

Lampiran 1

Tabel Keaslian Penelitian

No.	Judul karya Ilmiah, penulis, dan tempat penelitian.	Database	Variabel	Jenis penelitian	Hasil	Bahasa
1.	Clinical characteristics and risk assessment of newborns born to mothers with COVID-19 (P. Yang et al., 2020) Tempat penelitian : in Wuhan, Hubei Province, China, and other international areas.	Pubmed	Clinical characteristics and risk assessment of newborns born to mothers with COVID-19	Case Report	4 of the 7 newborns were late preterm with gestational age between 36 weeks and 37 weeks, and the other 3 were full-term infants. The average birth weight was 2096 ± 660 g. All newborns were born without asphyxia. 2 premature infants performed mild grunting after birth, but relieved rapidly with non-invasive continuous positive airway pressure (nCPAP) ventilation. 3 cases had chest X-ray, 1 was normal and 2 who were supported by nCPAP presented mild neonatal respiratory distress syndrome (NRDS). Samples of pharyngeal swab in 6 cases, amniotic fluid and umbilical cord blood in 4 cases were tested by qRT-PCR, and there was no positive result of SARS-CoV-2 nucleic acid in all cases.	Inggris

2.	<p>Infants Born to Mothers with a New Coronavirus (COVID-19) (“Infants Born to Mothers With a New Coronavirus (COVID-19)Chen, Yan Peng, Hua Wang, Lin Zhao, Yin Zeng, Lingkong Gao, Hui Liu, Yalan,” 2020) Tempat penelitian: China.</p>	Pubmed	<p>Infants Born to Mothers with a New Coronavirus (COVID-19)</p>	Case Report	<p>This feature reveals that none of the 4 newborns of mothers with COVID-19 develop COVID-19 infection. In this study, viral nucleic acid detection using real-time polymerase chain reaction (RT-PCR) remains is taken as the standard of COVID-19 infection. A recently retrospective analysis from adult showed the sensitivity of RT PCR is 71% for COVID-19 infection. Therefore, the reliability of diagnostic test should be further evaluated especially for children. The other limitation of this report was the small numbers of cases, and imperfect clinic data. No COVID-19 vertical transmission was detected. Further study for viral infection in placenta, amniotic fluid, neonatal blood, gastric fluid and anal swab, and the viral depending receptor on children will be detected in future.</p>	Inggris
3.	<p>Multicentre Spanish study found no incidences of viral transmission in infants born to</p>	Pubmed	<p>Viral transmission in infants born to mothers with COVID-19</p>	Descriptive study	<p>Over half (52.4%) of the women had a vaginal delivery. The initial clinical symptoms were coughing (66.6%) and fever (59.5%) and one mother died due to thrombo-embolic events. We admitted 37 newborn infants to the</p>	Inggris

	<p>mothers with COVID-19 (Marín Gabriel et al., 2020)</p> <p>Tempat penelitian : This multicentre descriptive study involved 16 Spanish hospitals.</p>				<p>neonatal unit (88%) and 28 were then admitted to intermediate care for organisational virus-related reasons. No infants died and no vertical transmission was detected during hospitalisation or follow up. There was no evidence of COVID-19 transmission in any of the infants born to COVID-19 mothers and the post discharge advice seemed effective. The measures to avoid transmission appeared to reduce exclusive breastfeeding at discharge.</p>	
4.	<p>Clinical analysis of 10 neonates born to mothers with 2019-nCoV pneumonia (Zhu et al., 2020)</p> <p>Tempat penelitian : in Wuhan, the capital city of Hubei province in central China, is spreading rapidly nationwide.</p>	<p>Science Direct</p>	<p>Clinical analysis of 10 neonates born to mothers with 2019-nCoV pneumonia</p>	<p>Case Report</p>	<p>Among these 9 pregnant women with confirmed 2019-nCoV infection, onset of clinical symptoms occurred before delivery in 4 cases, on the day of delivery in 2 cases, and after delivery in 3 cases. In most cases, fever and a cough were the first symptoms experienced, and 1 patient also had diarrhea. Of the newborns born to these mothers, 8 were male and 2 were female; 4 were full-term infants and 6 were born premature; 2 were small-for-gestational-age (SGA) infants and 1 was a large-for-gestational-age (LGA) infant; there were 8 singletons and 2 twins. Of the neonates, 6 had a Pediatric</p>	<p>Inggris</p>

