Management strategy of pregnant women during COVID-19 pandemic

Due to the spread of pneumonia caused by a new coronavirus COVID-19 from Wuhan City, China, COVID-19 infection has been developing into a pandemic, and the situation has become more serious as the number of infected people and deaths increase all over the world, including Japan. COVID-19 may rapidly cause severe pneumonia and we should anticipate a shortage of ventilators and the need for choice of which patients should use them. Although there have been no apparent reports of exacerbation of the disease or fetal disorders in pregnant women, pneumonia in pregnant women can generally be severe because the diaphragm is lifted and it is easily compressible.

Pregnant women sometimes test positive even though they are asymptomatic as outpatients, so it is necessary to screen all pregnant women universally by polymerase chain reaction for SARS-CoV-2, the virus that causes COVID-19. We now, as a challenge, intend to conduct a screening test for every pregnant woman on admission to distinguish between positives and negatives and examine what management policy is preferable (Fig. 1). Even if the result is negative, it may be desirable to discontinue the pregnant woman’s and family’s health check-up and perform online medical treatment by telephone, including cases who have a history of overseas travel or if a pregnant woman is associated with close contacts with infectious patients, or asymptomatic COVID-19 positive pregnant women. In addition, in the female positive cases, the necessity of hospital management is classified according to the presence or absence of respiratory disorders (Fig. 1). When perinatal care is required, management in a negative pressure room will be adopted if possible, and the delivery management policy will be adopted at the optimal time. The delivery mode will be caesarean section, unless labour progresses rapidly. This is to prioritise maternal and child care, and the health care of our medical workers.

We believe that if such a maternal medical system, hopefully accompanied with highly sensitive anti-SARS-CoV-2 antibody and virus antigen tests, can be constructed, it will be very useful for the safe management of medical facilities and workers. Postpartum, rapid mother-child separation of COVID-19 positive women is needed as soon as possible and synthetic milk is better for the infant in order to prevent neonatal infection of COVID-19. To prevent the collapse of the medical care system, comprehensive management of medical facilities and workers is now urgently required around the world.

Nobuhiro Suzumori
Shinobu Goto
Mayumi Sugiura-Ogasawara
Department of Obstetrics and Gynaecology, Nagoya City University Graduate School of Medical Sciences, Nagoya, Japan
Email: og.n.suz@med.nagoya-cu.ac.jp
DOI: 10.1111/ajo.13202

**FIGURE 1** Flowchart of pregnant women management during COVID-19 prevalence.
The novel Coronavirus SARS-CoV-2 emerged as a major public health challenge in early 2020. In response to emerging evidence, major changes occurred in delivery of maternity care. In early March, the Royal Australian and New Zealand College of Obstetricians and Gynaecologists issued practical advice to Fellows on measures to ensure safe care during the pandemic.

This letter shares the results of a small pilot study involving interviews of 12 practitioners providing private maternity care in the state of Victoria. Our intent was to capture changes in practice that occurred in a short time frame as well as clinicians’ concerns related to the COVID-19 pandemic. The semi-structured interviews were conducted by the authors in the last two weeks of April 2020. These were transcribed and independently analysed using thematic analysis1 to identify prominent themes and sub-themes.

The following five key themes were identified and agreed upon by the researchers.

1. **Valuing connection despite need for distancing:** Obstetricians expressed their strong desire to maintain connection with their patients using technology such as video conferencing. They found the inability to have physical contact with patients (e.g. holding a patient’s hand) meant they were not able to effectively express empathy. Doctors also valued contact with family members, colleagues and the wider medical community. Personalised, timely communication from specialist medical bodies was universally appreciated.

2. **Anxieties about fulfilling roles and responsibilities:** Despite anxiety about contracting COVID-19, all specialists interviewed were continuing clinical work even in the presence of pre-existing risk factors. Their over-riding concerns were for their family members and patients.

3. **Responding to variation in practice and response:** Where doctors encountered unexplained variation in practice, they questioned the validity of decision-making bodies. The differing screening procedures and variations in guidelines for personal protective equipment were two issues that were raised as causes for anxiety. An open, consultative approach from executives with acknowledgement of the gaps in evidence generated confidence among participants.

4. **Workflow adaptations:** Doctors described in detail some of the practices they had adopted to comply with distancing guidelines, including reduced work hours, limited face to face contact with patients, avoiding physical contact with colleagues and having time allocated between appointments for regular cleaning.

5. **Implications for future practice:** Participants voiced concerns about the future viability of private practice as well as the consequent increased burden on the public health system and discussed role of Telehealth in post-pandemic times.

In summary, our pilot study suggested that the Victorian obstetric workforce has adapted to the COVID-19 challenges. While doctors dealt with a variety of anxieties, they had a strong sense of belonging to a shared community of practice. As clinicians, doctors wanted to maintain a reassuring connection with their patients. Collegial relationships were critical to allay fears regarding lack of evidence in a rapidly evolving situation and to inform practice change. Healthcare leaders and specialist medical societies played an important role in supporting doctors at the frontline. While our study was limited to private practitioners in Victoria, a larger study exploring perspectives of maternity care providers and recipients across Australia could provide valuable information for future practice.

Nisha Khot1
Arunaz Kumar2

1Djerriwarrh Health, Melbourne, Australia
2Educational Innovation and Research, Department of Obstetrics and Gynaecology, Monash University, Melbourne, Australia
Email: arunaz.kumar@monash.edu
DOI: 10.1111/ajo.13209

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