
</tr>
<tr>
<td>2</td>
<td>11 – 13 minggu</td>
<td>Bila diperlukan</td>
<td>Penentuan usia kehamilan</td>
<td>Laboratorium dasar: DPL, UL, GDS, HIV, HbSAg, VDRL / TPHA</td>
</tr>
<tr>
<td>3</td>
<td>20 – 24 minggu</td>
<td>Bila diperlukan</td>
<td>Anatomi janin</td>
<td>Laboratorium: DPL, TTGO</td>
</tr>
<tr>
<td>4</td>
<td>28 minggu</td>
<td>Bila diperlukan</td>
<td>Bila diperlukan</td>
<td>Laboratorium: DPL, UL, Ur/Cr, SGOT/SGPT, PT/APTT</td>
</tr>
<tr>
<td>5</td>
<td>32 minggu</td>
<td>Bila diperlukan</td>
<td>Bila diperlukan</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>36 minggu</td>
<td>Bila diperlukan</td>
<td>Bila diperlukan</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>37 minggu - persalinan</td>
<td>Ya</td>
<td>Bila diperlukan</td>
<td>Pemeriksaan antenatal per minggu</td>
</tr>
</tbody>
</table>

- mual-muntah hebat, perdarahan banyak, gerakan janin berkurang, ketuban pecah, nyeri kepala hebat, tekanan darah tinggi, kontraksi berulang, dan kejang
- Ibu hamil dengan penyakit DM gestasional, PEB, pertumbuhan janin terhambat, dan ibu hamil dengan penyakit penyerta lainnya atau riwayat obstetri buruk.
Semua persalinan saat pandemi Covid 19 HARUS dilaksanakan di fasilitas pelayanan kesehatan

- ↓ risiko penularan terhadap tenaga kesehatan
- mencegah morbiditas dan mortalitas maternal

Penolong persalinan harus menggunakan APD Level 2
Rekomendasi Penanganan Penyakit COVID19 pada Ibu Hamil (Infografis)
Budi Wiweko
Ibu Hamil pada Masa Karantina Mandiri

Pemeriksaan Kehamilan Ditunda

Hingga masa karantina mandiri selesai
Keadaan darurat: konsultasi dengan teknologi tele medicine

Rekomendasi Penanganan Penyakit COVID19 pada Ibu Hamil (Infografis)
Budi Wiweko
Pregnant women and newborns with COVID-19 symptoms should go to designated clinics

Suspected COVID-19 infection

Two consecutive pathogenic tests with negative results (sampling time at least 1 day apart)

Excluded COVID-19 infection

Termination of isolation; Routine antenatal examination at obstetric clinics

Recommend isolation or isolation with negative pressure room; complete etiological examination of the case

Critical patient transferred to ICU negative pressure isolation ward

Multidisciplinary team discuss timing of termination of pregnancy, delivery methods, anesthesia methods

Recovery from COVID-19

Etiology test with positive result

Confirmed COVID-19 infection

Recommend negative pressure isolation or isolation ward for routine antenatal examination and childbirth

Newborns should be isolated for 14 days and closely monitored for COVID-19 infection; breastfeeding is not recommended during isolation
Does the woman either have known COVID-19, or symptoms of cough, fever of or above 37.8 degrees

No symptoms

No further action - usual care

Symptoms present

• Give the woman surgical (non FFP3) face mask and ask to put on
• Accompany to designated isolation room or area for initial assessment
• Use full PPE and infection control measures

Does the women have an emergency obstetric issue, or is she in labour?

Emergency obstetric issue/in labour

• Alert designated local team, midwife co-ordinator, obstetric consultant on call and neonatal team
• MW and Obstetric Dr review within 30 minutes

Does she require admission to hospital?

Yes

• Discuss with local designated COVID-19 team regarding best place of care
• Test woman for COVID-19
• Treat as though confirmed case until results of swabs available

No

No emergency obstetric issue and not in labour

• Advise to take own personal transport home immediately and self-isolate for seven days, or attend the hospital’s designated containment area for next action
• Rebook any appointment after seven days and send by post
Penapisan terhadap setiap ibu hamil

