Factors associated with the knowledge of COVID-19 and perception of vaccination among pregnant women in Hospital Tunku Azizah, Kuala Lumpur

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ABSTRACT

Introduction: Pregnant women were at a higher risk during the pandemic. Understanding their knowledge of the infection risk can influence their medication use and perception of the COVID-19 vaccine’s safety and effectiveness. Our study was aimed to determine the perception and health concerns related to COVID-19 among pregnant women including infection risk and vaccination during pregnancy. Methods: A questionnaire-based, cross-sectional study was conducted with pregnant women aged 18 years and older, attending the Obstetrics & Gynaecology (O&G) clinic in Hospital Tunku Azizah, Kuala Lumpur. The questionnaire covered pregnancy status, demographics, perception of the risk of COVID-19 infection during pregnancy, and perception of COVID-19 vaccination. Pearson Chi-Square test and univariate logistic regression were performed to determine the factors associated with adequate knowledge and good practice. Results: Of the 100,567 deliveries, 65 cases of peripartum hysterectomy were identified, yielding a prevalence rate of 0.06%. The majority of patients were multiparous (96.9%) with a history of previous caesarean section (73.8%) or diagnosed with placenta previa (75.4%). More than half of the patients (61.5%) had both previous caesarean scar and concomitant placenta previa. Emergency hysterectomy (EH) was performed in 60% of the patients, while 40% underwent planned hysterectomy (PH). Abnormal placentation was the sole indication for PH (100%), whereas postpartum haemorrhage resulting from abnormal placentation was the most common indication for EH (53.8%). Patients who underwent EH were more likely to experience massive blood loss and require ICU admission compared to patients with PH. In the EH group, non-placental causes of EH required significantly more red blood cell transfusion than placental causes. Complication rates indicated more cases of postoperative fever and re-laparotomy in the EH group (18.4% vs. 7.6%), while urinary tract injuries were exclusive to the PH group (9.4% vs. 0%). Conclusion: Patients who underwent emergency hysterectomy demonstrated higher risks and complications, compared to those with planned hysterectomy.