



## Experience of Pregnant Mothers Suffering from Covid-19 during Pregnancy until Childbirth in Indonesia

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**ABSTRACT:** The outbreak of COVID-19 becomes a pandemic with many psychological impacts on humans, the disease that attacks the respiratory system has a negative impact on health. The aim of this study was to find out how the experience of a pregnant mother who suffered from Covid-19 during pregnancy to childbirth, using qualitative methods this study took as many as 12 pregnant mothers suffering from COVID-19 during the pregnancies as participants to be interviewed with the age range of 25-36 years. The results of the in-depth interview were processed using the Collaizi and NVivo methods. The results obtained five themes, namely mother's knowledge about the transmission of Covid-19, symptoms experienced when infected, emotional reactions of mothers during infection, changes in emotional responses during childbirth and still infected with COVID-19, as well as family responses in accompanying mothers who are going to give birth. The conclusion of the study was that the participants experienced the transmission of Covid-19 from the surrounding environment through both direct and indirect contact, and the symptoms that appeared vary from symptoms, fever, and loss of sensory function, a variety of feelings of fear, sadness, stress and distress but there are also those who have confidence. Feelings of concern and fear for themselves and their babies vulnerable to exposure to the virus, the response from the family when the participants were infected with COVID-19 generally provided both moral and material support, but there were also participants who did not get support and even stay away from the participants. The outbreak of COVID-19 becomes a pandemic with many psychological impacts on humans, the disease that attacks the respiratory system has a negative impact on health. The aim of this study was to find out how the experience of a pregnant mother who suffered from Covid-19 during pregnancy to childbirth, using qualitative methods this study took as many as 12 pregnant mothers suffering from COVID-19 during the pregnancies as participants to be interviewed with the age range of 25-36 years. The results of the in-depth interview were processed using the Collaizi and NVivo methods. The results obtained five themes, namely mother's knowledge about the transmission of Covid-19, symptoms experienced when infected, emotional reactions of mothers during infection, changes in emotional responses during childbirth and still infected with COVID-19, as well as family responses in accompanying mothers who are going to give birth. The conclusion of the study was that the participants experienced the transmission of Covid-19 from the surrounding environment through both direct and indirect contact, and the symptoms that appeared vary from symptoms, fever, and loss of sensory function, a variety of feelings of fear, sadness, stress and distress but there are also those who have confidence. Feelings of concern and fear for themselves and their babies vulnerable to exposure to the virus, the response from the family when the participants were infected with COVID-19 generally provided both moral and material support, but there were also participants who did not get support and even stay away from the participants

**KEYWORDS:** Covid-19, Experience, Pregnant woman.

### INTRODUCTION

COVID-19 is a virus that attacks the respiratory system, has a negative impact on health accompanied by mild and severe symptoms, Middle East Respiratory Syndrome (MERS) and Severe Acute respiratory syndrome (SARS) are serious symptoms. The virus is transmitted through physical contact, wearing items alternately with patients who are positive for COVID-19, not wearing masks when speaking to people who are suffering from Covid-19, and so on. This virus is an unpredictable disease. The signs and symptoms of COVID-19 include severe acute respiratory syndrome, causing pneumonia, kidney failure, and the most fatal resulting death, while the symptoms are minor, fever, sneezing, sore throat and so on. (Lu et al., 2020).

There are several groups that are susceptible to COVID-19, including pregnant women. (Pradana, 2020 dalam Posumah et al., 2021). According to the Indonesian Association of Obstetricians and Gynecologists (POGI), 13.7% of pregnant mothers are more likely to be infected with COVID-19 than non-pregnant mothers. (Rohmah & Nurdianto, 2020). It's because, during pregnancy, there's



a change in the immune system and physiological changes in the body. (Pradana, 2020). Therefore, WHO recommends that pregnant women with COVID-19 symptoms be given priority to RT-PCR (Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19)). Impact on women who experienced SARS-CoV-2 infection during pregnancy had higher morbidity and maternal mortality rates including premature birth, preeclampsia, neonatal morbidities; and perinatal mobility and mortality including dead births (Bangsawan & Rodiani, 2022).

