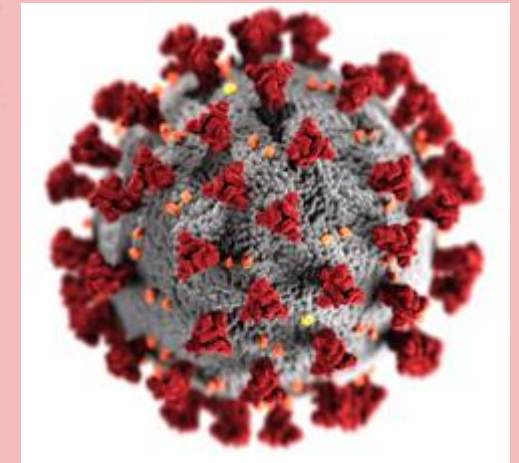
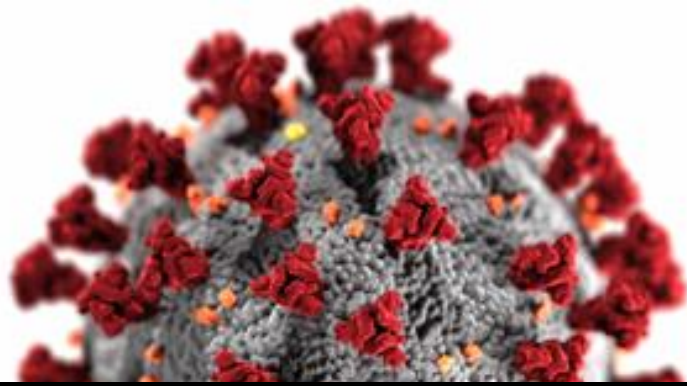


Infeksi COVID-19 pada pasien Obstetri & Ginekologi



dr. Suzanna Patricia Mongan, SpOG(K)



The World
Is Still Learning



Clinical manifestations and outcome of SARS-CoV-2 infection during pregnancy

Yangli Liu¹, Haihong Chen¹, Kejing Tang, Yubiao Guo^{*}  

The First Affiliated Hospital of Sun Yat-sen University, Guangzhou 510080, Province Guangdong, P.R. China

 PlumX Metrics

DOI: <https://doi.org/10.1016/j.jinf.2020.02.028>



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

characteristics	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10	Patient 11	Patient 12	Patient 13
Second trimester > 28 wks of gestation													
Patient age,y	28	24	33	29	35	31	30	36	26				
Gestational age at illness onset, wk	25w	27w	32w	33w	34w	34w+	35w	35+5	36w				
Symptoms at onset	Fever, fatigue	Fever, peaking at 38.5°C	Persistent cough	Fever, peaking at 38°C	Fever	Fever, sore thorat	Dyspnea	Fever, cough, dyspnea	Fever, fatigue				
Epidemiologic history													
Other family members affected	Yes	No	Yes	No	No	No	No	No	Yes	Yes	No	Yes	Yes
Linkage to Wuhan	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Unknown	No	No
Complications	No	No	No	No	PROM	MODS Stillbirth	Fetal distress	No	No	Fetal distress	Fetal distress	No	No
Method of delivery	NA	NA	C-section	NA	C-section	C-section	C-section	C-section	C-section	C-section	C-section	C-section	C-section
Maternal outcome	Survived	Survived	Survived	Survived	Survived	Survived	Survived	Survived	Survived	Survived	Survived	Survived	Survived
Premature delivery	NA	NA	Yes	NA	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Fetal Apgar score	NA	NA	10	NA	10	0	10	10	10	10	10	10	10
Fetal outcome	Survived	Survived	Survived	Survived	Survived	Died	Survived	Survived	Survived	Survived	Survived	Survived	Survived
Vertical transmission	NA	NA	No	NA	No	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



07 April 2020

Clinical features and outcomes of pregnant women suspected of coronavirus disease 2019

Hui yang^{a,1}, Guoqiang Sun^{a,1}, Fei Tang^a, Min Peng^a, Ying Gao^a, Jing Peng^a, Hui Xie^b, Yun Zhao^{a,*}, Zhichun Jin^{c,*}

^a Department of Obstetrics, Maternal and Child Health Hospital of Hubei Province, T₁ No. 745, Wuhan Road, Hongshan District, Wuhan 430070, China

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

S U M M A R Y

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 cases had cough in the confirmed group. The imaging of pulmonary CT scan showed ground-glass opacity (46.2%, 6/13), patch-like shadows (38.5%, 5/13), fiber shadow (23.1%, 3/13), 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 ratio 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.

