

Access to Maternal Healthcare Services during the Pandemic in Specialized Hospitals for Mother and Child

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Abstract

This research aims to see how is access to maternal services in the pandemic era. Maternal patients with COVID-19 without symptoms (co-occurrence) can only access a limited number of health facilities and make it more challenging to access healthcare services. Whereas previously, with the integrated referral system, it was easier for patients to access healthcare services. All childbirth during the pandemic takes place in a Healthcare Facility. Pregnant women with suspected, probable, and confirmed COVID-19 would have childbirth at a COVID-19 referral hospital. Based on our study results, as the conclusion, patients with an integrated referral system will be easy to get access to healthcare services. Maternal patients with confirmed COVID-19 without any symptoms have limited access to the health facilities, making access to healthcare services is not easy as before. Easy access to healthcare services is a patient's right, including a pregnant women's right with confirmed COVID-19. Therefore, the government needs to increase the number of COVID-19 Referral Hospital. To provide healthcare services, the Specialized Hospital for Mother and Child can handle the normal childbirth of COVID-19 patients. It is necessary to make regulations on the childbirth of COVID-19 patients at the Specialized Hospital for Mother and Child.

Keywords: *Specialized Hospital for Mother and Child, Tiered Referral, Competency-Based Referral System, Maternal COVID-19 Referral*

Introduction

In the second year of the pandemic, the number of Coronavirus Disease (COVID-19) remains high. COVID-19 has infected 219 countries. On February 7, 2021, the total cases according to the World Health Organization (WHO) were 106,678,791 cases, 360,998 new cases, and 2,327,488 total deaths. 1.2 The COVID-19 in Indonesia, according to data released by COVID-19 Handling and National Economic Recovery Committee, on February 7, 2021, was 1,202,498 people of confirmed cases, 11,404 new cases, and 38,295 deaths.¹

Based on clinical symptoms and clinical manifestations associated with COVID-19 infection, the confirmed positive case is divided into five criteria; It is:

1. No symptoms (asymptomatic). There are no clinical symptoms. The patient does not show any symptoms.
2. Mild symptoms. Mild symptoms. With no complications. Patients with non-specific symptoms.
3. Moderate symptoms. Patients with mild pneumonia.
4. Severe symptoms. Patients with severe pneumonia or severe respiratory infections (ARI).
5. Critically ill. Patients with Acute Respiratory Distress Syndrome (ARDS).²

According to data from the countries affected by the start of the pandemic, 40% of cases will have mild

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disease, 40% will have moderate disease, 15% will experience severe disease, and 5% will experience critical cases.³

Based on the Decree of the Minister of Health of the Republic of Indonesia Number HK.01.07 / MENKES/413/2020 on Guidelines for the Prevention and Control of Coronavirus Disease 2019 (COVID-19) (from now on referred to as PMK 413/2020), patients with mild symptoms can be treated at Emergency Hospital, especially for self-handling patients during treatment, while patients with mild, moderate, or severe/critical symptoms can be treated at a COVID-19 referral hospital or other hospitals with complete facilities according to predetermined service standards.^{4,5}

Maternal and child healthcare services have also been affected by COVID-19. Maternal and neonatal services need special attention to prevent maternal morbidity and mortality, especially during a pandemic where there are restrictions on maternal healthcare services.⁶ Marcos Nakamura et al. in July 2020 reported 160 maternal deaths because of COVID-19. 77.5% of deaths occur in middle-income countries.⁷ In Indonesia, the number of pregnant women has increased to reach 500,000.⁸ It is in line with the prediction of Hasto Wardoyo, Head of the Population and Family Planning Agency (BKKBN), delivered in May 2020. There will be than 400,000 pregnancies during the pandemic due to decreased contraceptive use, so it is estimated that there will be 420,000 births by 2021.⁹ Dr. Soetomo Hospital as a COVID-19 referral center in East Java received 110 maternal referrals from March to June 2020, 63 people with a rapid test (+) and 23 people confirmed COVID-19. Meanwhile, Airlangga Hospital received 47 maternal referral cases; 24 people were confirmed as COVID-19.¹⁰