The COVID-19 pandemic has affected healthcare systems at the global and national levels, including pregnancy screening services up to delivery. A mother faces her own challenges in pregnancy and childbirth during the COVID-19 pandemic. In addition, there are social distancing restrictions, barriers to transportation and the spread of COVID-19 that are increasing, potentially causing fear, stress and anxiety that can have an adverse impact on the emotional health of the pregnant mother and increasing concerns about the safety of herself and her fetus (Pant et al., 2020; and (Mizrak Sahin & Kabakci, 2021).

Research conducted by Valencia et al (2023) also revealed that for pregnant mothers, COVID-19 is an experience full of fear, anxiety, and vulnerability. Arinda & Herdayati (2021) also revealed that the mental health problem in pregnant women during the COVID-19 pandemic was depression and anxiety, because she did social constraints that resulted in a lack of social support for the pregnant woman due to separation from her loved ones. The aim of this study is to dig into the experience of pregnant mothers suffering from COVID-19 from pregnancy to childbirth, because in this pandemic situation, the real experience or situation experienced by a pregnant mother from the time she is pregnant to the day she is giving birth when a mother is struggling with her pregnancies and has to fight the coronavirus present in her, will be an unusual experience for most pregnant women.

## **METHOD**

This research uses a qualitative approach with a descriptive phenomenological design. The use of this phenomenological design is because this study explores and depicts in depth the experiences of pregnant mothers suffering from COVID-19 from pregnancy to childbirth. The sample-taking technique uses purposive sampling by deliberately taking participants who have experienced the phenomenon studied and according to the criteria (inclusion-exclusion) that have been established, thus obtaining the necessary data.

The research is more focused on mothers giving birth to young adults and middle ages. (between the ages of 20-40 years old). The purpose of this classification is to explore the differences in maternal experience at every age level. Thus, the purposive sampling technique used is stratified purposively sampled, which means that researchers select specific samples in each category of research subjects according to the problem being studied. (Bandur, 2016).

The participant in this study was a mother's patient in the Jakarta and West Java region. Participants were selected with the following characteristics (inclusion criteria): (1) Pregnant to give birth who had suffered from COVID-19, (2) Ready to be interviewed about the events experienced while suffering from Covid-19, (3) Can speak in Indonesian. Exclusion criteria; (1) Pregnancy to have given birth that was illiterate, (2) Pregnant to give delivery who suffer from psychiatric/neurological disorders that made them unable to answer questions, (3) Pregnating to give child who did not want to be informants in this study.

The participants in this interview were 12 people who had already defined their criteria, the researchers got participants who came from their surroundings. The researchers personally collected participants' data through interviews using open question guidelines about experiences in participants who were infected with Covid-19 during pregnancy to delivery. The research data collection technique is an in-depth interview with a semi-structured question model. Data analysis using the Collaizzi method with the help of Nvivo R1 software to perform data management and data analysis (thematic analysis).

## **RESULT AND DISCLAIMER**

### **A. Informant Characteristics**

The sources for this study were 12 pregnant women in the age range of 25-36 years, the majority working as private employees or employees, then household mothers with their last level of education starting from high school, D3 and S1 graduates, and the whole participant was a pregnant woman with a pregnancy age from trimester 1 to 3.