Case Series

COVID-19 infection among asymptomatic and symptomatic pregnant women: Two weeks of confirmed presentations to an affiliate pair of New York City hospitals

Noelle Breslin¹✉, Caitlin Baptiste¹, Cynthia Gyamfi-Bannerman¹, Russell Miller¹, Rebecca Martinez², Kyra Bernstein², Laurence Ring², Ruth Landau², Stephanie Purisch Alexander M. Friedman¹, Karin Fuchs¹, Desmond Sutton¹, Maria Andrikopoulou¹, Der Rupley³, Jean-Ju Sheen¹, Janice Aubey³, Noelia Zork¹, Leslie Moroz¹ ... Dena Goffmar

Show more

<https://doi.org/10.1016/j.ajogmf.2020.100118>

Get rights and con

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

Principle Findings

We found that COVID-19 infection in pregnant women presenting with obstetric complaints or for delivery is often asymptomatic, suggesting a role for universal testing of pregnant women being admitted to the Labor Unit. We further found that while many of these women ultimately developed symptoms, disease severity in this small cohort of pregnant patients - 86% mild, 9.3% severe, 4.7% critical - appeared similar to what is described in the literature for non-pregnant people.[7]

Coronavirus disease 2019 (COVID-19) in pregnant women: A report based on 116 cases

Jie Yan, MD, PhD • Juanjuan Guo, MD • Cuifang Fan, MD • ... Yuanzhen Zhang, MD
 Liona C. Poon, MD • Huixia Yang, MD • Show all authors • Show footnotes

- 20 Januari s/d 24 Maret 2020
- 25 RS di Cina
- 116 wanita hamil dengan COVID-19

Published: April 23, 2020 • DOI: <https://doi.org/10.1016/j.ajog.2020.04.014>

PlumX Metrics

Results

The median gestational age on admission was 38⁺⁰ (IQR 36⁺⁰-39⁺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.

clinical characteristics of pregnant women with COVID-19 pneumonia are similar to those of non pregnant adults with COVID-19 pneumonia

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.



**Pembelajaran Jarak Jauh
bersama POGI Seri 1:
Covid-19 & Kesehatan
Reproduksi**

21 April 2020

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



**KEMENTERIAN
KESEHATAN
REPUBLIK
INDONESIA**



RSUP Prof. dr. R. D. Kandou Manado

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

15 Maret 2020



**REKOMENDASI
PENANGANAN INFEKSI VIRUS CORONA
(COVID-19)
PADA MATERNAL
(HAMIL, BERSALIN DAN NIFAS)**

24 Maret 2020



PERKUMPULAN OBSTETRI DAN GINEKOLOGI INDONESIA
INDONESIAN SOCIETY OF OBSTETRICS AND GYNECOLOGY

SEKRETARIAT: JL. TAMAN KIMIA NO. 10, JAKARTA PUSAT
TEL: (+62)-21-3143684
FAX: (+62)-21-3910135
E-MAIL: pogi@indo.net.id
WEBSITE: www.pogi.or.id



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Dr. dr. Bahman Akhanda, SpOG (K)

Lampiran – 2

Rekomendasi Penanganan Penyakit COVID 19 pada Ibu Hamil
Disarikan dari Panduan RCOG 2020, 13 Maret 2020

26 Maret 2020



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

18 April 2020



PERKUMPULAN OBSTETRI DAN GINEKOLOGI INDONESIA
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**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 BERSALIN, 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