With the increase in pregnancy rates during the pandemic, the co-incidence of COVID-19 in pregnant women has also increased. Based on Circular Letter (SE) of the Directorate General of Healthcare Services Number HK.02.02/III/2827/2020 on Referral Hospital Readiness in Handling Maternal and Neonatal Referrals with COVID-19, mother's childbirth process with suspected or probable cases of COVID-19 must be handled at COVID-19 Referral Hospitals.¹¹

Maternal patients with COVID-19 without symptoms can only access a limited number of health facilities, making another complicated matter accessing healthcare services. Whereas previously, patients get easier access to healthcare services with the integrated referral system, So, in this paper, it is essential to discuss how the access to maternal services during the pandemic era is.

Discussion

Maternal Services in the New Adaptation Era

Maternal mortality and neonatal mortality are significant challenges and need more attention in the COVID-19 pandemic. There were 1,483 cases of pregnant women, as recorded by the COVID-19 Task Force up to September, confirmed COVID-19, and 4.9% of them having accompanying conditions.¹² The pregnant woman, as they are going to give birth, is advised to have a COVID-19 screen seven days before the estimated date of childbirth. The obligation for COVID-19 referral hospitals in maternal and neonatal services is putting more attention on isolation precautions for all patients by several steps:

1. Using the childbirth room for vaginal delivery services to reduce air transmission,
2. Taking operation in negative pressure operating room if any, or modifying the airflow.
3. Providing personal protective equipment (PPE) following the standards for health workers in maternal and neonatal services.

All childbirth during the pandemic takes place in a Health Care Facility. On D-14, before the estimated childbirth, screening is taken to determine the status of COVID-19. Mothers with suspected, probable, and confirmed COVID-19 would have treatment at a COVID-19 referral hospital. Childbirth at a non-referral hospital if the referral hospital is full and or an emergency condition occurs. If the mother arrives with an intrapartum condition, she must be admitted to all Healthcare Service Facilities even though the status of COVID-19 is not yet known and treated using standard PPE.

COVID-19 Referral Hospital

COVID-19 referral hospitals are located throughout Indonesia. As of October 2020, there were 903 COVID-19 referral hospitals. One hundred thirty-two hospitals were determined based on the Decree of the Minister of Health Number HK.01.07/MENKES/169/2020, while 771 hospitals were determined based on the Governor's Decree.¹³ There are 101 COVID-19 referral hospitals in Jakarta¹⁴ and 99 in East Java.¹⁵

Division of Hospital Classes

Based on article 1 paragraph (1) of Law No. 44 of 2009 on Hospitals (from now on referred to as the Hospital Law), a hospital is a comprehensive individual healthcare service institution providing inpatient, outpatient, and emergency services. The services provided lead hospitals to be categorized as general hospitals and specialized hospitals. Specialized hospitals provide primary services in one particular field or type of disease based on scientific discipline, age group, organs, type of disease, or other specialties, as stated in article 19 of the Hospital Law.

Law No. 11 of 2020 on Job Creation paragraph 11 article 60 divides healthcare service facilities to include first, second and third level health facilities. Furthermore, in the Draft of Government Regulation (RPP) on Job Creation in the Health Sector chapter II article 3, the hospital classification has not changed. The classification of specialized hospitals consists of class A, class B, and class C. In article 13, paragraph 1 of this RPP, hospitals are required to implement a referral system. The referral system is further regulated in article 24 of the RPP. It requires hospitals to be part of the referral system network by using the Integrated Referral System organized by the Ministry as a single data center in Indonesia, which is accurate, up-to-date, and integrated.