Table 1. Characteristics of the Informant

Name	Years	Education	Transmission Location	Job	Pregnancy Age	Pregnant child-
P1	32	Diploma	Home	Housewife	7 month	2
P2	25	Diploma	Home	Housewife	7 month	1
P3	28	Senior High School	Home	Housewife	2 month	1
P4	33	Diploma	Workplace	Housewife	7 month	3
P5	27	Diploma	Workplace	Employee	9 month	1
P6	35	Bachelor	Home	Nurse	2 month	2
P7	27	Senior High School	Workplace	Employee	7 month	3
P8	32	Senior High School	Workplace	Employee	8 month	4
P9	30	Senior High School	Workplace	Employee	9 month	1
P10	36	Senior High School	Home	Employee	9 month	3
P11	32	Bachelor	Workplace	Employee	9 month	1
P12	32	Senior High School	Workplace	Employee	7 month	2

### B. Results of Research Analysis

Based on the findings in the field, there are five main themes: mother's knowledge of the transmission of Covid-19, symptoms arising as a result of being infected with COVID-19, emotional reactions of mothers when they were infected, changes in emotional responses during childbirth and still infected by Covid-19, family responses in accompanying the mother who was going to give birth.

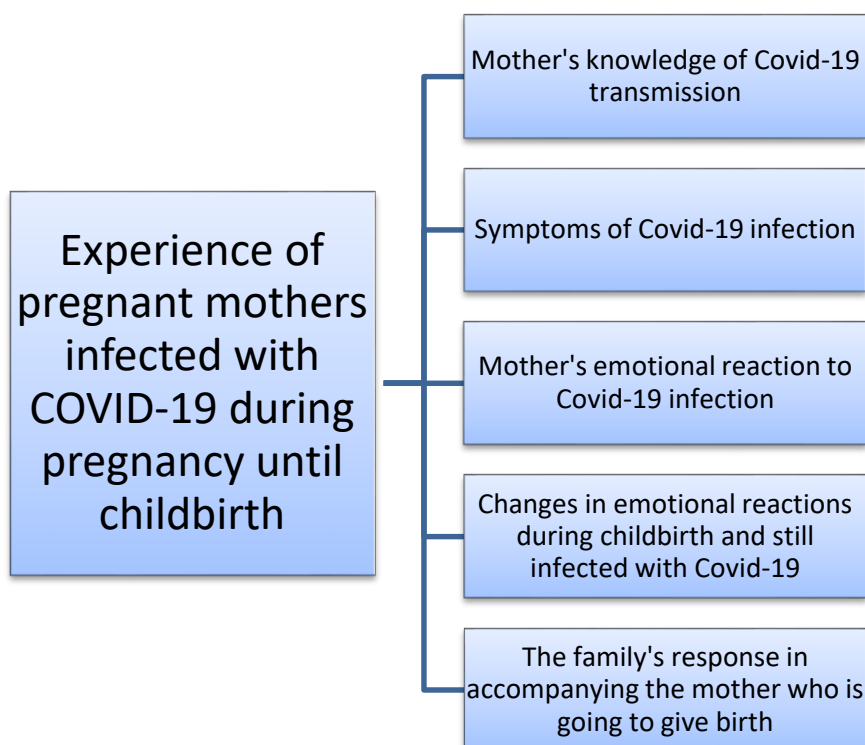


Figure 1. NVivo Model: Experience of pregnant mothers suffering from Covid-19 during pregnancy until childbirth

Source: Nvivo Data Process



## Theme 1: Mother's knowledge of Covid-19 transmission

Participants who were aware of the transmission of Covid-19 stated that transmission could be through direct contact and indirect contact with patients with COVID-19. Each participant had his or her own experience to demonstrate their knowledge of transmission. This theme has 2 sub-themes:

### 1. Sub-themes: Direct contact

#### a. Family

The family as a place of intimate interaction between an individual and another individual can be a space where Covid-19 is being transmitted. It was revealed by several participants who stated that they were infected with COVID-19 from their husbands. It is understandable that the husband is the closest to the participant thus accelerating the transmission process.

*"...when my husband entered the emergency hospital and I was also in the swab and it turned out positive so the transmission was contactless because of the husband first positive covid" (P1)*

*"...because my husband is positive Covid then I also swab test and turned positive." (P11)*

*"...Yes, I know, it was from my husband... because my husband had early symptoms and we had a family swab test, and my husband and I were positive." (P12)*

#### b. Colleagues

The workplace is a place of interaction with colleagues. It was revealed by some of the participants in this study that they were exposed to Covid-19 in the workplace through their colleagues.

