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## PERCEPTION OF THE PREGNANT PATIENT ON THE ATTENDANCE TO PRENATAL CHECKS DURING THE COVID-19 PANDEMIC

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### ABSTRACT

**Introduction:** In times of the COVID-19 pandemic, attendance at prenatal check-ups by pregnant patients has been a matter of concern, which is why it is necessary to know their perception in order to attend health establishments or not. **Objective:** To describe the perception of the pregnant patient about attendance at prenatal check-ups during the COVID-19 Pandemic. **Method:** Qualitative, phenomenological, descriptive, cross-sectional field study, conducting semi-structured interviews taking into account the perspective of pregnant women in the community of Salcedo - Ecuador, maintaining the principles of autonomy, respect and confidentiality of information, analyzing the results through the methodology of Demazière D. and Dubar C. **Results:** It was evidenced that there is a significant non-compliance with prenatal check-ups since the beginning of the pandemic, due to fear and

concern about being infected at the time of attendance. Likewise, there are different opinions about the care provided by health professionals, both public and private, highlighting the feminine nature of care by blood relatives, such as sisters or grandmothers, taking preventive behaviors to avoid getting infected and being available to care for the pregnant for others. **Conclusions:** The pregnant women expressed different emotions, feelings and thoughts, such as: fear, trepidation, concern, frustration, stress, depression, among others, which have influenced, in a representative way the decision, to attend or not to prenatal check-ups, assuming the risk of contagion and complications in pregnancy. Non-attendance at prenatal check-ups since the beginning of the COVID-19 pandemic has become more regular as time has passed.

**Keywords:** perception, prenatal control, pandemic.

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### INTRODUCTION

In Spain, years before the pandemic, it has been estimated at least 410,583 pregnancies per year, increasing over time. In the case of pregnant women who have contracted COVID-19 throughout the months of confinement, an exact number of 47 pregnant women hospitalized with confirmed COVID-19 has been identified; also stating that the majority suffer from additional chronic diseases such as diabetes, overweight, high blood pressure, among others (1, 2).

On the other hand, in Mexico the existence of 5,574 pregnant and postpartum women infected with COVID-19 has been reported nationwide, especially in states such as Tabasco,

Sonora, Nuevo León, Veracruz, Guanajuato including Mexico City, showing that the majority of cases present pregnant women with mild or severe symptoms of various pathologies, generating a mortality of at least 458 pregnant women during the months of confinement in the world (2, 3).

In Ecuador, there have been 6,574 cases of pregnant women with COVID-19 to date, of which 849 have died, due to acute respiratory complications, such as the attack of infections in conjunction with serious pathologies, such as: high blood pressure, obesity, heart disease, and even pre-existing lung diseases; although there have also been cases of asymptomatic pregnant women who have developed serious complications (2, 4).

Clarifying the above, COVID-19 is a type of pathology caused by the severe chronic respiratory syndrome type II virus, known as SARS-CoV-2, which generates two large pathological groups. The first is the coronavirus acquired in the community and the second is the zoonotic coronavirus. The latter being the one that affects humans. Among the clinical manifestations of the virus, the existence of asymptomatic infections and chronic pneumonia is identified, where the application of assisted ventilation is necessary, even though it has been verified that, in the majority of chronic cases, the outcome ends in the death of the person (5).

In this case, it is highlighted that pregnancy is a physiological state that disposes the pregnant woman to develop respiratory complications due to purely viral causes, either due to changes in the respiratory system or due to variations in the immune system. It is established that the high levels of progesterone, when working in the respiratory system, together with the continuous increase in the diaphragmatic domes, generate a reduction of the entire respiratory reserve volume; reducing, in turn, the functional residual capacity, increasing the need for oxygen due to slight hyperventilation, leading to hypocapnia and an increase in the level of bicarbonate excretion with respiratory alkalosis by the kidneys (6).