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Assessment</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signs of pneumonia on CT</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>History of close contact with COVID-19 confirmed patient</td>
<td>Yes</td>
<td>5</td>
</tr>
<tr>
<td>Fever</td>
<td>Yes</td>
<td>3</td>
</tr>
<tr>
<td>Age</td>
<td>≥ 44 years old</td>
<td>1</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
<td>1</td>
</tr>
<tr>
<td>Tmax&lt;sup&gt;a&lt;/sup&gt;</td>
<td>≥ 37.8 °C (100 °F)</td>
<td>1</td>
</tr>
<tr>
<td>Meaningful respiratory symptoms</td>
<td>≥ 1 symptom</td>
<td>1</td>
</tr>
<tr>
<td>(including cough, expectoration, and dyspnea)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NLR&lt;sup&gt;b&lt;/sup&gt;</td>
<td>≥ 5.8</td>
<td>1</td>
</tr>
</tbody>
</table>

| Highly suspected patient                            | ≥ 10       |

<sup>a</sup>SARS-CoV-2 nucleicacid detection positive is the independent diagnostic indicator.

<sup>b</sup>Tmax: the highest body temperature from illness onset to first hospital admission

<sup>b</sup>NLR: neutrophil-to-lymphocyte ratio
COVID 19 + KEHAMILAN

PDP
Rawat di RS (Ruangan isolasi)
Pemeriksaan Laboratorium, Swab untuk PCR

TIM MULTIDISIPLINER

PP POGI TIDAK MEREKOMENDASIKAN pemberian kortikosteroid untuk pematangan paru pada kehamilan preterm bila ibu merupakan pasien dalam pengawasan (PDP) atau pasien terkonfirmasi Covid 19
IMAGING

HIGH DOSE Radiation (>610 mGy)
- Fetal growth restriction (FGR), microcephaly & intellectual disability

Foto Thorax
- Radiation to fetus 0.0005-0.01 mGy
- Pakai radiation shield

CT Scan Thorax
- Radiation to fetus 0.01-0.66 mGy
- Pakai radiation shield
- HIGH SENSITIVITY for diagnosis COVID-19

According to data from the American College of Radiology and American College of Obstetricians and Gynecologists

INFORMED CONSENT
ALUR PENANGANAN PASIEN RUJUKAN OBSGIN PDP / COVID-19 DI RSUP PERSAHABATAN

RUJUKAN SPGDT SUDAH DISETUJUI

TRIAGE

Nilai / Assess oleh dr Jaga Triage atau dr Jaga Isolasi

Konfirmasi oleh DPJP Triage

Info ke DPJP ObsGin Jaga

Tatalaksana Konservatif/Non operatif

Jika kondisi stabil**, Rawat ruang rawat Covid19

Tatalaksana Perioperatif

Konsul Perioperatif
- Paru
- Anestesi
- IPD***
- Kardiologi***

Info Tim OK dan Petugas OK Persiapan Paket APD OK****

OK SIAP Ruangan dan Petugas

Pasien didorong ke OK

Selesai Operasi

Bayi

Perina/NICU

Pasien

Ke Ruang Isolasi

Ke Ruang ICU

Bagaimana Alur Rujukan ke RSUP Persahabatan?

Keterangan:

1. Tatalaksana Konservatif/Non operatif *
   - Pada kasus yang datang dalam kondisi preterm dan stabil, dan bisa dinilai sebagai kasus yang bisa dikonservasi.
   - Pada kasus yang datang dalam kondisi pembukaan hampir lengkap atau lengkap, dan masih dimungkinkan pervaginam, maka akan dilahirkan pervaginam.

2. Kondisi Stabil **
   - Pasca perawatan di IGD, maupun pasca persalinan dan kondisi pasien stabil sehingga bisa dinyatakan sudah layak rawat ruang isolasi, maka akan dipindahkkan ke ruang rawat isolasi tersebut.

3. Konsul Perioperatif ***
   - Pada kasus umumnya, konsultasi cukup oleh ts Paru dan Anestesi.
   - Pada kasus yang dicurigai ada komorbid lain, maka konsultasi perioperative juga dilakukan pada ts IPD dan kardiologi.

4. Persiapan Paket APD OK
   - set APD 8 (SC) 6 (gin)
   - + 2 (cadangan)****
     APD cadangan akan digunakan bilamana terjadi konsul kepada ts lain di atas meja operasi. Bila terdapat kesulitan operasi atau cedera organ lain.
PERSALINAN pada PDP/pasien terkonfirmasi COVID

Rekomendasi Utama

SEKSIO SESAREA

Kamar Operasi Tekanan Negatif
Bila tidak terdapat fasilitas kamar pembedahan yang memenuhi syarat

Modifikasi kamar bedah (mematikan AC/modifikasi lain yang memungkinkan)

Persalinan pervaginam → delivery chamber

INFORMED CONSENT
Pasca Persalinan

**TIDAK DIPERKENANKAN** melakukan inisiasi menyusui dini (IMD)

**Ibu menyusui** dengan menggunakan *face shield* dan masker N 95 sedangkan bayi menggunakan *face shield* khusus neonatus.