In the framework of tiered healthcare services and referral functions, in Article 24 of the Hospital Law, hospitals are classified based on their facilities and service capabilities, consisting of general hospitals and specialized hospitals. Based on Permenkes No. 3 of 2020 on the Classification and Licensing of Hospitals Article 17, Mother and Child Hospital is classified as Specialized Hospitals (RSK). The hospital provides

healthcare services for mothers and children. Some advantages of a mother and child hospital are it is equipped with facilities to make mothers and children feel safe and comfortable. According to data from the Ministry of Health, the number of hospitals in Indonesia is 2925, 354 of which are Mother and Child Hospitals.¹⁶

As mentioned before, the specialized hospital is categorized into class A, class B, and class C. The main difference between classes A, B, and C is only the number of beds. Classification of Specialized Hospital class A, B, and C are no longer based on the ability of specialist and subspecialty medical services, but only based on the number of beds. It is as follows; class A specialized Hospital has at least 100 beds, class B specialized hospital has at least 75 beds, and class C hospital with 25 beds.

Meanwhile, other requirements such as services, human resources, buildings, infrastructure, and equipment are the same for mother and child specialized hospitals in class A and class B. In the attachment to Permenkes No.3 of 2020 on Hospital Classification and Licensing, Class C Mother and Child Specialized Hospital must have obstetricians, gynecologists, and pediatricians. Meanwhile, other specialists, subspecialists, general practitioners, and dentists are not mandatory. The requirements are outpatient rooms, inpatient rooms, emergency rooms, childbirth rooms, operating rooms, and intensive care units (ICU) in terms of building and infrastructure. Meanwhile, the Neonatal Intensive Care Unit (NICU), Pediatric Intensive Care Unit (PICU), and High Care Unit (HCU) is not a must. As an illustration, only 76.4 percent of hospitals have Neonatal Intensive Care Units (NICU).

Based on Article 26 of the Hospital Law, Class C Hospital permits are granted by the district/city government after receiving a recommendation from the health sector's competent authority at the district/city government. In the author's assumption, the establishment of class C hospitals, including class C specialized hospitals, is more manageable, making the number of class C hospitals more.

Referral System Before Covid-19

According to the World Health Organization (WHO), the hospital is an integral part of a social and

health organization to provide comprehensive services, cures, and disease prevention to the community. The hospital is also a training center for health workers and a medical research center.¹⁹

Article 29 of the Hospital Law explains every hospital has obligations, one of which is to provide safe, quality, anti-discrimination, and effective healthcare services by prioritizing patients' interests following the hospital service standards. Hospital leaders' commitment is fundamental in meeting the quality of service and patient safety by establishing a policy. Collaborative policies and procedures are developed to improve the process for each service in the hospital. It starts from hospital leadership's policy to determine an accreditation team and policies or procedures related to hospital accreditation standards, especially on patient safety goals. The policy is socialized to hospital officers and staff to be implemented in every service to patients.

Article 24 of the Hospital Law states that to provide tiered healthcare services and referral functions, general hospitals and specialized hospitals are classified based on hospital services' facilities and capabilities. In Article 29 of the Hospital Law, hospitals are stated to have an obligation to implement a referral system.

Healthcare services in Indonesia are currently entering health insurance financing through the Healthcare and Social Security Agency as the organizer. The National Health Insurance (JKN) has been implemented since January 1, 2014, based on the mandate of the 1945 Constitution and Law No. 40 of 2004 on the National Social Security System (SJSN) to achieve universal health insurance.

As stated in Regulation of the Minister of Health of the Republic of Indonesia No. 001 of 2012 on the Individual Healthcare Service Referral System (from now on referred to as PERMENKES No. 001/2012), the referral system is a healthcare service that regulates the transfer of duties and responsibilities of healthcare services both vertically and horizontally. Healthcare services are implemented in stages based on the medical needs starting from the first level healthcare service. The referral system is compulsory for patients whose health insurance or social health insurance and healthcare service providers. The referral system regulates the flow from where and where to go for specific health problems

to have their health checked. It aims to be effective and efficient simultaneously; it means reduced waiting time in the referral process and fewer unnecessary referrals because they could be handled at first-level health facilities. The National Health Insurance era applies a tiered referral system, where healthcare services begin at the first level healthcare facilities. Implementing a tiered referral system requires the Healthcare and Social Security Agency (BPJS) patients to prioritize treatment at a Community Healthcare Service (*Puskesmas*) as a primary service facility. If a primary service facility cannot help the patients, the primary care facility will send the patient to a secondary service facility such as a hospital. As stated in the Healthcare and Social Security Agency (BPJS) 2014, the number of patient referrals at the FKTP must not exceed 15% of the total monthly BPJS patient visits. Implementing a system will not run well if it is not following the policy or guidelines' provisions.

