

Reorganizing in Routine Antenatal Care in Consideration of COVID-19 Pandemic

*Haque N

Pregnancy is a worthwhile time for an expectant mother, full of excitement and anticipation. Pregnant women need to be conscious of various events of pregnancy, including how the fetus will develop and grow in the maternal womb. Pregnant women are usually interested about their expected date of delivery, the advice regarding nutrition, exercise and information related to the safety of the fetus.

Systematic supervision by a health professional is recommended throughout the pregnancy, known as antenatal care (ANC) visits.¹ ANC is a judgmental opportunity for healthcare providers to deliver essential support and educate pregnant women on unexpected events. Effective ANC visits are vital for both maternal and fetal health. The ANC visits help to encourage healthy lifestyle, detecting and treating any preexisting diseases, counseling and supporting women. The usual antenatal care schedule is based on the World Health Organization (WHO) 2016 recommendations, which emphasize person-centered health care for better perinatal and maternal outcomes by increasing the number of contacts of a pregnant woman with health providers from four to eight.² Pregnant women should be prepared for first contact in the first trimester, with subsequent two contacts at 20 and 26 weeks gestation and the next five contacts in the third trimester at 30, 34, 36, 38 and 40 weeks.

However, the prevailing scenario of global COVID-19 pandemic has placed unprecedented toll on our health systems, health facilities and workforces may be inundated by a plethora of activities related to

controlling the pandemic. Consequently, routine antenatal services have been compromised. Furthermore, the fear of getting infected as well as countrywide lockdowns, with travel restrictions and social distancing attitude, may defer pregnant women from seeking health care. Hence, during this pandemic crisis, consideration should be given to reduce the number of recommended antenatal visits for low-risk pregnancies. The optimal frequency, timing and content of visits should be decided according to the needs and risk status of each pregnant woman and her fetus.

During the COVID-19 pandemic, it is vitally important to reorganize antenatal visits, not only to reduce the possibility of exposure of a healthy pregnant woman to infected individuals but also to minimize health care workers' exposure to antenatal patients who may be infected but are asymptomatic. Such reorganization may be helpful in creating the capacity to provide face-to-face consultations for high-risk patients who require more visits. During attending antenatal patients doctors and other health care providers should be aware of using personal protective equipment and should take all standard precaution while doing physical examination of patients. During this pandemic stress, additional support to the mental health of pregnant women should be a vital component of ANC.

In Bangladesh, Community Health Workers (CHWs) are designated by the Government as family welfare assistants and some are trained as traditional birth attendants for performing safe delivery. They are trained on identifying danger signs during pregnancy and timely referral to appropriate hospital so that

pregnancy related complications can be minimized in initial stage. During this COVID-19 pandemic, in addition to managing home deliveries they should be capable to manage unexpected post-partum hemorrhage in case of home deliveries . Also, they can provide proper post-partum care to remove post-partum depression.

Telemedicine can play a very vital role in adapting health care systems during surge in COVID-19 cases. By using mobile devices in capturing and sharing of texts, videos, audio, and images teleconsultations can help to provide health interventions.³ Mass media communication may also serve as an important tool for providing essential information to increase pregnancy-related awareness.

Any pandemic outbreak poses different challenges for obstetric care facilities. Social distancing and countrywide lockdowns have proven their role in slowing down viral transmission, giving time to adapt health systems to the pandemic. Health care facilities allocating obstetric care need to develop eventual plans for minimizing antenatal visits to limit the exposure of healthy pregnant women and health care providers to the virus.

However, rational use of evolving telemedicine capabilities can be considered as safeguard for full range of services despite the overwhelming burden caused by the pandemic. A collaborative working framework is essential for providing better obstetric outcome and for prevention of the catastrophic collapse of obstetric care services during COVID-19 pandemic time.

References

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**Dr. Nadira Haque. Senior Consultant, Department of Obstetrics and Gynecology, Kuwait-Bangladesh Friendship Hospital, Dhaka. dr.nadiral@yahoo.com*