Bayi dirawat di ruang isolasi, **tidak boleh rawat gabung**

Pemasangan alat kontrasepsi dalam rahim (AKDR) pasca persalinan tetap dapat dilakukan
Women with COVID-19 can **breastfeed** if they wish to do so. They should:

- Practice respiratory hygiene and wear a mask
- Wash hands before and after touching the baby
- Routinely clean and disinfect surfaces

#COVID19 #CORONAVIRUS
If a woman with COVID-19 is too unwell to breastfeed, she can be supported to safely provide her baby with breastmilk in other ways, including by:

- Expressing milk
- Relactation
- Donor human milk
Lembar Penilaian Klinik Pasien Obstetri/Ginekologi Pasca Rawat PD/ Covid 19

<table>
<thead>
<tr>
<th>Gejala Klinis terkait Covid 19</th>
<th>Ya</th>
<th>Tidak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demam, flu, badan nyeri</td>
<td>Perbaikan</td>
<td>Stabil</td>
</tr>
<tr>
<td>Batuk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilek</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sakit tenggorok</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sesak napas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sakit kepala</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lelah</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Keterangan: Gejala baru berat: Demam dan Sesak Napas Perbaikan: gejala yang sebelumnya ada saat ini tidak ada/ berkurang Stabil: Gejala masih sama seperti sebelumnya Perburukan: Gejala bertambah berat dari sebelumnya atau merupakan suatu gejala yang baru muncul |

Komorbid

<table>
<thead>
<tr>
<th>Komorbid</th>
<th>Terk kontrol</th>
<th>Tidak terk kontrol</th>
<th>Tidak tahu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peny, Jantung, (PPCM, Kardiomegali, Kelainan Katup)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preeklampsia/ Hipertensi</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malignan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PPOK/ Tuberkulosis</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Pertanyaan terkait pemantauan pasca operasi/ persalinan/ tindakan

<table>
<thead>
<tr>
<th>BAK sedikit dan tidak lamias</th>
<th>Ya</th>
<th>Tidak</th>
</tr>
</thead>
<tbody>
<tr>
<td>Buang Air besar sulit kencing ganguan (tidak dia atau sembelit atau ganguan menahan BAB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kondisi Luka Operasi</td>
<td>Ya</td>
<td>Tidak</td>
</tr>
<tr>
<td>Morbili/ kehitaman sekitar luka</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keluar cairan bening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keluar nanah</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nyeri hebat saat disentuh</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pieter terlepas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pieter kotor</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Kesimpulan

1. Klinik baik/ sesuaipost partum normal
   - Gejala klinis tidak ada
   - Komorbid terk kontrol
   - Kondisi pasca tindakan baik
2. Klinik stabil/perbaikan
   - Gejala klinis stabil atau superbaikan
   - Tidak ada gejala baru berat
   - Komorbid tidak terk kontrol
3. Klinik perburukan/berat/ adamasalah
   - Gejala klinis pertubuhan
   - Ada gejala baru berat
   - Tidak tahu
   - Terdapat masalah pasca salin

Rekomendasi follow up

<table>
<thead>
<tr>
<th>Pasien tetap isolasi mandiri di rumah,Follow up kembali tanggal</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanggal</td>
<td>Jumlah</td>
<td>Kontrol</td>
</tr>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

Tim yang melakukan follow up

- | | |
- | | |
- | | |
- | | |
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Pembelajaran Jarak Jauh bersama POGI
Seri 1: Covid-19 & Kesehatan Reproduksi
21 April 2020
Bagaimana dengan pasien Ginekologi?
Rekomendasi pencegahan pada tindakan operasi minimal invasif, yaitu:

- Operasi elektif & prosedur endoskopi yang tidak mendesak → ditunda
- Penjadwalan ulang → dinilai untuk setiap kasus dengan mengutamakan keselamatan pasien
- Contoh operasi/prosedur ginekologi yang dapat dilakukan **tanpa penundaan:**
  1. Kehamilan Ektopik
  2. Kista terpuntir
  3. Korpus rubrum hemorrhagikum
  4. Operasi onkologi
  5. Kondisi ginekologis → perdarahan hebat/anemia (mis. Fibrioid submukosa) atau sepsis (abses)