*"...I got it from friends and husbands through direct contact" (P3)*

*"...I get it from my friends and sisters... as a result of direct contact..." (P2)*

*"...possibly from the workplace at all..." (P4)*

### 2. Sub-theme: Non-Direct Contacts

The transmission of Covid-19 may occur through other media or without direct contact with the COVID-19 patient. It was revealed by one of the mothers who was pregnant with a third child at the age of nine months pregnant,

*"...not through direct contact, because the people around me have nothing positive..." (P10).*

The participants in this study had knowledge of the transmission of Covid-19. They learned that they had a transmission through direct contact with a COVID-19 patient. The transmission process via direct contact occurred through contact with family members at home and workmates at work. It is consistent with the findings in Han & Yang's study (2020) that Covid-19 is currently spreading from human to human. The transmission of Covid-19 from a symptomatic patient occurs through droplets that come out when coughing and sneezing. The findings also reinforce the results of epidemiological and virological studies that people with symptoms are transmitted to people who are nearby through droplets. (Sumampuow, 2020).

The transmission process occurs through other media that are around the infected person. The findings are confirmed by epidemiological and virological studies that Covid-19 transmission can occur through contaminated objects and surfaces of droplets around an infected person. Therefore, transmission of the virus may occur through direct contact with an infected person and indirect contact with the surface or object used in the infected individual. (Sumampuow, 2020). Knowledge of how the Covid-19 virus is transmitted is becoming important as a preventive measure to ensure adequate treatment for vulnerable groups such as pregnant mothers.

## Theme 2: Symptoms of Covid-19 infection

The participants had some symptoms when exposed to Covid-19. The symptoms were loss of smell and taste, even a change in taste. In addition, some participants had a fever when they were infected with COVID-19, which continued with certain symptoms. Two subthemes are obtained on this section:

### 1. Sub-theme: Symptomatic

#### a. Loss of smell

People who are infected with Covid-19 may have certain symptoms. It was experienced by a mother who was pregnant with her third child at the age of seven months pregnant. When she was infected with Covid-19, the participants lost their smell.

*"...the smell is gone...." (P6)*

*"...there are symptoms of my smell disappeared suddenly...." (P7)*



b. Loss of senses

Loss of senses is one of the symptoms when someone is infected with Covid-19. The symptoms are experienced by a mother who is pregnant with a third child at the age of 7 months of pregnancy.

*"... can't feel anything because I'm afraid I check to the public health centre." (P7)*

c. Change in taste

A change in appetite is another symptom of Covid-19 infection, at least experienced by a mother who is pregnant with a second child at the age of two months. The participants experienced a change in their senses when they ate something.

*"...the smell is gone and then I eat what I feel what it's like to be salt..." (P6)*

d. Fever

Fever is a symptom commonly experienced by people infected with Covid-19. The experience was experienced by some participants, such as participants who were pregnant with their first child at the age of 7 months of pregnancy.

*"...my initial symptoms are fever..." (P2)*

Even a participant who was pregnant with a third child at the age of nine months pregnant experienced not only fever, but also cold cough and sore throat.

*"...that time I felt like a fever, there was a cold cough, a sore throat. " (P10)*

As for the other participants, when they experience the symptoms, they do the swab test. It was revealed by a mother who was pregnant with her first child at the age of nine months.

*"...there were symptoms, I had a sudden fever so I tried a swab test." (P9)*

2. Sub-theme: Not Symptomatic

In some cases, Covid-19 patients don't have any specific symptoms when they're infected. That's what most of the participants in this study have shown.

