

Letter to the Editor

Pregnancy in COVID-19 – Anxiety overtakes happiness

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Dear Editor,

The WHO declared COVID-19 as “Pandemic” on March 11, 2020. The world has witnessed alarming levels of spread and severity, and by the alarming levels of inaction by the strongest of leaders of most developed countries. With social media adding fuel to the fire, there are fear and apprehension among the pregnant women whether to go to the hospitals/private setups/clinics for routine antenatal check-ups, antenatal scans, and delivery. Although the option of teleconsultations has emerged, this is less fruitful in term pregnancy, where the doctor needs to physically examine the mother and fetal well-being along with scans and other relevant investigations.

Pregnant women do not appear to be more seriously unwell. As yet, there is no evidence that pregnant women who get this infection are more at risk of serious complications than any other healthy individuals. As this is a new virus, we are just on the learning curve. There is no evidence to suggest an increased risk of miscarriage. Transmission from a woman to her baby during pregnancy or birth (vertical transmission) has been reported.

We retrospectively analyzed our data of all the antenatal patients coming to the OPD of our clinic. Thermal screening of corona was done at the entry point, and pro forma as per the ICMR guidelines was filled. Only patients with a pre-booked appointment were given consultation by the doctor, and only the patient was allowed to enter the clinic. No attendants were allowed to accompany. The patient was examined by the doctor with an N95 mask, head cap, eye shield, face shield, gloves, and long apron. Fetal Doppler probe was sanitized before and after use. Once the consultation was over, the whole clinic was sanitized. This was followed by every patient. Their queries were noted and answered. Their satisfaction score was analyzed on a scale of 0–10. A total of 52 pregnant patients who visited our clinic during this lockdown period of 54 days (from March 24, 2020, to May 17, 2020) were taken in the study. The patients were examined, and all their queries were answered. The patient satisfaction score related to the approach toward attending and examining the patient and replies given by the doctor was evaluated on a scale of 0–10 at the time of exit from the clinic. The score of 7–10 was considered satisfactory, 4–7 was average, and <3 is unsatisfactory. Out of 52 patients, 12 gave score of 10, 13 gave score of 9, 15 gave score of 8, 3 gave score of 7, and 9 patient gave score of 5 which were the lowest score given by the patient. The mean score of 52 patients calculated was 8.13. This score is considered satisfactory.

We advise pregnant women to take the same precautions as the general public to avoid infection.

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S. No.	Questions	Answers
1.	What are the chances of me getting an infection?	Pregnant mothers are not at higher risk than the general population. ^[1,2]
2.	Does pregnancy make me more susceptible to severe disease with higher mortality?	Although the chances of acquiring infection is the same as the general population, yet the severity may be more as pregnancy is an immunocompromised condition
3.	What are the chances of maternal to fetal transmission during pregnancy and delivery?	Vertical transmission of disease, that is, transmission through the placental barrier from mother to fetus is not been documented
4.	What is the outcome of newborn getting/contracting disease from mother?	The prognostic markers of outcome in newborns are yet to be studied. However, it appears that in healthy newborns, disease progression is similar to any other patient
5.	Can breastfeeding mother pass the virus to the newborn through milk?	The virus is not found in breast milk or amniotic fluid
6.	I was exposed to the cough of my maid before lockdown. Should I get COVID-19 test done or only when symptoms appear, should I get the test done	Better to get home quarantine for 2 weeks. However, if symptoms appear, then get COVID testing done after reporting to nearby COVID health facility
7.	I am 8 weeks pregnant. Should I go for abortion as I may not get standard antenatal scans and investigation in the corona pandemic?	There is no need to get the pregnancy terminated. All routine scans and relevant antenatal investigations will be done in time with due precautions
8.	I am term pregnancy. Will I be tested for COVID-19 at the time of admission in the labor room?	This depends on individual hospital policies. However, most of the hospitals are doing COVID testing before admission
9.	Not many attendants are allowed at the time of delivery and we are nuclear family. At this time no maids/helping hands would be available to take care in the postpartum period at home. How will we manage?	Although this is going to be tough time, certainly, it will increase the mother-father-child bond. You will really relish this time in future
10.	What dietary modifications are advised to stay physically healthy?	Take healthy diet, more fruits, vegetables rich in vitamin C, and proteins. Avoid junk food
11.	Should I opt for home delivery or a smaller setup with lesser and controlled/restricted staff?	Hospital deliveries are always safer than home deliveries
12.	Besides face mask, hand washing, and social distancing, what else I can do to prevent corona exposure to myself?	Social distancing and hand washing are mainstay of prevention. Avoid unnecessary travels and avoid social gatherings. Eat healthy food. Stay at home and stay safe
13.	I have heard that people are getting delivered in hospital without support staff. Is it true?	Not very true
14.	I am a dental surgeon and 8 months pregnant. Should I continue to work with due precautions and PPE?	As a dental surgeon, you should avoid practicing now as you are at more risk of acquiring infection
15.	Will labor and delivery policies change?	No, policies will not change except for COVID testing for patient and attendants

It is strongly advised that antenatal and postnatal care should be regarded as essential and that “pregnant women will continue to need at least as much support, advice, care, and guidance in relation to pregnancy, childbirth, and early parenthood as before.”^[3]

A study conducted in the US in pregnant patients, only 1.9% had symptoms and were tested positive for corona, and 13.7% were asymptomatic carriers. They recommended universal screening for all pregnant patients.^[4,5] However, India being a developing country with limited resources, everyone coming for antenatal check-ups cannot be tested. So from the doctors side, all necessary precautions to be taken during the examination and from patients side, they should not hide any symptom pertaining to COVID-19 and opt for teleconsultation only.

Women should be permitted and encouraged to have one asymptomatic birth partner present with them during their labor and birth.^[3]

There is no evidence regarding if there is vaginal shedding of the virus, so the mode of birth (vaginal or cesarean) should be discussed with the person in labor and take into consideration their preferences if there are no other contraindications.^[6]

Guidelines for postnatal care of COVID-19 positive mothers are different for different countries. RCOG guidelines followed in the UK recommend that mothers and otherwise healthy baby should not be separated, whereas China and the US suggest separation of mother and child.^[3,7] In India, we felt that mother should not be separated from newborn and stick to RCOG guidelines only.

Declaration of patient consent

Patient's consent not required as patients identity is not disclosed or compromised.

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Conflicts of interest

There are no conflicts of interest.

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