					<p>Critical Illness Score (PCIS) score of less than 90. Clinically, the first symptom in the neonates was shortness of breath (n=6), but other initial symptoms such as fever (n=2), thrombocytopenia accompanied by abnormal liver function (n=2), rapid heart rate (n=1), vomiting (n=1), and pneumothorax (n=1) were observed. Up to now, 5 neonates have been cured and discharged, 1 has died, and 4 neonates remain in hospital in a stable condition. Pharyngeal swab specimens were collected from 9 of the 10 neonates 1 to 9 days after birth for nucleic acid amplification tests for 2019-nCoV, all of which showed negative results.</p>	
5.	<p>A Case Report of Neonatal 2019 Coronavirus Disease in China (S. Wang et al., 2020) Tempat penelitian: China</p>	Pubmed	Case Report of Neonatal 2019 Coronavirus Disease	Case Report	<p>Clinical datas on COVID-19 infection in newborns are still very limited. Whether SARS-CoV-2 can transmit vertically through placenta and its short-term and long-term harm to offsprings is still unclear. Therefore, it is important to keep all the specimens of SARSCoV-2 infected and suspected pregnant women and their newborns, including pharyngeal swabs, peripheral blood, placenta tissue after delivery, amniotic</p>	Inggris

					fluid, cord blood, newborn pharyngeal swabs and breast milk, for in-depth study and continuous follow-up observation of future generations.	
6.	Severe COVID-19 during Pregnancy and Possible Vertical Transmission (Alzamora et al., 2020) Tempat penelitian : American Hospital	Pubmed	Severe COVID-19 during Pregnancy and Possible Vertical Transmission	Case Report	There are few cases of pregnant women with novel corona virus 2019 (COVID-19) in the literature, most of them with a mild illness course. There is limited evidence about in utero infection and early positive neonatal testing. A 41-year-old G3P2 with a history of previous cesarean deliveries and diabetes mellitus presented with a 4-day history of malaise, lowgrade fever, and progressive shortness of breath. A nasopharyngeal swab was positive for COVID-19, COVID-19 serology was negative. The patient developed respiratory failure requiring mechanical ventilation on day 5 of disease onset. The patient underwent a cesarean delivery, and neonatal isolation was implemented immediately after birth, without delayed cord clamping or skin-to-skin contact. The neonatal nasopharyngeal swab, 16 hours after delivery, was positive for severe acute respiratory syndrome– coronavirus 2 (SARS-CoV-2) real-time polymerase	Inggris

				chain reaction (RT-PCR), and immunoglobulin (Ig)-M and IgG for SARS-CoV-2 were negative. Maternal IgM and IgG were positive on postpartum day 4 (day 9 after symptom onset). We report a severe presentation of COVID-19 during pregnancy. To our knowledge, this is the earliest reported positive PCR in the neonate, raising the concern for vertical transmission.		
7.	Coronavirus disease 2019 in pregnant women: a report based on 116 cases (Yan et al., 2020)	Pubmed	Coronavirus disease 2019 in pregnant women	Case Report	The median gestational age on admission was 38 (interquartile range, 36-39) 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. Of the 116 cases, there were 8 cases (6.9%) of severe pneumonia but no maternal deaths. One of 8 patients who presented in the first trimester and early second trimester had a missed spontaneous abortion. Of 99 patients, 21 (21.2%) who delivered had preterm birth, including 6 with preterm premature rupture of membranes. The rate of spontaneous preterm birth before 37 weeks' gestation	Inggris

was 6.1% (6/ 99). One case of severe neonatal asphyxia resulted in neonatal death. Furthermore, 86 of the 100 neonates tested for severe acute respiratory syndrome coronavirus 2 had negative results; of these, paired amniotic fluid and cord blood samples from 10 neonates used to test for severe acute respiratory syndrome coronavirus 2 had negative results.