*"...no symptoms at all" (P5)*

*"...I have no symptoms of any kind." (P8)*

*"...no, I do not experience any symptoms when stated covid." (P1)*

In this study, participants had symptomatic and non-symptomatic conditions when infected with Covid-19. Symptomatic participants experience loss of smell and flavor, even changes in taste when tasting certain foods. Besides, they also had a fever. It is in line with the findings of Rothan & Byrareddy (2020) that generally Covid-19 patients show respiratory symptoms such as fever, cough, sneezing, and shortness of breath. Data says out of 55,924 cases, the most common symptoms were fever, dry cough, and fatigue. Other symptoms include productive cough, shortness of breath, sore throat, headache, myalgia/artralgia, numbness, nausea/ vomiting, nasal congestion, diarrhea, abdominal pain, hemoptysis, and conjunctive congestion (Report of the WHO-China Joint Mission on Coronavirus Disease 2019 (COVID-19), n.d.). Rohmah, et al. (2020) assessed the symptoms including mild symptoms.

As for the condition of the participant who has no symptoms, but after a test indicates Covid-19, the condition can occur because Covid-19 is in an incubation period of about 3-14 days. (median 5 hari). Symptoms at this stage are usually mild. The second attack occurs 4-7 days after the initial symptoms. At this point, the patient still has a fever and begins to sink, lesions in the lungs worsen, lymphocytes decrease. Inflammatory markers are starting to rise and hypercoagulation is starting to occur. If not addressed, the next phase of inflammation becomes more uncontrolled and can lead to cytokine storms leading to ARDS, sepsis, and other complications. (Huang et al., 2020). Data from the Royal College of Obstetricians & Gynaecologists (2021) suggested that pregnancy and childbirth would not increase the risk of getting COVID-19. However, changes in the immune system in the physiological processes that pregnant mothers experience are more related to the symptoms of COVID-19 infection. (POGI, 2020). Thus, symptoms in pregnant mothers infected with Covid-19 need serious attention so that the immune system is in good condition.

**Theme 3: Mother's emotional reaction to Covid-19 infection**

Pregnant women's susceptibility to emotional, psychological, and stress changes is a risk factor that can exacerbate the negative impact of the Covid-19 pandemic, especially the concomitant comorbidity. Found 4 sub-themes:

1. Sub-theme: Fear

Fear is one of the feelings that arises when affected by Covid-19. The fear is fear of the condition of the mother, the baby, even distanced by the people closest to him. It was revealed by the participants,





*"... especially during pregnancy. Fear of something happening to me or the baby in the womb, especially the covid many people die when giving birth can also be anxious, afraid of getting infected again or my child is infected by someone else..." (P11)*

2. Sub theme: Stress & Sadness

In addition to fear, the participants also experience stress and sadness. They are stressed and sad because they do not accept the condition affected by Covid-19 during pregnancy. They worry about the condition of their baby.

*"...when it was stress, let alone there was a baby in the wardrobe, so I was so stressed" (P2)*

*"...Sad, worried, anxious, I thought of the baby in my womb"(P1)*

3. Sub-theme: Surrendered completely

The reaction to surrender completely was a feeling experienced by a pregnant mother infected with Covid-19. They gave up on her condition. Yet there were other participants who, despite accepting her condition, still took care of themselves and prayed for a speedy recovery.

*"How can I just give up everything..." (P1)*

*"I've been desperate, ma'am... and sadly I have to be quarantined away from my son." (P12)*

*"I can only give over everything, while continuing to take care of myself so that I can recover quickly." (P10).*

4. Sub-theme: Confidence

Some of the participants had the strength within them to heal, that is to say, the confidence that was experienced by one of the mothers who was pregnant with a second child and was two months pregnant. Self-confidence is also experienced by a mother who is pregnant with a third child at the age of 7 months pregnant, even though she had experienced exposure to covid before pregnancy.