One of the problems in implementing the referral system is the limited resources and essential infrastructure in health institutions to provide minimal healthcare services.²² However, the Healthcare and Social Security Agency (BPJS) still holds tiered referral rules.

According to Article 3 of PERMENKES No. 001/2012, the referral system is implementing healthcare services, which regulates the transfer of duties and responsibilities of healthcare services both vertically and horizontally.

The Ministry of Health and the Healthcare and Social Security Agency (BPJS) establish referrals through an integrated referral system (Sisrute), from primary to secondary to tertiary.

Figure 1 Integrated Referral System (Sisrute), Ministry of Health, 2019

Based on The Integrated Referral System (Sisrute), class C hospitals are secondary services, parallel to class D hospitals and primary clinics. Meanwhile, class B and A hospitals provide tertiary service. As stated in Permenkes No. 3/2020, both class C, class B, and class A hospitals have no difference in service facilities or the number of experts and trained personnel, except in the number of beds.

In PERMENKES No.001/2012, the vertical referral system is carried out if (1) the patient needs specialized and subspecialist services, (2) the referrer cannot provide healthcare services according to the patient's needs due to limited facilities, equipment, or human resources. Meanwhile, a horizontal referral is applied if the referrer cannot provide healthcare services according to the patient's needs because of limited facilities, equipment, and human resources, both temporary and permanent. Besides those two referrals, there is another term of referral; it is the back referral. The back referral is a vertical referral from higher service providers to lower services when a lower level of health care can handle the patient's health problems according to its competence and authority, such as the competence and authority of the first or second level services are better in handling these patients, patients need extended services by lower levels of health care only, convenience reasons, efficiency and long-term service, and referrers cannot provide healthcare services according to patient needs due to limited facilities, infrastructure, equipment and human resource.²³

In social interaction patterns, patient perceptions play a significant role in describing patient satisfaction towards hospital services. Based on this perception, the patient's impression will lead to the quality of hospital services. The impression consists of perceptions of each related individual.²⁴

The hospitality received by the patient/patient's family upon entering a hospital will give a warm and friendly impression and make the patient believe that he has chosen the right hospital. Inpatients at the hospital will interact longer with the hospital's staff. So, the factor of friendliness and dexterity of the staff take an essential role. The hospital should select employees to maintain this performance.²⁵

Patients must know and adhere to the channels and procedures of the healthcare services. The completeness of administrative requirements will affect the speed of healthcare services. Increasing public knowledge will affect the increasing demands of the community for the quality of healthcare services. Besides, healthcare service providers are also being highlighted by the community regarding the performance of medical and non-medical human resources. An effective referral system ensures

close links between all health system levels and helps to ensure people receive the best possible care closest to home. It also helps in making the effective cost of hospitals and primary healthcare services. Supported health centers and outreach services by experienced staff from the hospital or district health department build capacity and increase access to better quality care.²⁶

The doctor determines whether there are sufficient facilities, equipment, and experts for the case. If it is happening where all those facilities, equipment, and experts do not meet the sufficient standard, the patient will be sent to another hospital as a referral. In practice, the doctor has determined the patient's facilities, equipment, and experts to be referred. This determination aims to find out whether the hospital can handle the patient's need or not. In this case, the emergency room doctors play a vital role. Once the doctors confirm the supported facilities are sufficient, they will immediately be referred to another hospital. According to PERMENKES No. 001/2012 article 9 on the referrers who cannot provide healthcare services according to patient needs due to limited facilities, equipment, and experts, the referrals are made.²⁷

Based on the Regulation of the Director of Healthcare Service Security No.4 of 2018 on the Implementation of a Competency-Based Tiered Referral System through Information System Integration and providing referrals based on the patient's medical needs to the competence of the referral health facilities.

