



Challenges Faced by the Gynecology and Obstetrics Patients in COVID-19 Era and Solutions Ahead-Review Article

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Abstract

The COVID-19 pandemic has challenged the entire world health care systems, necessitating the restructuring of health care pathways in an unprecedented manner. This process has brought to light the limitations of resources such as limited health care staff, the unpreparedness of the available staff. A lot of hard work and patience was required initially to deal with the menace of this pandemic. Owing to the scarcity of knowledge of the SARS-CoV-2 natural history, scarcity of satisfactory treatment, risks of reinfection, the hidden threat of the asymptomatic carriers have resulted in a huge challenge to tackle it and keep it under control effectually. This study aimed to review the literature regarding the special aspects and challenges of obstetrics clinics.

Keywords: - COVID-19, maternity care; midwives; pregnancy; infection control, newborn care and telemedicine clinic.

Introduction:

The COVID-19 pandemic has shaken the entire world health care systems, resulting in the need for restructuring of health care pathways in an unprecedented manner. Coronavirus disease (COVID-19), a severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), escalated and initiated from Wuhan City in 2019. This process has brought to light the limitations of resources such as limited health care staff, the unpreparedness of the available staff in terms of training to deal with this special situation, scarcity of masks, high demands for laboratory tests, and other related manpower. A lot of hard work and patience was required initially to deal with the menace of this pandemic (1-3).

Most cases manifest features such as sore throat, cough, fever, and fatigue, bouts of diarrhea, abdominal pain, nausea, and loss of sense of smell (1-3). Others might have a severe presentation of pneumonia and in some cases, respiratory failure caused by acute respiratory distress syndrome (ARDS). In more severe forms multi-organ failure; advanced renal failure, myocarditis, and even death can be the outcome (4-8).

Owing to the scarcity of knowledge of the SARS-CoV-2 natural history, scarcity of satisfactory treatment, risks of reinfection, the hidden threat of the asymptomatic carriers have resulted in a huge challenge to tackle it and keep it under control effectually (9-11). The aim of this study was to review the literature regarding the special aspects and challenges pertaining to obstetrics clinics.

Methods:

We did a search on PubMed, Medline database publications using: COVID-19, maternity care; midwives; pregnancy; infection control, newborn care and telemedicine clinic. The publications included were special communications, reviews, conference papers, books and research studies regarding the subject matter over the last one and half years.

Discussion:

Almost all sectors in health care services had to relook their routine activities, diminishing the scale of some activities while all the way canceling other non-urgent consults and procedures, to cope with stress on the health care sector by the present pandemic. Such a challenge was also faced by the obstetrics and Gynecology clinics which are dedicated to deal with women's health (12-14). This was however a daunting task for maintaining a safety circuit for pregnant women, as they are more vulnerable to develop severe forms of the disease in the 3rd trimester of the pregnancy (13-16). In this article challenges in an obstetrics clinic in the background of a pandemic have been highlighted. The attention has been put on managing medical, paramedical staff and spaces. Moreover, organizational hurdles and menace of COVID transmission among health care workers have been stressed in this article.

The utilization of facemasks is the cornerstone to mitigate the disease spread, not only in public settings but also in the hospital community. It is an important step because of the high incidence of asymptomatic transmission, which is a peculiarity of SARSCOV-2 (15-17). In a nursing facility, 56% of asymptomatic subjects were identified at the time of testing despite the viral load being similar in symptomatic and asymptomatic patients (14-16). There is an active replication process of the virus during the latency period in the upper respiratory tract before the appearance of the symptoms (15-17). All these facts, justify a strict adherence to the social distancing policy as asymptomatic carriers are the greatest threat in this pandemic. Screening based on the presence or absence of symptoms is not a reliable criterion. Following the above, providing healthcare staff and patients with surgical masks is essential. Moreover, dedicated N95 masks have to be provided to staff who are in close contact with COVID-19 proven patients or suspicious of it. During the labor stage (specifically during delivery), effective face-masking for patients may not be possible, so the provision of a supplementary visor to health care staff is an important step for the safety of the staff involved in the labor room (14-18).