*"...I'm confident that I'm sure I'll recover..." (P6)*

*"...if I was pregnant, I wasn't surprised... it happened to be my second covid, having had a Covid before pregnancy..." (P4)*

Participants in this study had some emotional reactions when infected with Covid-19. They're experiencing fear, stress and sadness, sadness and self-confidence. The findings are in line with Pujiastuti, et al. (2021)'s study that both subjects experienced stress before childbirth during the Covid-19 pandemic. The Covid-19 pandemic has made pregnant mothers more concerned about the spread of the coronavirus. The news of Covid-19 is also a stressor for pregnant women, fears of limited health care, and policies such as stay at home, PCR tests, and other policies that put both subjects under stress during pregnancy.

In pregnant mothers over the age of 35, both physiologically and mentally, the level of anxiety is usually higher during pregnancy and childbirth, so it affects the likelihood that the mother is more likely to be stressed (Pardede et al, 2021). The high changes in the level of anxiety and stress in pregnant mothers due to behavioral changes during pregnancy during the COVID-19 pandemic influence the low motivation of the pregnant mother, i.e. the reduction of examination visits by the nurse or doctor directly, the fear of interacting outside because of the high incidence rate of Covid-19 infection due to fear of becoming contagious, fear of lack of food availability, to conflict in the household. The factors directly altered the level of anxiety and stress of the mother during the COVID-19 pandemic increased significantly. (Darmayasa et al., 2022).

Pregnant mothers performed some mechanisms as an attempt by pregnant mothers to get used to the changes that occurred during the pandemic period in the pregnant mother. (Arinda & Herdayati, 2021). Similarly, Pujiastuti, et al. (2021) recommended that pregnant women cope when they are already infected with Covid-19. As for the form of coping used, the problem focused coping is related to direct action such as finding alternative solutions to solving problems and the emotion focused Coping relating to how to regulate emotional responses to cope with stressful situations.

#### **Theme 4: Changes in emotional reactions during childbirth and still infected with Covid-19**

Parenting is one of the most important stages for both mothers and babies. Parenting also provides an important experience for both of them, especially mothers. The experience of parenting is in a Covid-19 pandemic situation. Participants have different responses to knowing that they will be giving birth at the time of COVID-19, as seen in the 5 sub-themes below:

1. Sub-theme: Fear of being contagious



Fear of becoming contagious was one of the participants' reactions when they learned they were going to give birth to a Covid-19 situation. It's not just for the mother herself, it's also for the baby. It was revealed by one of the participants who was pregnant with a second child at the age of seven months pregnant that she was very worried about the transmission, either directly or indirectly in the hospital,

*"I'm afraid a newborn baby will be exposed to covid". (P12).*

A similar response was experienced by one of the participants who was pregnant with a third child at the age of nine months pregnant.

*"I'm so scared, ma'am... not to mention how my child will be because the newborn is exposed." (P10)*

2. Sub-theme: Fear of being separated from the baby

Some of the participants were agitated for fear of being separated from the baby. It's especially when they're infected with Covid-19, as revealed by mothers who are pregnant with their first child at the age of their second pregnancy.

*"I gave birth in the midwife, ma'am... but I'm still scared because I am covid" (P3).*

*"I'm afraid of the birth time in the hospital, afraid I'm still positive, and then the baby has to be separated from his mother" (P4)*

3. Sub-theme: Fear that the baby isn't safe

The participants expressed their concern for the safety of their babies by a mother who was pregnant with her third child at the age of seven months. Mother was scared, anxious, and worried about the safety of her baby.

*"Fear, anxiety, worry whether my baby can survive or not." (P7)*

*"...I'm afraid the baby after birth is infected with Covid..." (P11).*

Even a mother who is pregnant with a second child at the age of two months is not only worried about the safety of her child, but is also worried if there is a disability due to the impact of Covid-19.

*"Fear of the safety of my son, will survive or not, disability or not..." (P6)*

4. Sub-theme: PCR (Polymerase Chain Reaction)

Another interesting emotional reaction is the fear of a swab test. It's revealed that one of the mothers is pregnant with the first child at the age of seven months pregnant.