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 berbincang dengan orang lain
 - ✓ Setelah BAB & BAK
- ✓ Sebelum & sesudah menyentuh bayi
 - ✓ Sebelum & sesudah makan



JIKA SAKIT batuk / pilek

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



PENGGUNAAN MASKER MEDIS

- ✓ Menutupi mulut dan hidung, celah dengan wajah minimal
- ✓ Hindari menyentuh masker saat digunakan
- ✓ Lepas masker dan belakang dan bagian dalam
 - ✓ Buang masker sekali 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 batasi waktu serta berdekatan dengan orang lain
- X Tunda kelas ibu sampai bebas dari 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



- ✓ *Tatalaksana kehamilan dan persalinan dengan COVID-19 sesuai rekomendasi PPPOG!
<https://bit.ly/RekomendasiPPPOGdanDA>
- ✓ *Tanda bahaya ibu dan bayi dapat dilihat di Buku KIA
<http://kemdiknas.go.id/images/pedoman/buku%20kita%202019.pdf>
- ✓ Pelayanan ibu dan bayi tetap memperhatikan prinsip penanggulangan penularan COVID-19
 - ✓ Carilah informasi yang benar tentang COVID-19



INFORMASI TERKINI

<https://www.covid19.go.id/>

HOTLINE COVID-19 : PSC 119 ext 9



PANDUAN PEMERIKSAAN ANTENATAL

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

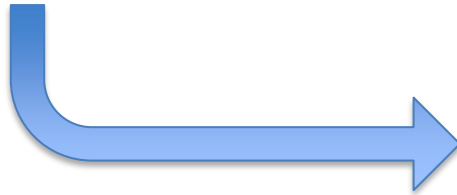


- mual-muntah hebat, perdarahan banyak, gerakan janin berkurang, ketuban pecah, nyeri kepala hebat, tekanan darah tinggi, kontraksi berulang, dan kejang
- Ibu hamil dengan penyakit DM gestasional, PEB, pertumbuhan janin terhambat, dan ibu hamil dengan penyakit penyerta lainnya atau riwayat obstetri buruk.

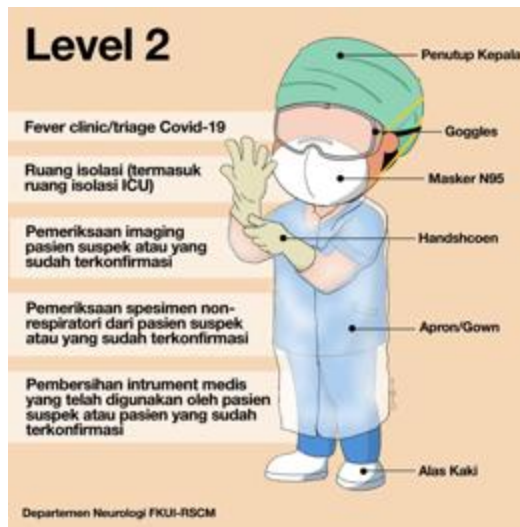


PERSALINAN

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**



Kapan ibu hamil harus melakukan karantina mandiri?

1. Bila ibu hamil memiliki gejala serta tanda-tanda infeksi virus Corona, seperti demam atau batuk terus-menerus.
2. Bila hasil pemeriksaan infeksi virus Corona positif.



Yang harus dilakukan selama karantina mandiri :

1. Tetap berada di rumah
2. Seandainya terpaksa ke luar rumah, tidak boleh menggunakan transportasi umum.
3. Tinggal dalam ruangan tersendiri yang memiliki ventilasi baik.
4. Tidak menerima kunjungan.
5. Memisahkan penggunaan peralatan makan dan peralatan mandi dari anggota keluarga yang lain
6. Tetap menjaga kebugaran