In a study, all non-emergency gynecological procedures and clinic appointments were canceled (hysteroscopy and ultrasound scan activities). Adjustments were put into practice and offices were equipped with cameras. Tele clinic was started with virtual appointments. Screens were used for a virtual physical exam. Follow-up of pregnant women consisted of a calculated and judicious alternation of in-person and virtual clinical appointments, stratified and guided by the relevant risk factors. In a low-risk pregnancy, appointments were kept virtual with an exception for the 36th and 39th weeks (last trimester) appointments (19). In the waiting rooms, sufficient space between patients is a good practice. All patients should wear face masks. Moreover, alcohol-based hand sanitizers should be present in the waiting room and doctor's office for regular use. No attendant policy should be adhered to strictly unless in exceptional situations. A separate room should be designated for those patients who have contracted COVID. Elective Surgical procedures can be canceled, however, it is vital to keep a log of all the canceled surgeries to facilitate rescheduling in the post-lock down period, by utilizing color-coding stratification based on the degree of urgency (18-22).

According to a study in 2020, 50% of surgical and IVF procedures had to be postponed during the mid of 2020. However, with improvements in the management of COVID-19 subjects, routine surgeries and IVF procedures resumed gradually. Teleconsultations and in-person consultations helped in following social distancing practices. A dedicated room for labor and a separate ward for COVID patients can be of great help in curtailing the spread of COVID-19. In the case of cesarean sections, a separate operating room (OR) for dealing with COVID-19 patients is warranted in lockdowns. Separate staff members and teams of doctors and midwife teams can bolster the continuity of obstetrics services in such a pandemic (19). Dedicated rooms within the gynecology ward can be reserved for catering services to either suspicious or confirmed COVID pregnant and postpartum patients. Avoiding frequent movements near suspected rooms should be taken care of. A designated nurse dedicated to COVID patients can help in this regard. Utilization of personal protective equipment (PPE) should be available at the entry of each room (19-23).

Maternal mental health problems, such as anxiety and depression were relatively higher, during the epidemic in various countries (23). Anxiety-related fear of and the transfer of the virus to the baby during and after the delivery (Intrauterine/ breastmilk transmission). Social distancing policy induced the feeling of loneliness in many patients (8). The presence of the partner during the labor process can be of support to patients. This can be achieved by ensuring safety for patients as well as for healthcare staff; by utilization of facemasks, PPE, appropriate distancing, limiting the number of hospital visits, and dedicated rooms for suspected COVID patients (19-23).

The care of health care staff is of paramount importance in such a pandemic. Personal protective equipment is essential in the delivery room while assisting a vaginal delivery. Vaginal delivery is highly aerosolizing, so more protective measures are warranted in the labor room (24). Vaccination is has given a new hope to tackle the menace of the COVID-19 pandemic. Health care staff should get vaccinated

especially those working in the delivery room. Even if there is a shortage of vaccines globally especially in developing countries, priority should be given to health care staff working in highly aerosolizing areas such as delivery rooms (23-25).

Furthermore, telemedicine can be utilized for treatment and follow-up of minor ailments in patients remotely that is cost-effective, but this transition mandates digital advancement and exhaustive training for healthcare staff along with the patients so that they can master the skills properly (23-26). In developing countries particularly, patients show reluctance regarding utilization of these techniques as they've got very limited knowledge and resources, unable to meet the exact demands of the process. Technology is not available in all places in these countries so, telemedicine and the goals it promises cannot be achieved in every remote area (26-30).

Conclusion:

The continuity of gynecology and obstetrics clinics is of paramount importance even in times of pandemics and lockdowns. Taking special measures for the segregation of suspected COVID patients and healthy subjects is the key to the smooth delivery of services. Dedicated separate wards/rooms, operation theatres, and labor rooms in this regard may avert the danger of COVID spread among patients and the health care workers during the COVID-19 pandemic.

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