*"My feelings at the time I was scared... because sure before checking on the PCR..." (P2).*

5. Sub-theme: Surrendered completely

A mother who was nine months pregnant with her first child said that she had to give birth in a hospital, but she didn't doubt that she should give birth, as long as her baby was healthy and she was healthy.

*"I can only rely on... the important thing is my baby is healthy and I can also come back as I am." (P5)*

The change in the emotional response is in line with the findings in the Masjouidi, et al. study (2020) that the pregnant mother is worried about her own health from the virus and the needs of those who require special attention in terms of prevention and management. Besides, changes in the emotional reactions of pregnant mothers occur because childbirth is an important stage for both mother and baby. What's more, there's still a debate about vertical transmission, transmission through either normal vaginal delivery or Caesarean section. (SC). Although a case study that babies born normally to mothers infected with COVID-19 showed negative results on their swab tests. A good delivery measure can prevent exposure of the SARS-CoV-2 virus from the mother to the baby and the medical staff. (Mizrak Sahin & Kabakci, 2021).

In COVID-19 infection in late pregnant birth age showed not one baby confirmed positive from 7 births that occurred based on PCR tests. Average birth weight was  $2096 \pm 660$ g, of which two were premature with mild grunting symptoms but decreased with non-invasive continuous positive airway pressure (nCPAP) ventilation. X-rays of the chest showed that two of the premature babies had neonatal respiratory distress syndrome (NRDS). (Ayed et al., 2020).

To minimize the risk, pregnant mothers should do some precautions to avoid getting Covid-19 when they have to give birth in the hospital. Such efforts can include vaccination, early detection and isolation, hygiene, hand washing, and disinfection, as well as self-protection. (Susilo et al., 2020). Thus, the feelings that arose should be overcome because the hospital delivery at the time of Covid-19 is not a serious problem for both mothers and babies.

**Theme 5: The family's response in accompanying the mother who is going to give birth**



The family response became one of the experiences that attracted the attention of participants when affected by Covid-19. The family's response appeared in the form of support, concern, even distance from the participants. Three sub-themes are found in this section:

1. Sub-theme: Give support

The family has a major role to play in providing support to sick family members. Family support can be a key factor in his healing process. Such support can be moral support and material support.

a. Moral Support

The participants received moral support from the family in the form of encouragement, did not show sadness, and actively communicated. Support in the form of spiritual mercy is experienced by a mother who is pregnant with her first child at the age of nine months of pregnancy. Mother stated that her husband was always encouraging her to recover quickly and her mentality did not decline.

*"Supporting all the way... especially my husband always encourages me to recover quickly and I'm not down mentally...."* (P9)

*"Family still supports, maybe from a distance because I don't want them to get infected either but they encourage me to get recovered."* (P8)

*"...only telephone and videocall communications...."* (P11)

b. Material Support

Family material support also provides a large share in the healing process of a family member who is sick, especially pregnant. The experience of the participants in this study is that their families provide all their needs. The support was done in the hope of a quick recovery. One of the mothers who was pregnant with her first child at the age of two months of pregnancy revealed,

*"The family is very supportive, ma'am... they're eating a lot of food so I can heal quickly."* (P3)

2. Sub-theme: Stay away from the family

Another participant's experience related to the family's reaction was to stay away. A mother who is pregnant with her second child at the age of two months of pregnancy reveals her experience when she was exposed to Covid-19. The family, especially her mother, stayed away from her.

*"My family, especially my mother, stayed away from me... except my husband because he was just as positive."* (P6)

The worst condition is experienced by a mother who is pregnant with a third child at the age of nine months pregnant that her family does not provide assistance. It makes her sad,

*"... sad also when positive covid, family no help, no companionship."* (P10).

3. Sub-theme: Fear

The participants' families expressed anxiety and concern when one of their family members was exposed to Covid-19. The experience was shared by a mother who was pregnant with her third child at the age of seven months pregnant. Her family was very anxious and worried because she was pregnant,

*"They were anxious and worried about my condition being pregnant"* (P4).

