

ABSTRAK

Latar Belakang: COVID-19 merupakan virus yang ditemukan pada akhir Desember 2019 di kota Wuhan, Cina. COVID-19 masuk Indonesia pada akhir 2019 di kota Depok, Jawa barat. Angka kematian ibu atau AKI adalah salah satu indikator untuk melihat keberhasilan upaya keberhasilan ibu hamil. Dari angka kematian ibu ini dapat terlihat bahwa COVID-19 adalah salah satu faktor yang berpengaruh dalam angka kematian ibu di Indonesia. Tingginya angka kematian akibat COVID-19 di Yogyakarta berpengaruh juga kepada angka kematian ibu hamil di Yogyakarta. Faktor risiko seperti penyakit jantung, hipertensi, infeksi, perdarahan menjadi salah satu penyebab kematian ibu hamil di Yogyakarta. Terdapat beberapa komorbiditas di era COVID-19 yaitu usia lanjut, penyakit jantung, penyakit paru-paru, penyakit ginjal, diabetes, dan penyakit imun. Ada juga cara untuk melihat morbiditas dengan cara menilai dari segi lama perawatan dari segi lama perawatan ICU, adanya IUFD, pemasangan ventilator, dan DIC.

Tujuan: Penelitian ini bertujuan untuk mengetahui penaruh komorbiditas terhadap morbiditas dan mortalitas pada ibu hamil terinfeksi COVID-19 di RSUP Dr. sardjito, Yogyakarta.

Metode: Desain penelitian ini adalah *cross sectional*. Subjek penelitian adalah ibu hamil yang terinfeksi COVID-19 pada bulan Januari – Desember 2021. Data penelitian dikumpulkan dari rekam medis dan dianalisis dengan menggunakan SPSS 24. Dilakukan analisis data univariat, bivariat dan multivariat untuk mengetahui pengaruh antar variabel.

Hasil: Sampel penelitian berjumlah 100 ibu hamil yang terinfeksi COVID-19. Terdapat pengaruh yang signifikan antara hipertensi ($p = 0,001$, RP=3,428, CI 95%=1,724-6,813), DM ($p = 0,001$, RP=2,657, CI 95%=1,255-5,626), *myocardial injury* ($p = 0,001$, RP=5,238, CI 95%=3,044-9,015), IUFD ($p = 0,042$, RP=3,429, CI 95%=1,736-6,771), dan usia ibu ($p = 0,026$, RP=2,176, CI 95%=1,109-4,269) dengan lama rawat. Terdapat pengaruh yang signifikan antara hipertensi ($p = 0,001$, RP=3,808, CI 95%=1,859-7,804), *myocardial injury* ($p = 0,001$, RP=3,911, CI 95%=2,124-7,201), IUFD ($p = 0,002$, RP=5,053, CI 95%=3,378-7,5581), dan usia

ibu ($p = 0,016$, $RP=2,357$, $CI\ 95\%=1,180-4,709$) dengan perawatan ICU. Terdapat pengaruh yang signifikan antara hipertensi ($p = 0,001$, $RP=4,162$, $CI\ 95\%=2,171-7,979$), DIC ($p = 0,033$, $RP=2,375$, $CI\ 95\%=1,073-5,259$), *myocardial injury* ($p = 0,001$, $RP=3,667$, $CI\ 95\%=2,167-6,203$), dan IUFD ($p = 0,004$, $RP=4,174$, $CI\ 95\%=2,293-5,961$) dengan pemasangan ventilator. Terdapat pengaruh yang signifikan antara hipertensi ($p = 0,001$, $RP=3,578$, $CI\ 95\%=2,048-6,250$), DM ($p = 0,033$, $RP=2,460$, $CI\ 95\%=1,397-4,334$), DIC ($p = 0,003$, $RP=3,519$, $CI\ 95\%=2,557-4,841$), *myocardial injury* ($p = 0,001$, $RP=3,841$, $CI\ 95\%=2,548-5,790$), dan IUFD ($p = 0,006$, $RP=2,483$, $CI\ 95\%=1,306-4,719$) dengan mortalitas ibu hamil terinfeksi COVID-19.