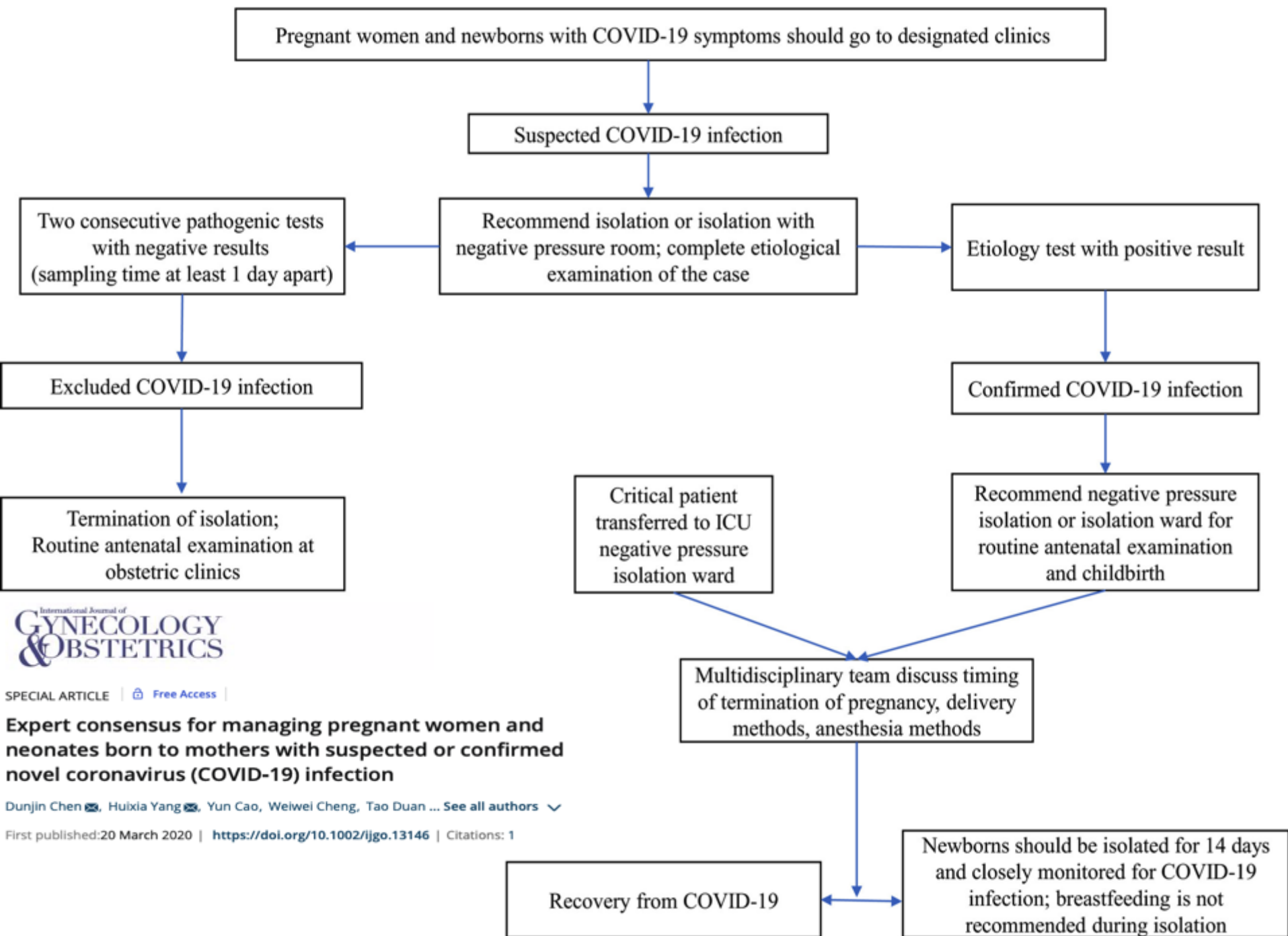


Ibu Hamil pada Masa Karantina Mandiri

Pemeriksaan Kehamilan Ditunda

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

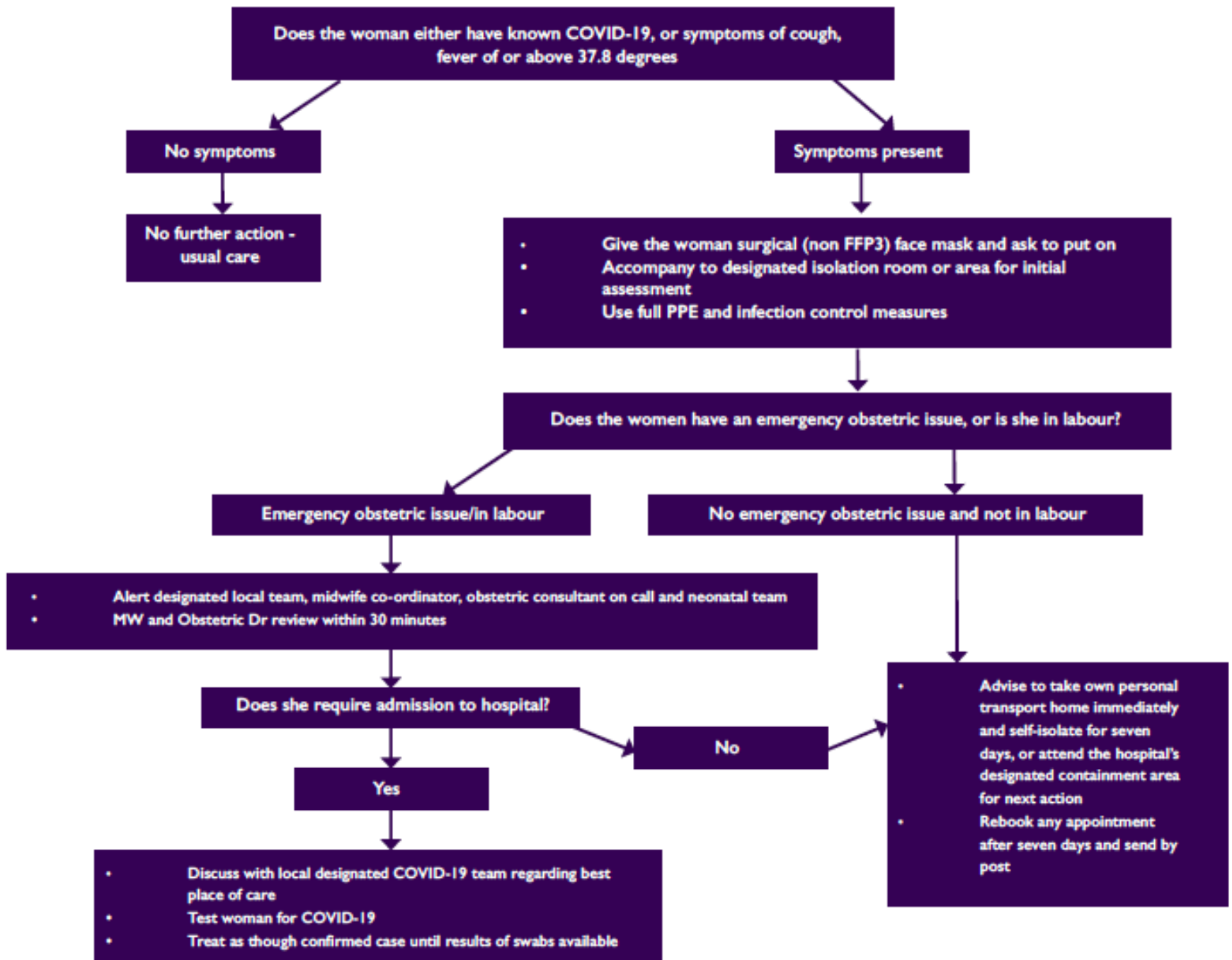
Rekomendasi Penanganan Penyakit COVID19 pada
Ibu Hamil (Infografis)
Budi Wiweko



Expert consensus for managing pregnant women and neonates born to mothers with suspected or confirmed novel coronavirus (COVID-19) infection