8.	<p>A Case of 2019 Novel Coronavirus in a Pregnant Woman With Preterm Delivery (X. Wang et al., 2020) Tempat penelitian : China</p>	Pubmed	<p>A Case of 2019 Novel Coronavirus in a Pregnant Woman With Preterm Delivery</p>	Case Report	<p>Several reasons might have contributed to the uneventful perinatal course. First of all, this patient was a healthy young woman without special medical history, and regular follow-ups in obstetrics clinic revealed that she and the fetus were healthy before this infection. And early detection of COVID-19 and late stage of gestation were also essential. Secondly, our medical center was a designated hospital for COVID-19 in Suzhou since the virus outbreak in China, and all the health care workers received systemic training for strict isolation and protection</p>	Inggris
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measures, such as use of protective equipment, hand hygiene, safe waste management, environmental cleaning, and sterilization of medical equipment, and followed the correct procedures during medical practice. Much experience has been accumulating in the past few weeks from dozens of patients infected by SARS-CoV-2, including a 19-month old boy, the youngest patient in Suzhou to date. The patient in our case was ideally cared for by a multidisciplinary medical team, including obstetrics, pediatrics, infectious diseases, anesthesia, ICU, nosocomial infection control expert, and administrative staff. Timely and effective consultations were obtained to discuss her case. Last but not least, careful transmission precautions to the infant, including contact, droplet, and airborne seem to be of great

					<p>significance. Given the high infectivity and undefined transmission mode, some infection-control protocols applicable for the operating room were developed for patients with confirmed or suspected COVID-19. Some infected cases in China demonstrated viral shedding in feces, suggesting that SARS-CoV-2 might be present in other body parts, so those precautions during delivery were necessary in case transmission during delivery exists.</p>	
9.	<p>Unlikely SARS-CoV-2 vertical transmission from mother to child: A case report (Peng et al., 2020) Tempat penelitian : China</p>	<p>Science direct</p>	<p>Unlikely SARS-CoV-2 vertical transmission from mother to child</p>	<p>Case Report</p>	<p>As the 2019 novel coronavirus disease (COVID-19) rapidly spread across China and to more than 70 countries, an increasing number of pregnant women were affected. The vertical transmission potential of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) is of great concern to the obstetrics, neonatologists, and public health agencies. Though some studies indicated the risk of vertical</p>	<p>Inggris</p>

transmission is low, few cases have been reported with comprehensive serial tests from multiple specimens. In this case, a female preterm infant was born to a mother with confirmed COVID-19. She presented with mild respiratory distress and received general management and a short period of nasal continuous positive airway pressure support. During her stay at the hospital, a series of SARS-CoV-2 nucleic test from her throat and anal swab, serum, bronchoalveolar lavage fluid, and urine were negative. The nucleic acid test from the mother's amniotic fluid, vaginal secretions, cord blood, placenta, serum, anal swab, and breast milk were also negative. The most comprehensively tested case reported to date confirmed that the vertical transmission of COVID is unlikely, but still, more evidence is needed.

10.	Maternal Coronavirus Infections and Neonates Born to Mothers with SARS-CoV-2: A Systematic Review. (Muhidin et al., 2020) Tempat penelitian : Brazil	Science direct	Maternal Coronavirus Infections and Neonates Born to Mothers with SARS-CoV-2	A Systematic Review	This review revealed that pregnant women with COVID-19 usually present with fever, cough, and nausea. Among various comorbidities, obesity and hypertensive disorders are the most common. It is important to highlight the prevalence of premature birth, maternal death, premature rupture of the membrane, intrauterine fetal death, neonatal death, miscarriage, decreased fetal movements, and severe neonatal asphyxia among cases of infected mothers. Although we found only 27 cases of newborns infected with COVID-19, viral exposure of SARS-CoV-2 during pregnancy and intrapartum period cannot be ruled out and should be further investigated in future studies.	Inggris
11.	Corona Virus Disease 2019 (COVID-19) pada Wanita Hamil dan	Google scholar	Corona Virus Disease 2019	Systematic Review	Sebagian besar kasus COVID-19 yang ditemukan pada wanita hamil adalah tergolong kasus ringan, adanya transmisi vertikal yang rendah dibuktikan dari hasil	Indonesia

