



IMA TNSB COVID UPDATE



RUNNING AN OBS & GYNEC CLINIC IN TIMES OF CORONA PANDEMIC

30.04.2020

RECOMMENDATIONS FOR ANTENATAL VISITS

1. Low risk healthy pregnant women

- a. First trimester – up to 12 weeks – first visit
- b. Second trimester – 20 weeks & 28 weeks
- c. Third trimester – 32, 36 weeks and 40 weeks
- d. Scheduling of post-dated appointment should be at 41+0 weeks

2. Care for pregnant individuals at risks including obstetrical risks, fetal risks, medical comorbidities

Create an **individualised care plan** for each patient depending on the need. Blood pressure screening can incorporate home monitoring.

3. During the visits BP screening, urine examination should be done along with enquiry into present health, fetal movements and measuring fundal height.
4. All laboratory tests and ultrasound tests can be incorporated at the prescribed visits
 - a. Dating USG scan, 20 week fetal anomaly scan, 35-37 week scan for growth mandatory.
 - b. Diabetes screening, genetic screening to be incorporated at these visits.
5. Encourage virtual visits when required for minor complaints.
6. Minimum recommended number of contacts is day1, 3 and 10. Home visits by health care workers where feasible to be encouraged. If new born has complications visits to be individualised.

REF:

1. <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic-20200331.pdf>
2. https://www.who.int/gho/urban_health/services/antenatal_care_text/en/

MANAGING OF PATIENTS IN LABOUR DURING COVID PANDEMIC

1. Managing of suspected, probable or confirmed cases of COVID 19 pregnant patients should be managed in tertiary hospitals with effective protection equipment .

The details of their management and Indian guidelines is given in [https://www.icmr.gov.in/sites/default/files/upload_documents/Guidance for Management of Pregnant Women in COVID19 Pandemic 12042020.pdf](https://www.icmr.gov.in/sites/default/files/upload_documents/Guidance%20for%20Management%20of%20Pregnant%20Women%20in%20COVID19%20Pandemic%2012042020.pdf)

2. Managing of patients who do not have symptoms of COVID

- a. Do the COVID screening at the designated testing centres 5 days before the expected date of pregnancy.
- b. Caution during every delivery as there is increased risk of exposure due to forceful exhalation during normal labour and mask effectiveness is reduced due to the spread of respiratory droplets.
- c. Mode of delivery in non COVID patients to be decided on the case basis like routine times but caution to be exercised in using PPE wherever needed.
- d. Restricting the number of visitors is mandatory as well as screening of birth partner for COVID along with the pregnant patient is necessary if they choose to remain in the labour room.
- e. Expediting the time of discharge is also advised. Discharge after 24 hours for normal delivery is recommended.

Ref:

1. <https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics>
2. <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/#choices>

GUIDELINES ON FERTILITY TREATMENT CENTRES:

1. In considering to provide reproductive care, the risk of transmission to patients, physicians and staffs and utilisation of health care facilities to be weighed against the time sensitive nature of infertility.
2. Considerations for treatment to be given should be due to the treatment outcome and mental health of the patient.
3. Consideration against offering treatment to be given is
 - a. To avoid complications arising from assisted reproductive technology like ovarian hyper stimulation, ectopic pregnancy, spontaneous abortions in this time of limited access to health care facility and availability of round the clock services.
 - b. Potential risk of transmission in transport.
 - c. Delaying treatment will not significantly impact the treatment outcome.
4. Counselling in teleconsultation is preferred and individual decisions communicated.

Ref: <https://www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/covid-19/covidtaskforceupdate3.pdf>

General guidelines for the speciality clinics (Like for all clinics):

1. Maintaining strict handwashing at the entrance.
2. Preferably all appointments to be fixed prior.
3. Not to encourage adhoc visits and non-emergency visits for gynaecology consultations.
4. Physical distancing between patients during their waiting time in the hospital.
5. Masks to be encouraged at all times.
6. USG appointments and lab appointments to be coordinated with visiting the doctor to avoid long waiting times in the hospital.

**Courtesy – S.Narmadha, Secretary,
Women Doctors Wing**

Dr.C.N.Raja
President IMA TNSB

Dr.A.K.Ravikumar
Hony.Secretary IMA TNSB