Dunjin Chen , Huixia Yang , Yun Cao, Weiwei Cheng, Tao Duan ... [See all authors](#) 

First published: 20 March 2020 | <https://doi.org/10.1002/ijgo.13146> | Citations: 1





Penapisan terhadap setiap ibu hamil



COVID-19 Early Warning Score (COVID-19 EWS)		
Parameters	Assessment	Score
Signs of pneumonia on CT	Yes	5
History of close contact with COVID-19 confirmed patient	Yes	5
Fever	Yes	3
Age	≥ 44 years old	1
Sex	Male	1
Tmax^a	≥ 37.8 °C (100 °F)	1
Meaningful respiratory symptoms (including cough, excretion, and dyspnea)	≥ 1 symptom	1
NLR^b	≥ 5.8	1
Highly suspected patient		≥ 10

^aSARS-CoV-2 nucleic acid detection positive is the independent diagnostic indicator.
^aTmax: the highest body temperature from illness onset to first hospital admission
^bNLR: 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*



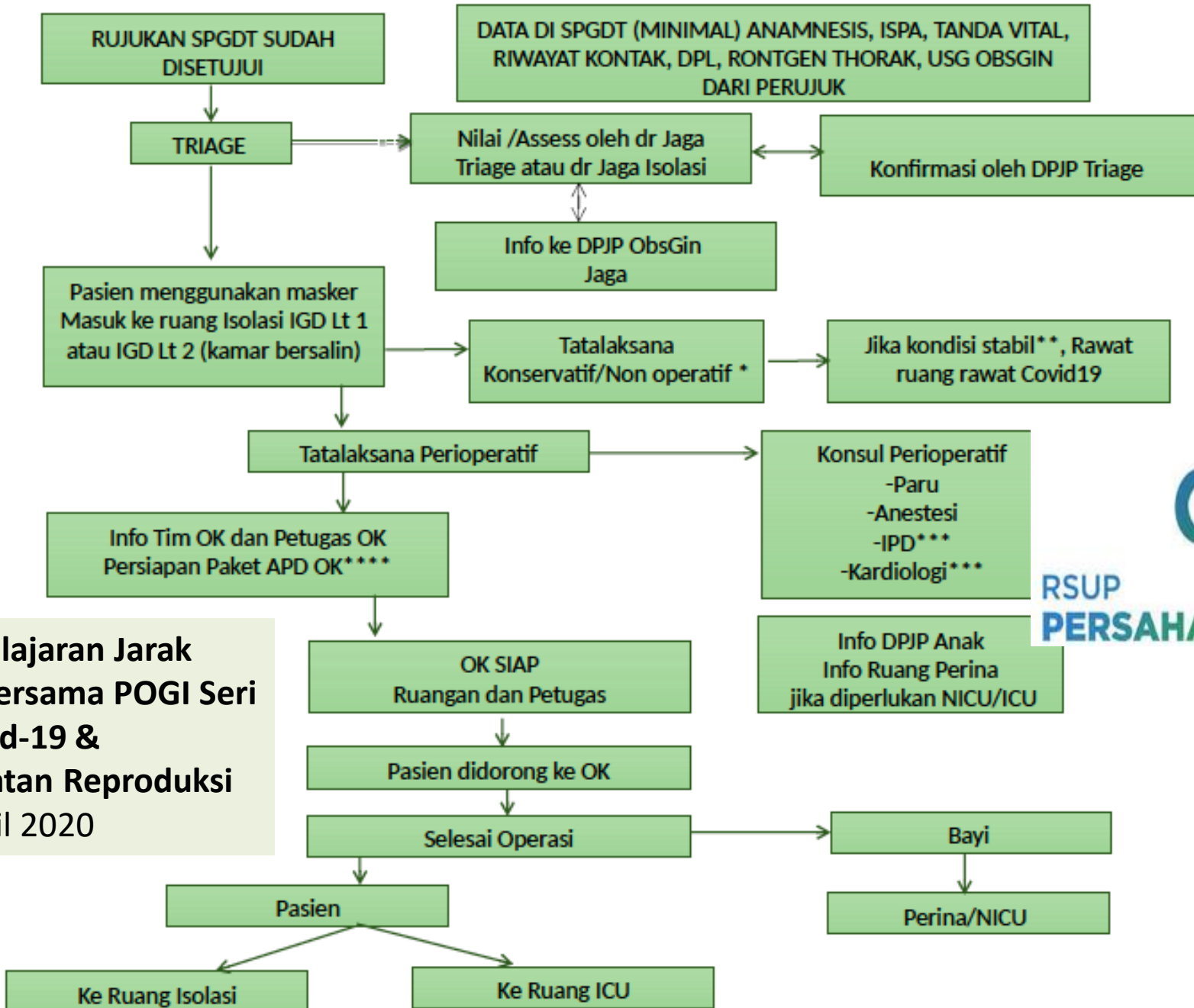
CT Scan Thorax

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

INFORMED CONSENT

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

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



RSUP
PERSAHABATAN

Pembelajaran Jarak
Jauh bersama POGI Seri
1: Covid-19 &
Kesehatan Reproduksi
21 April 2020

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 dipindahkan 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.



zoom



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*



Level 3

Intubasi, trakeotomi, bronkoskopi, endoskopi gastrointestinal pada pasien suspek atau yang sudah terkonfirmasi

Tindakan operatif atau otopsi pada pasien suspek atau yang sudah terkonfirmasi

Pengambilan specimen saluran nafas utk pemeriksaan tersangka Covid-19



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



World Health
Organization

#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