Similar experiences were experienced by a participant who was pregnant with a second child at the age of 7 months pregnancy, especially the mother of the participant,

*"...my mom is worried of my condition..."* (P1).

The reaction is normal since the seven-month pregnancy is already in the third trimester.

The family is an important factor that helps the healing of the participants, the support of the family can be in the form of moral or material support. Family material support also provides a large share in the healing process of a family member who is sick, especially pregnant. The experience of the participants in this study is that their families provide all their needs. The support was done in the hope of a quick recovery. The experience of some of the participants must be different from the findings in the study Padila, et al. (2021).

Family moral support shows no anxiety or fear and actively communicates with pregnant mothers who are infected with Covid-19. In the study, pregnant women who have been infected are given minimal family support during childbirth, while family support





plays an important role from the period of pregnancy to delivery, not least in situations exposed to COVID-19. Thus, family support is essential for family members who are sick, especially during pregnancy.

Another participant's experience related to the family's reaction was to stay away, even his family didn't help. The experience must be in line with the findings in Padila's research, et al. (2021). In the study, pregnant mothers affected by Covid-19 received minimal family support during childbirth. While family support plays an important role from pregnancy to childbirth. Especially a pregnant woman who's already in the third trimester needs the support of someone close to her, like her husband or family. (Arinda & Herdayati, 2021).

Mother began to feel sad about being separated from her baby and losing the special attention she received during pregnancy. In this trimester, I need the calm and support of my husband, family and midwife. (Arinda & Herdayati, 2021). Thus, the family's reaction is reasonable because the pregnant mother is in great need of support from the people closest to her. That support is needed so that he can go through the so-called psychological change.

## CONCLUSION

The study provides an overview of how the experience of a pregnant mother suffering from Covid-19 during the COVID-19 pandemic. The experience of transmission of Covid-19 by the participants occurred through direct contact and indirect contact. That experience of direct contact occurred with family members at home and friends in the workplace. Participants had several conditions when exposed to Covid-19. There were participants who had symptoms such as fever, cold sores, loss of smell and flavor, even changes in taste when eating something. In addition, the experience of the participants was that they did not have any specific symptoms when affected by Covid-19. Both conditions actually indicate the incubation time of the COVID-19. (median 5 hari). At this time, leukocytes and lymphocytes are still normal or slightly decreased and patients are asymptomatic. In the next phase (early symptoms), the virus spreads through the bloodstream, presumed primarily in tissues that express ACE2 such as the lungs, gastrointestinal tract and heart. The second attack occurs 4-7 days after the initial symptoms. At this point, the patient still has a fever and begins to sink, lesions in the lungs worsen, lymphocytes decrease. Thus, participants in this study only reached the second stage of the attack. The participants had different feelings when affected by Covid-19. They feel frightened, sad, stressed, and overwhelmed, but there are also those who have confidence. These feelings disturbed them because apart from the inherent emotional and psychological changes in the pregnant mother, they were also due to a terrible pandemic situation. Childbirth is a crucial moment for mother and baby. Hospital delivery is considered to be the right place for the process to go smoothly. However, the process of childbirth in a hospital in a Covid situation is really scary for pregnant mothers. When they knew they had to give birth in the hospital, they had a feeling of anxiety being contagious to the mother and the baby, worried that the baby wasn't safe, feared the baby was separated, even afraid of the test swab until the condition passed. The general participant family responded positively to the pregnancy condition of the participant in the midst of the Covid-19 pandemic situation. The family worried about the situation, but also provided moral and material support. Nonetheless, some participants did not get support from the family. They even stay away from pregnant mothers affected by Covid-19.

## RECOMENDATION

With the right socialization of knowledge, the public can better understand and recognize the changes that occur in pregnant mothers suffering from Covid-19, so that even the necessary support can be given as needed.

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