It has been shown that the lethality of COVID-19 in pregnant women is at least 25%, although there are no studies and research that support that pregnant women are more likely to contract this type of infections. However, it is necessary that any type of risk or complication during pregnancy be identified and treated immediately, taking into account additional maternal pathologies, because if a pregnant woman presents Covid-19 coupled with any serious illness, the mortality levels and lethality are totally increased, putting maternal and fetal life at risk (2).

The most latent concern in the event that a pregnant woman contracts COVID-19 focuses on the risks of maternal and/or fetal death; or, the possible negative effects that may develop in the fetus, and in any case in the newborn. However, given the lack of information due to the few studies carried out on the subject to date, by taking samples from the umbilical cord, placenta, amniotic fluid and even breast milk, it is highlighted that in none of the cases presented there has been transmission of the virus, much less vertical transmission; but variants may exist as the virus continues to advance in the world (7).

It is important to mention that COVID-19 does not cause a risk of abortions or early pregnancy losses, although intrauterine transmission is not ruled out without causing malformations or congenital damage. Diagnosis of the virus in pregnant women must be carried out during prenatal check-ups, as there are cases of pregnant women who do not present symptoms of the infection. However, the follow-up and treatment should be the same, as it does not exempt the risk of complications or death (8).

Prenatal check-ups are considered a public health service, whose performance is focused on supply, so that pregnant women use it responsibly. Among the influential factors for the use of prenatal controls are the need of the pregnant woman, maternal/fetal health care, responsibility for gestational care, prevention or early detection of diseases; in addition to conceiving a safe, risk-free birth (9).

On the other hand, it is established that prenatal controls are preventive measures against maternal-fetal morbidity and mortality, which is why they must begin during the first months of the gestational period, continuing until the moment of delivery, in order to continually evaluate the development of the fetus, normal placental/uterine functioning, and even to confirm or rule out any anomaly or malformation of the fetus; without leaving aside the possibility of diagnosing any condition of the pregnant woman that could affect the health and normal progress of the pregnancy (10).

Therefore, the data available so far suggests that pregnant women are at greater risk of developing a severe form of COVID-19 and, in some cases, could progress to death, elements that are warned by the global epidemiological alert of the World Health Organization (WHO). In this sense, the Pan American Health Organization (PAHO) recommends that countries address the specific risks and vulnerabilities faced by this population, ensuring the continuity of prenatal care services, as well as timely attention to serious signs and symptoms. by COVID-19 in pregnant women (11).

For this reason, every pregnant woman who does not present symptoms and, above all, who does not maintain any suspicion of infection, should routinely undergo prenatal check-ups, taking the necessary care measures. However, in the event that the pregnant woman presents symptoms or suspicions of COVID-19, all medical appointments must be postponed until the isolation period ends. Nevertheless, throughout this period she will have telephone medical attention due to possible risks or need for urgent medical assistance. (12).

The present study aims to obtain important data that helps inform people who are interested, so that the recommendations published by public health agencies are taken into account, and in this way, evaluate the emotional exhaustion of women in pregnancy during the isolation period seeking to avoid the community spread of COVID-19. At the same time, it is meant to describe the way in which the problem was faced and what was the perception of such a situation in order to have a pregnancy in good conditions, from the beginning until the quarantine measures are less rigid, being able to carry out more activities related to pregnancy, living with other people and/or outside the home. Therefore, the approach is aimed at identifying the phenomenological aspects that pregnant women, during the pandemic, presented to comply with prenatal check-ups.

This research project is of great importance since it will allow the collection of relevant information to contribute to the study, given that the COVID-19 pandemic related to pregnancy is a new topic in the world of research. For this purpose, the study objective was to describe the perception of the pregnant patient regarding attendance at prenatal check-ups during the COVID-19 pandemic.