	Bayi: Sebuah Tinjauan Literatur (Rohmah & Nurdianto, 2020) Tempat penelitian : China				tes sampel ibu dan bayi, minimnya kasus spontaneous abortus, kelahiran bayi prematur, kematian bayi, serta gangguan perkembangan. ASI dari ibu hamil positif COVID-19 juga cukup aman diberikan pada bayi dikarenakan kasus positif asam nukleat SARS-CoV-2 sangat minim ditemukan.	
12.	Dampak Coronavirus Disease 2019 (COVID-19) Pada Kehamilan Sejak Desember 2019 Hingga Agustus 2020 Melalui Tinjauan Literatur (prema hapsari hidayati, rezky putri indarwati abdullah, 2020) Tempat penelitian : China	Google Scholar	Dampak Coronavirus Disease 2019 (COVID-19) Pada Kehamilan	Systematic Review	Berdasarkan hasil tinjauan literatur dari 17 artikel, diperoleh hasil adanya dampak COVID-19 pada kehamilan. Dampak (COVID-19) pada kehamilan dapat dialami oleh janin, neonatus, bayi dan ibu. Hasil presentasi dampak COVID-19 pada kehamilan dari 17 artikel secara keseluruhan adalah demam (47%), batuk (47%), persalinan dengan operasi sesar (59%), dan persalinan prematur (41%), perawatan wanita hamil secara intensif (29%), kematian ibu (29%), kematian neonatus (23%), neonatus positif COVID-19 (23%), aborsi spontan (17%),	Indonesia

lahir mati (17%), kematian intrauterin (17%), BBLR (17%), gawat janin (12%), dan asfiksia neonatal (17%), angka ini hanya membandingkan hasil antar artikel

Lampiran 2

Tabel skor JBI (Joanna Briggs Institute)

Penulis	Skor Systematic Review, retrospective cohort study, case report											Jumlah	Kesimpulan
	1	2	3	4	5	6	7	8	9	10	11		
P. Yang, X. Wang, P. Liu, C. Wei, B. He, J. Zheng, et al. 2020			√	√	√		√	√				5/8	62,5%
Chen Chen, YanPeng, Hua Wang, Lin Zhao, Yin Zeng, et al, 2020	√			√	√	√		√	√	√	√	9/11	72,72%
M. A. Marin Gabriel, I. Cuadrado, B. Alvarez Fernandez, E. Gonzalez Carrasco, C. Alonso Diaz, I. Llana Martin, et al, 2020	√	√	√	√	√	√		√		√	√	9/11	81,81%
H. Zhu, L. Wang, C. Fang, S. Peng, L. Zhang, G. Chang, et al, 2020			√	√	√	√	√	√				6/8	75%
S. Wang, et al, 2020	√		√	√	√	√		√				6/8	75%
Alzamora et al, 2020		√	√	√	√	√						5/8	62,5%
Yan et al, 2020	√	√	√			√	√	√				6/8	75%
X. Wang et al, 2020	√		√	√	√	√	√					6/8	75%
Peng et al, 2020		√	√	√	√	√						5/8	62,5%
W. N. D. Amaral, C. L. Moraes, A. Rodrigues, M. Noll, J. T. Arruda and C. R. Mendonca, 2020	√	√	√	√	√	√		√		√	√	9/11	81,81%
Martina Kurnia Rohmah, Arif Rahman Nurdianto, 2020	√	√	√	√	√	√		√		√	√	9/11	81,81%

Rumfabe S.S, Herlina Y, Pande M.D.A, 2020	√	√	√	√	√	√						6/11	54,36%
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JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses

Reviewer		Date				
Author		Year	Yes	No	Unclear	Not applicable
1. Is the review question clearly and explicitly stated?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Were the inclusion criteria appropriate for the review question?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the search strategy appropriate?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were the sources and resources used to search for studies adequate?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the criteria for appraising studies appropriate?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was critical appraisal conducted by two or more reviewers independently?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were there methods to minimize errors in data extraction?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Were the methods used to combine studies appropriate?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Was the likelihood of publication bias assessed?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Were recommendations for policy and/or practice supported by the reported data?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Were the specific directives for new research appropriate?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include Exclude Seek further info