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#COVID19 #CORONAVIRUS



Lembar Penilaian Klinis Pasien Obstetri/Ginekologi Pasca Rawat PDP/ Covid 19

Nama : Tanggal/ Jam :
No. RM : Follow up ke :

Gejala Klinis terkait Covid 19

Gejala klinis	Ya			Tidak
	Perbaikan	Stabil	Perburukan/ baru	
Demam/riwayat demam (suhu >38)				
Batuk				
Pilek				
Sakit tenggorok				
Sesak napas				
Sakit kepala				
Lemah				
Nyeri otot				
Mual/muntah				
Nyeri perut				
Diare				
Lainnya				

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

Komorbid	Terkontrol	Tidak terkontrol	Tidak tahu
<input type="checkbox"/> Hamil			
<input type="checkbox"/> Diabetes			
<input type="checkbox"/> Peny. Jantung (PPCM, Kardiomegali, Kelainan Katup)			
<input type="checkbox"/> Preeklamsia/ Hipertensi			
<input type="checkbox"/> Keganasan			
<input type="checkbox"/> PPOK/ Tuberkulosis			
<input type="checkbox"/> Lainnya			

Pertanyaan terkait pemantauan pasca operasi/ persalinan/ tindakan

	Ya	Tidak
BAK sedikit dan tidak lampas		
Buang Air besar sulit dengan gangguan (tdk diare atau sembelit atau gangguan menahan BAB)		
Kondisi Luka Operasi	Ya	Tidak
Merah/ kehitaman sekitar luka		
Keluar cairan bering		
Keluar nanah		
Nyeri hebat saat disentuh		
Plester terlepas		
Plester kotor		
Kondisi Luka Perineum	Ya	Tidak
Nyeri hebat saat disentuh		
Kemerahan atau kehitaman pada kulit		



Keluar cairan atau nanah dari luka		
Bengkak pada kulit luka jahitan		

Kondisi Nifas/ ASI	Ya	Tidak
Darah nifas tidak keluar normal (tidak berlebihan, tetap keluar darah nifas)		
Darah nifas berbau		
ASI keluar sedikit/ tidak keluar		
ASI Berbau		
ASI tidak keluar seperti biasa		
Payudara bengkak dan nyeri		
Payudara bengkak dan kemerahan		

Obat-obatan yang dikonsumsi pasca rawat

Obat dari RS:

Nama Obat	Ada	Sudah Habis

Obat lain yang dikonsumsi sendiri:

