

## **PENGARUH *RESPONSE TIME SECTIO CAESARIA EMERGENCY* PADA PASIEN MATERNAL COVID-19 TERHADAP LUARAN IBU DAN BAYI DI PEKANBARU – RIAU PADA TAHUN 2021**

### **ABSTRAK**

**Latar Belakang:** Ibu hamil yang mengalami kegawatdaruratan obstetrik membutuhkan pelayanan segera. Kegawatdaruratan obstetrik disertai infeksi covid-19 dapat memperparah kapasitas kebertahanan ibu. Varian delta yang ditemukan sejak awal tahun 2021, mulai menyebar dengan cepat dan memiliki resiko terhadap luaran kesehatan yang lebih buruk. Untuk itu, penelitian ini dilakukan untuk melihat bagaimana pengaruh *Response Time* terhadap luaran kehamilan di RSUD Arifin Achmad Pekanbaru Pada tahun 2021.

**Metode:** Penelitian ini merupakan penelitian retrospective cohort berbasis rekam medis pasien yang melalui *Sectio Caesaria Emergency* pada periode 1 Januari 2021-31 Desember 2021. Lokasi dilakukan di rumah sakit rujukan covid-19 di Provinsi Riau yaitu RSUD Arifin Achmad. Analisis data dilakukan dengan menggunakan uji T independent, uji anova one way, dan regresi logistik. Analisis data dilakukan dengan menggunakan SPSS versi 22.

**Hasil:** Dari 172 ibu yang dirujuk ke RSUD Arifin Achmad, 73 diantaranya melalui operasi SC Kategori 1. Ibu yang melalui *Sectio Caesaria Emergency* karena indikasi covid sebesar 64,38 persen. Sedangkan 35,62% merupakan ibu dengan komplikasi obstetrik yang melalui *Sectio Caesaria Emergency* karena memiliki derajat berat covid-19. Ibu yang dirawat di ICU memiliki rerata *Response Time*  $248,25 \pm 59,98$ . Ibu yang dirawat di ICU terlambat 88 menit ( $p\text{-value} = 0,001$ ; 95%CI 48,96-127,51) dibandingkan dengan ibu yang tidak dirawat di ICU. Bayi yang mengalami asfiksia saat lahir memiliki *Response Time*  $271,07 \pm 63,05$  dan mengalami keterlambatan penanganan 113,48 menit dibandingkan bayi yang tidak mengalami asfiksia ( $p\text{-value} = 0,001$ ; 95%CI 75,23-151,73). Luarannya ibu yang buruk terjadi ketika *Response Time Sectio Caesaria Emergency* dilakukan sekitar 230 menit. Sedangkan luaran bayi yang buruk terjadi ketika *Response Time* dilakukan sekitar 256 menit.

**Kesimpulan:** *Sectio Caesaria Emergency* pada maternal covid-19 tidak ada yang mencapai rekomendasi waktu  $\leq 30$  menit. Namun, terdapat perbedaan rerata *Response Time Sectio Caesaria Emergency* secara signifikan pada perawatan ICU, prognosis ibu, perawatan NICU, kejadian Asfiksia, dan *Apgar Score* 1 menit.

**Kata Kunci:** *Response Time, Sectio caesaria emergency, Neonatal Outcomes, Pregnancy Outcomes, dan Maternal Outcomes*

## RESPONSE TIME OF EMERGENCY CAESAREA SECTION ON MATERNAL COVID-19 AND THE PREGNANCY OUTCOMES

### ABSTRACT

**Background:** Pregnant women with obstetric emergency and infected by SARS-CoV-2 can exacerbate the mothers' and fetus' survival. Delta, the variant of concern discovered in early 2021 in Indonesia began to spread rapidly and has a risk of worse health outcomes than other variants. Thus, this study aimed to see how Response Time influences pregnancy outcomes at Arifin Achmad Hospitals in 2021.

**Method:** This research was conducted using a retrospective cohort design study. The data were collected from patients' medical records who went through emergency cesarean section from 1<sup>st</sup> January 2021 until 31<sup>st</sup> December 2021. Arifin Achmad Pekanbaru Hospital was one of three Riau Province referral hospitals for COVID-19 cases. The analysis was performed using independent T-test, one-way ANOVA test, and Regression Logistic. The data analysis was performed using SPSS version 22.

**Results:** 73 of the mothers went through ECS. Mothers who went through ECS due to obstetrics emergency were 35,62%. Meanwhile, 64,38% were mothers with obstetrics complications with worsened conditions due to COVID-19. The mothers who were admitted to the ICU had a Response Time of 88 minutes slower compared to mothers who were not admitted to the ICU (p-value = 0,001; 95%CI 48,96-127,51). Babies with birth asphyxia had a Response Time of  $271,07 \pm 63,05$  and had 113,48 minutes slower Response Time compared to the babies who did not suffer from birth asphyxia (p-value = 0,001; 95%CI 75,23-151,73). Poor maternal outcomes occurred when the mean Response Time ECS was carried out was around 230 minutes. Whereas poor neonatal outcomes occurred when the mean Response Time ECS was carried out around 256 minutes.

**Conclusions:** None of the ECSs achieved the recommended time within 30 minutes. However, the mean of ECS Response Time is significantly different in

mothers who were admitted to the ICU, maternal death cases, babies who were admitted to the NICU, suffered from birth asphyxia, and 1 minute of Apgar Score <7.

**Keywords:** Response Time, Sectio caesaria emergency, Neonatal Outcomes, Pregnancy Outcomes, dan maternal Outcomes