Comments (Including reason for exclusion)

JBI Critical Appraisal Checklist for Case Reports

Reviewer	Date				
Author	Year	Yes	No	Unclear	Not applicable
1. Were patient's demographic characteristics clearly described?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Was the patient's history clearly described and presented as a timeline?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the current clinical condition of the patient on presentation clearly described?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Were diagnostic tests or assessment methods and the results clearly described?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Was the intervention(s) or treatment procedure(s) clearly described?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Was the post-intervention clinical condition clearly described?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Were adverse events (harms) or unanticipated events identified and described?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the case report provide takeaway lessons?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Overall appraisal: Include Exclude Seek further info

Comments (Including reason for exclusion)

LEMBAR BIMBINGAN SKRIPSI



Nama Mahasiswa
NIM
Pembimbing I
M.Kep

: Dimby Allinda Chrismavera
: P17211173020
: Fitriana Kurniasari S., S.Kep., Ns.,

NO	TANGGAL	REKOMENDASI PEMBIMBING	TANDA TANGAN PEMBIMBING
1.	29/09/2020	Konsultasi judul	
2.	03/10/2020	Konsultasi judul	
3.	13/10/2020	Konsultasi judul & membuat keaslian penelitian	
4.	14/10/2020	Konsultasi judul	
5.	27/10/2020	Konsultasi judul & penetapan penggunaan metode penelitian	
6.	05/11/2020	Konsultasi judul & membuat keaslian penelitian	
7.	06/10/2020	ACC Judul	
8.	07/10/2020	Bimbingan BAB 1	
9.	12/11/2020	Pengumpulan BAB 1	
10.	21/11/2020	Revisi BAB 1 & bimbingan BAB 2 dan 3	
11.	26/11/2020	Pengumpulan BAB 2 & 3	
12.	04/01/2020	Revisi BAB 2 & 3	
13.	06/12/2020	Pengumpulan BAB 1, 2, 3	

14. 08/01/2021 Revisi BAB 1, 2, 3



15. 16/01/2021 ACC PROPOSAL



16. 18/05/2021 Bimbingan bab 4 dan bab 5



17. 21/05/2021 Bimbingan bab 4 dan 5



18. 24/05/2021 Bimbingan bab 4 dan 5



19. 26/05/2021 Bimbingan bab 4 dan 5



20. 31/05/2021 Bimbingan bab 4 dan 5




21. 06/06/2021 Bimbingan bab 4 dan 5



22. 08/06/2021 Bimbingan bab 4 dan 5

23. 15/06/2021 ACC seminar hasil



LEMBAR BIMBINGAN SKRIPSI



LEMBAR BIMBINGAN SKRIPSI

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Pembimbing I : Maria Diah Ciptaningtyas., S.Kep., Ns., M.Kep., Sp.KMB

NO	TANGGAL	REKOMENDASI PEMBIMBING	TANDA TANGAN PEMBIMBING
1.	29/10/2020	Konsultasi judul	
2.	23/11/2020	Konsultasi judul dan ACC	
3.	04/12/2020	Pengumpulan Bab 1	
4.	23/12/2020	Bimbingan Bab 1	
5.	30/12/2020	Bimbingan Bab 1	
6.	04/01/2021	Bimbingan BAB 1	
7.	11/01/2021	Pengumpulan proposal bab 1,2,3	
8.	12/01/2021	Bimbingan bab 1.2.3	
9.	13/01/2021	Bimbingan bab 1,2,3	
10.	19/01/2021	ACC bab 1,2,3	
11.	20/05/2021	Pengumpulan bab 4	
12.	24/05/2021	Bimbingan Bab 4	
13.	27/05/2021	Bimbingan Bab 4 dan 5	
14.	28/05/2021	Bimbingan bab 4 dan 5	
15.	03/06/2021	Bimbingan bab 4 dan 5	
16.	10/06/2021	Bimbingan bab 4 dan 5	
17.	16/06/2021	Bimbingan bab 4 dan 5	
18.	18/06/2021	ACC seminar hasil	