Nama Obat	Ada	Sudah Habis

Kesimpulan

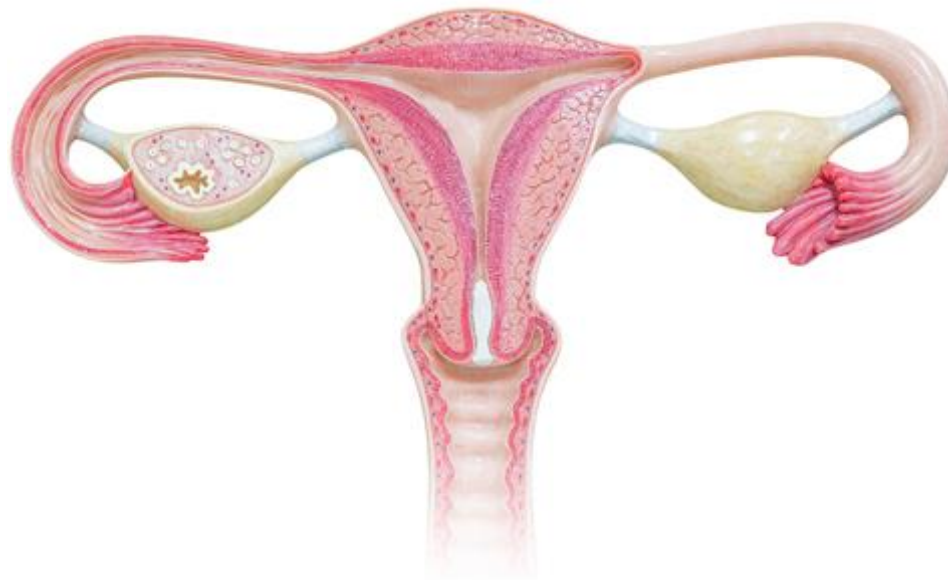
1	Klinis baik/ sesuai post partum normal	Gejala klinis tidak ada Komorbid terkontrol Kondisi pasca tindakan baik
2	Klinis stabil/perbaikan	Gejala klinis stabil atau perbaikan Tidak ada gejala baru berat Komorbid tidak terkontrol
3	Klinis perburukan/berat/ ada masalah	Gejala klinis perburukan Ada gejala baru berat Komorbid tidak terkontrol Terdapat masalah pasca salin

Rekomendasi tim follow up

- Pasien tetap isolasi mandiri di rumah, Follow up kembali tanggal:
 - Tanggal:
- Kontrol ke:
- Poli kontrol tenda pinere
 - Poli umum paru

Tim yang melakukan follow up:

Bagaimana dengan pasien Ginekologi?





24 Maret 2020

Lampiran – 4

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 hemoragikum
 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



AMERICAN COLLEGE OF SURGEONS

Inspiring Quality:

Highest Standards, Better Outcomes

100+ years

COVID 19: Elective Case Triage Guidelines for Surgical Care

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)

COVID-19 Global Pandemic: Options for Management of Gynecologic Cancers

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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 asimtomatik atau klinis *no evidence of disease*

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Kanker Serviks


- Lesi prakanker *low grade* →diagnostik lanjut tunda 6-12 bln
- Lesi prakanker *high-grade* → 3 bulan
- Stadium awal → bila mungkin → sesuai standard terapi
- *Locally advanced* → *hyprofractination radiation*

Kanker Endometrium

- *Low risk* → grade 1 → konservatif → terapi hormon atau IUD
- *High risk* → HTSOB +/- *sentinel lymphnodes*
- *Advanced disease* → biopsi → terapi sistemik

Kanker Ovarium

- Curiga *early stage* → hitung *risk malignancy* → operasi
- *Advanced stage* → biopsi → kemoterapi neoadjuvan (NAC)
- *Pasien NAC* → bisa *extend* sampai 6 siklus → interval debulking
- Selesai kemoterapi → *no further treatment*
- *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

TERIMA KASIH