## **METHODS**

A qualitative, descriptive, phenomenological research was carried out, since it answers questions about why people do what they do. It seeks to understand the meaning of the experience or explore a phenomenon from the point of view of another (13). This research was considered field research, since its purpose was to collect and record in an orderly manner the data related to the topic chosen as the object of study. In view of the above, observation and questioning are the main techniques used in the study (14). That is, pregnant women from the community of Salcedo – Ecuador, were interviewed according to their interest

in participating. Eight semi-structured interviews were carried out, which consisted of having a conversation with one person or several people to extract data about what is being held in the conversation. Through this, research is promoted on a topic related to the problem to be treated and which involves obtaining reliable data (15) It is taken into account what is indicated in the criterion of information saturation, where if the information collected by the participants is repeated the data collection process must be terminated (16).

Each of the interviews carried out had been transcribed. The information was triangulated, which included the use of several strategies when studying the same phenomenon (17), following the methodology of Demazière D. and Dubar C, resulting in a detailed description, with exhaustive analysis to understand the meaning of the narrative of the observed participants (18).

## RESULTS

The perspective of patients during pregnancy, going through the situation of the COVID-19 pandemic, has been worrying, making it necessary to propose strategies that provide confidence to pregnant women, with the hope that they comply with prenatal check-ups.

### Category 1. Emotions, Feelings and Thoughts

The key informants agreed when reporting what they felt when the COVID-19 pandemic began, having to attend prenatal check-ups, aspects that are transcribed in summary form, taking into account the relevance of their contributions. In this sense, Liseth related the following: "...Actually, I did worry a lot because it was the fear of suddenly becoming infected, of having what I know, days or weeks, of my defenses being low; Yes... I was very afraid, for me and my baby..." Similarly, Paola expressed: "...It generated concern and fear in me, because in these moments one has to take more care of oneself, both for one's health and the baby's, so until now, my greatest fear is *"May something happen to my baby because of this pandemic...?"* Likewise, Estefanía mentioned: "...I was too afraid, too afraid, to the point of also reaching frustration, thinking about the idea I could get infected, and in such a way, that would affect my pregnancy, also yes... I went into depression..."

On the other hand, Katherine commented the following: "...My perception was very calm, I thought it was a simple illness, that in one or two months it was going to pass, and everything was going to be normal as before, but actually, when it already came it lasted more than 2 months, so there... it was a little more worrying, because you as a young person can be exposed, but if you already have a life inside you, it is super more complicated..."

### Category 2. Attendance to Prenatal Controls

The participants mentioned that the COVID-19 pandemic has a significant impact when making the decision to attend prenatal check-ups or not. As Doris stated: "...at the beginning of March, when the pandemic had already begun, I no longer went, because I found out that they were already infected, there were quite a few of them, that is, more than anything. It was my fear of leaving and get infected in a clinic or a hospital, because I knew that those who were infected with COVID were going there, so I missed 2 months of check-ups..." In the same way, Miriam commented: "...well I am a person who suffered from Preeclampsia, and yes.... I was afraid, because I had to attend

often, sometimes almost once a week, that's how they called me, every week the doctors called me, because my blood pressure was going up, I... but well, the pandemic thing already started and I already I stopped going to the hospital..."

### Category 3. Perception of birth options: Public hospital or private clinic

The interviewed participants had different perceptions regarding this aspect, as Jéssica expressed it: "...at first we were quite hesitant... then not, because also due to the economic situation, that you obviously have to pay at a clinic, it is always expensive, but I mean, the mission was to have my baby here in the hospital, but I had a risk of premature birth a month or so ago, so from then on, I have a huge fear and the truth is we chose to give birth in the clinic where I am being checked at...". Likewise, Katherine related: "...as I mentioned, I am having the checkup in a clinic in the city of Latacunga and yes..., we have decided that my delivery will be right there, we have to see what situation we are in right now, I don't want to expose myself, my family, or anyone..."

On the other hand, Estefanía commented the following: "...yes, I have been talking with my family, to see the possibility of giving birth in the clinic, but the situation we are currently going through is very difficult, where we do not have the necessary economic resource to be able to pay and sustain private medical care; So, I'm still in that controversy, because I know that they will also treat me well in a hospital, obviously with the risk of contracting the disease..." Similarly, Mayra expressed: "...we are still with the idea of giving birth in the hospital, because I think that there are more doctors there, that is, professionals who can do something, maybe for my baby or for me too, so I think about who are more qualified in anything..."