Kesimpulan: Komorbiditas yakni hipertensi, DM, DIC, *myocardial injury*, IUFD, dan faktor usia ibu memiliki pengaruh yang signifikan terhadap morbiditas lama rawat, perawatan ICU, dan pemasangan ventilator serta mortalitas pada ibu hamil yang terinfeksi COVID-19.

Kata Kunci: COVID-19, Ibu Hamil, Komorbiditas, Morbiditas, Mortalitas.

ABSTRACT

Background: COVID-19 was a virus that was discovered in late December 2019 in the city of Wuhan, China. Mother death rate or AKI is one of the indicators to see the success of the efforts of pregnant mothers. From this mother death rate it can be seen that COVID-19 is one factor influencing the mother mortality rate in Indonesia. The high COVID-19 death rate in Yogyakarta also affects the death rate of pregnant mothers in Yogyakarta. Risk factors such as heart disease, hypertension, infection, bleeding are one of the causes of death of pregnant mothers in Yogyakarta. There were several comorbidities in the era of COVID-19 namely old age, heart disease, lung disease, kidney disease, diabetes, and immune disease. There's also a way to look at morbidity by evaluating the long-term treatment of the ICU, the presence of the IUFD, the installation of the fan, and the DIC.

Aim: This research is aiming to know deeply about the effect of comorbidity to the morbidity and mortality in pregnant mother infected by COVID-19 in RSUP Dr. Sardjito Yogyakarta.

Methods: This research is based on the cross-sectional methods. The research subject is pregnant mother with infection of COVID-19 during the period of January-December 2021. The data is collected from the electronic medical record (ERM) and analyzed with SPSS version 24 software. Univariate, bivariate, and multivariate analysis is performed to obtain the effect of each variable.

Result: Number of research sample is about 100 pregnant mothers with infection of COVID-19. There are the significant impact between hypertension ($p = 0,001$, $RP=3,428$, $CI\ 95\%=1,724-6,813$), DM ($p = 0,001$, $RP=2,657$, $CI\ 95\%=1,255-5,626$), diabetes mellitus ($p = 0,001$, $RP=2,657$, $CI\ 95\%=1,255-5,626$), *myocardial injury* ($p = 0,001$, $RP=5,238$, $CI\ 95\%=3,044-9,015$), IUFD ($p = 0,042$, $RP=3,429$, $CI\ 95\%=1,736-6,771$), and patient's age ($p = 0,026$, $RP=2,176$, $CI\ 95\%=1,109-4,269$) to the treatment duration. There are also significant impact between hypertension ($p = 0,001$, $RP=3,808$, $CI\ 95\%=1,859-7,804$), *myocardial injury* ($p = 0,001$, $RP=3,911$, $CI\ 95\%=2,124-7,201$), IUFD ($p = 0,002$, $RP=5,053$, CI

95%=3,378-7,5581), and patient's age ($p = 0,016$, $RP=2,357$, $CI\ 95\%=1,180-4,709$) to the ICU treatment. There are significant impact between hypertension ($p = 0,001$, $RP=4,162$, $CI\ 95\%=2,171-7,979$), DIC ($p = 0,033$, $RP=2,375$, $CI\ 95\%=1,073-5,259$), *myocardial injury* ($p = 0,001$, $RP=3,667$, $CI\ 95\%=2,167-6,203$), and IUFD ($p = 0,004$, $RP=4,174$, $CI\ 95\%=2,293-5,961$) to the ventilator installation. And there are significant impact between hypertension ($p = 0,001$, $RP=3,578$, $CI\ 95\%=2,048-6,250$), DM ($p = 0,033$, $RP=2,460$, $CI\ 95\%=1,397-4,334$), DIC ($p = 0,003$, $RP=3,519$, $CI\ 95\%=2,557-4,841$), *myocardial injury* ($p = 0,001$, $RP=3,841$, $CI\ 95\%=2,548-5,790$), and IUFD ($p = 0,006$, $RP=2,483$, $CI\ 95\%=1,306-4,719$) to the subject mortality.

Conclusion: Comorbidity such as hypertension, diabetes mellitus, DIC, myocardial injury, IUFD and age factor of subject have significant impact to the morbidity of treatment duration, ICU treatment, ventilator installation and mortality to the subject.

Keyword: COVID-19, pregnant mother, comorbidity, morbidity, mortality.