- Contoh yang **harus ditunda:** pembedahan pada kasus infertilitas, prolaps organ panggul
- Penggunaan APD di kamar operasi sesuai rekomendasi WHO
Emergency surgeries (no delay)
- Ectopic pregnancy
- Spontaneous abortion
- Adnexal torsion
- Rupture tubal-ovarian abscess
- Tubal-ovarian abscess not responding to conservative therapy
- Acute and severe vaginal bleeding
- Cesarean section
- Emergency cerclage of the cervix based on pelvic exam/ultrasound findings

Surgeries that if significantly delayed could cause significant harm
- Cancer or Suspected cancer
  - Ovarian, Tubal or Peritoneal cancer
  - Ovarian masses cancer is suspected
  - Endometrial cancer and endometrial intraepithelial neoplasia
  - Cervix cancer
  - Vulvar cancer
  - Vaginal cancer
  - Gestational Trophoblastic Neoplasia
- Cerclage of the cervix to prevent premature delivery based on history
- Pregnancy termination (for medical indication or patient request)
Surgeries that could be delayed for a few weeks

- Chorionic villus sampling/amniocentesis (CVS is performed between 11 and 14 weeks of gestation; amniocentesis is performed 15-22 weeks of gestation)
- D&C with or without hysteroscopy for abnormal uterine bleeding (pre- or postmenopausal) when cancer is suspected
- Cervical conization or Loop Electro-Excision Procedure to exclude cancer
- Excision of precancerous or possible cancerous lesions of the vulva

Surgeries that can be delayed several months

- Sterilization procedures (eg, salpingectomy)
- Surgery for fibroids (sarcoma is not suspected)
  - Myomectomy
  - Hysterectomy
- Surgery for endometriosis, pelvic pain
- Surgery for adnexal masses that are most likely benign (eg, dermoid cyst)
- Surgery for pelvic floor prolapse
- Surgery for urinary and/or fecal incontinence
- Therapeutic D&C with or without hysteroscopy with or without endometrial ablation for abnormal uterine bleeding and cancer is not suspected
- Cervical conization or Loop Electro-Excision Procedure for high grade squamous intraepithelial lesions
- Infertility procedures (eg, hysterosalpingograms, most elective embryo transfers)
- Genital plastic surgery
- Excision of condyloma acuminata (if cancer is not suspected)
KUNJUNGAN RAWAT JALAN

• Untuk pasien baru/konsultasi yang benar2 perlu untuk masalah onkologi harus segera ditangani & pasien yang sementara menjalani pengobatan
• Meminimalisasi dokter dan perawat
• Restriksi personil yang merawat pasien
• Membatasi jumlah pengantar pasien → 1 orang
• Menunda followup/surveillance rutin
• Mempertimbangkan telemedicine
• Pertimbangkan untuk menunda pemeriksaan rutin utk followup seperti imaging, penanda tumor pada pasien yang asimptomatik atau klinis no evidence of disease
## COVID-19 Global Pandemic: Options for Management of Gynecologic Cancers

<table>
<thead>
<tr>
<th>Kanker Serviks</th>
<th>Kanker Endometrium</th>
<th>Kanker Ovarium</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lesi prakanker low grade → diagnostik lanjut tunda 6-12 bln</td>
<td>• <strong>Low risk</strong> → grade 1 → konservatif → terapi hormon atau IUD</td>
<td>• Curiga early stage → hitung risk malignancy → operasi</td>
</tr>
<tr>
<td>• Lesi prakanker high-grade → 3 bulan</td>
<td>• <strong>High risk</strong> → HTSOB +/- sentinel lymphnodes</td>
<td>• Advanced stage → biopsi → kemoterapi neoadjuvan (NAC)</td>
</tr>
<tr>
<td>• Stadium awal → bila mungkin → sesuai standard terapi</td>
<td>• <strong>Advanced disease</strong> → biopsi → terapi sistemik</td>
<td>• <strong>Pasien NAC</strong> → bisa extend sampai 6 siklus → interval debulking</td>
</tr>
<tr>
<td>• Locally advanced → hyprofractination radiation</td>
<td></td>
<td>• Selesai kemoterapi → no further treatment</td>
</tr>
</tbody>
</table>

- **Traveling long distance** → terapi oleh onkologi lokal
- **Recurrent** → kemoterapi berdasarkan clinical judgment & benefit
COVID-19 will reshape our world. We don’t yet know when the crisis will end. But we can be sure that by the time it does, our world will look very different.

JOSEP BORRELL