### Category 4. Care received from Health Professionals

In relation to the attention received from health professionals, there is a different perception on the part of the participants, as mentioned by Doris: "...Well, I can't complain about the health staff, because they were up to date, they gave me their indications, the prevention rules, they took care of me very well...". Likewise, Mayra related: "...I went to the health center, they were very friendly, they had all the protections, they used a visor, gloves, when I entered the guard took my temperature and gave me the gel so I could wash my hands, so yes, yes, it was very good..." In the same order of ideas, Paola expressed: "...In the clinic, it is very good, because everyone takes safety measures, they are very friendly, they give a correct explanation about the process of my pregnancy..."

On the contrary, Jéssica told her experience: "...At the Social Insurance Hospital, the truth is, if I'm honest, I had a problem there, both with the licensed nurses and with the gynecologist-obstetrician, of who was going to examine me, what can I say? In other words, they sent me, they sent me out of the hospital, so the truth is, I got a very bad opinion from the Social Insurance Hospital..."

### Category 5. Family accompaniment

Pregnancy is a stage of happiness, both for the woman and her family, where currently with the pandemic, family support has been limited in order to avoid the risk of contagion and crowding in health facilities, as Katherine commented: "...yes,... it was a little sad, because as I am a first-time mother, it was like I needed my mother or my husband to be next to me, seeing the new being



that was being formed in my womb, but it was not possible...". Mirian commented in the same way: "...Yes, it was something or something sad too, because the first check-ups he always accompanied me and I always even went in there with the doctor and everything and the doctor explained even to him...".

## DISCUSSION

Pregnancy is a very special period full of emotion and anticipation. However, for expectant mothers facing the coronavirus disease (COVID-19) outbreak, fear, anxiety and uncertainty are clouding what should otherwise be a happy time (19). According to the aforementioned, the participants agreed on the different feelings, adding the worry, stress, and depression that affected them, to maintain a pregnancy in adequate conditions and circumstances.

Regarding this, Awad et al (20) argue that pregnant women who perceive they have access to health care receive clear and coherent action protocols to avoid the risks of contagion, feeling satisfied with the care and follow-up carried out by gynecological-obstetric professionals, in turn presenting lower levels of anxiety. On the contrary, among the study participants, since the beginning of the pandemic they have felt that the lack of information, as well as the difficulty in accessing prenatal check-ups, which has been the most important concern for them, translating into additional reasons for uncertainty.

Prenatal care requires in-person evaluation, particularly to evaluate clinical semiology that is essential for timely diagnosis of pregnancy complications. Such care is essential to detect pregnancy complications such as preeclampsia, gestational diabetes and asymptomatic urinary infection, among others (21). However, one of the participants mentioned that she suffered from Preeclampsia, for which the doctors told her to attend the hospital every week, but due to fear of contagion, and something happening to her or her baby, she stopped attending.

Today, reducing the public health burden of COVID-19 should be the priority. As obstetricians and gynecologists, we must help achieve this, implementing measures as simple as spreading awareness in the community, mostly among pregnant women, spreading the safe hand hygiene practices, cough etiquette, social distancing, staying home when sick, and disinfecting contaminated surfaces (22). According to the interviews carried out, all the participants mentioned that the professionals who attended the prenatal check-ups mentioned the biosafety measures that they should take into account to avoid the spread of COVID-19.

In this sense, in case of risk of preterm birth and COVID-19 infection, the clinical benefits of antenatal corticosteroid could outweigh the risks of potential harm to the mother. Faced with this situation, the balance between benefits and harms, both for the woman and the premature newborn, must be discussed with the woman to guarantee an informed decision (23). However, the majority of the participants mentioned that no health professional gave them instructions on how to cope with the situation if they had COVID-19 infection. That is, they are completely unaware of the actions they should take if that were the case.