A competency-based tiered referral system is established based on the medical need for a disease and hospital service facilities' competence. Referrals from the FKTP can go directly to class A hospitals if class B and C hospitals do not have the competence to handle it. The absence of a tiered referral system encourages hospitals to improve human resources and infrastructure.²⁸ This tiered referral system based on competence is not in line with the referral system regulated in PERMENKES No.001/2012.

Maternal Service

One factor in reducing maternal and infant mortality is increasing public access to healthy childbirth by providing a financing factor for pregnant women without childbirth security. Thus, the government

launched the government-funded childbirth coverage program (Jampersal). Jampersal's targets are all pregnant women intending to access childbirth checks, childbirth assistance, postpartum examinations, and family planning services by health workers in healthcare facilities. It is expected to contribute to reducing maternal and infant mortality rates.

The Jampersal program's childbirth services include First Level Childbirth Services (PPTP) and Advanced Level Childbirth Services (PPTL). First Level Childbirth Services (PPTP) is at the *Puskemas* along with its network and other healthcare service centers that have cooperation with the district/municipal team includes five packages; is four birth checks, childbirth, prenatal, postpartum, and post-childbirth services such as installing family planning. The rate for the first level of Jampersal service for normal childbirth is Rp.350,000.00, and the rate for antenatal care is Rp.10,000 per check-up. The rate for postpartum services includes services for newborns, and postpartum family planning is Rp.10,000.00.

Specialized childbirth services that cannot be handled in first-level health facilities include midwifery and neonatal services for pregnant women and neonates with high risks and complications will be handled by public and private hospitals based on a referral system, except in emergencies. Service rates on PPTL are based on INA CBG's rates.²⁹

Mortality factors considered the cause of the patient's death during the treatment period are diagnosing the patient's disease, determining the action or treatment, improved medical facilities and infrastructure, and skillful health workers to reduce the mortality rate.³⁰

Maternal Referral System in Pandemic Era

Planned referrals are intended for highly-risky pregnant women to have childbirth risk factors for COVID-19 and pregnant women with suspected and confirmed COVID-19 status. Pregnant women with childbirth risk factors are referred to the hospital to manage risks or complications of childbirth, and the COVID-19 screening is conducted at the hospital. Pregnant women with COVID-19 risk factors are referred to the Referral Hospital, screening for risk factors for childbirth is carried out at the referral hospital.³¹ If

there are no risk factors, the First Level Health Facility (FKTP) can do antenatal care to the patient.

Patients' Rights to Access Healthcare Service

Pregnant women are entitled to get better healthcare services. According to article 52 of Law No. 29 of 2004 on Medical Practice, patients have the right to receive services according to medical needs. Law No/ 44 of 2009 on Hospitals regulates the protection of patient rights in article 32, including the right to receive humane, fair, and honest services and without any discrimination; entitled to quality healthcare services following professional standards and standard operating procedures, and patients have the right to receive adequate and efficient services to avoid physical and material harm.

Conclusions

1. The healthcare service system is divided into several different scopes; healthcare services and referral system services that have levels starting at the first, second, and third levels. The healthcare service system has its objectives, likewise, in specialized hospitals that mainly have specific services. Thus, services and facilities in specialized hospitals are different from general hospitals, yet it does not ignore healthcare service's primary goal.

2. The number of COVID-19 Referral Hospitals has been increased. To provide healthcare services, the Specialized Hospital for Mother and Child can handle the normal childbirth of COVID-19 patients. It is necessary to make regulations on the childbirth of COVID-19 patients at the Specialized Hospital for Mother and Child.

Ethical Clearance: Nil

Conflict of Interest: Nil

Source of Funding: Self Funding

Acknowledgment: Nil

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