It is recommended that the pregnant woman contact the place where she receives health care by telephone, which must guarantee the conditions of necessary social distancing, to avoid crowding of women in routine prenatal care (24). Thus, according

to the interviews carried out, all participants confirmed that, in this sense, the health establishments where they went for their prenatal check-ups maintained the conditions of social distancing between patients, also complying with biosafety regulations.

Likewise, health services must be safe, of quality and warmth, guaranteeing informed consent, access and reliability of information related to patients. Therefore, state public health services must be universal and free at all levels of care, including the necessary diagnosis, treatment, medication and rehabilitation procedures (25). Regarding this aspect, one of the participants mentioned that the care received from health professionals was bad, having a bad experience when attending the Social Insurance Hospital, which is recognized as an excellent public health establishment. However, she stated that due to the perceived mishap, she made the decision to attend a private clinic, where the care was totally different, leaving exposed the question of why the same care is not provided if both public and private professionals receive their monthly remuneration.

At this point, as Chávez et al (26) state, the COVID-19 pandemic scenario forced women to seek care and prevention strategies to overcome the health crisis, where they came to understand that care experiences based on social interactions they had to be perceived beyond clinical recommendations. That is, adding socio-emotional expressions, where they, on their own, are determined to create interactions aimed at emotional survival, to establish preventive actions against COVID-19 during pregnancy.

On the other hand, as stated by Domínguez et al (27), the impact produced by the lack of social support perceived by pregnant women on the development of depressive and anxious symptoms during pregnancy creates the necessary impact towards the emphasis to implement programs that offer additional support during the confinement period, which could be beneficial in reducing anxiety and depressive symptoms in pregnant women.

Faced with this, the studies currently being developed indicate that pregnant women with COVID-19 require special attention, as they are subjects of high obstetric risk, with an increase in prematurity, birth complications and neonates with an increase in admission to nursing units and neonatal intensive therapy (28). Therefore, the breadth of preventive strategies and practices adopted by health operators are understood as part of the self-care model, highlighting in particular the relational dimension in group care. From the gender studies defended by Viera and Evia (29), the feminine nature of care is highlighted, where it is sisters, future grandmothers, other relatives, who take preventive behaviors to avoid contracting COVID-19 and thus be available to care for the future mother as well as the newborns, thus reinforcing the central role of primary social networks (especially women) in the health-illness-care processes for health care, mutual help and self-care actions.

Taking into account the above, according to the Epidemiological Gazette of Maternal Death (30) corresponding to the month of November 2020, the data related to the main causes of maternal deaths until EW 48 were taken as reference, being: a) the hypertensive disorders with 33.33% (51MM); b) obstetric hemorrhages with 18.95% (29MM); and c) indirect causes with 33.33% (51MM). In addition to this, the same source indicates that indirect causes have increased due to the pandemic, with

24MM indirect causes due to COVID-19 (30). Consequently, uncertainty persists regarding the increase in maternal deaths from COVID-19, given that, according to the interviews carried out, health personnel maintain biosafety measures, both in public and private establishments, providing appropriate education to avoid the contagion of the virus at the time of attending prenatal check-ups, even considering that these circumstances are due to external causes.

## CONCLUSIONS

The research participants expressed the perception they had, from the moment the COVID-19 pandemic began, about the care received and in the way it influenced when attending prenatal check-ups. These are considered important and necessary to maintain a healthy pregnancy in optimal conditions, while avoiding complications.

In this sense, the emotions, feelings and thoughts perceived in the research participants were: fear, trepidation, worry, frustration, stress, depression, others; which have had a representative influence when making the decision to attend prenatal check-ups or not, including assuming the risk of

contagion and complications in pregnancy.

Likewise, the phenomenological factors identified by the participants have directly influenced decision-making, given the evidence found through the interviews, where non-attendance at prenatal check-ups since the beginning of the COVID-19 pandemic has been regularized. As time has passed, risk factors have been minimized. In turn, the care provided by health professionals in the prenatal check-ups of the participants has been characterized as good, being in very few and rare cases considered a bad experience, differentiating the care between professionals in the public sphere with the care of a private health facility.

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