

Antenatal Care and the Variant of Concern (VOC)-Omicron [B.1.1.529]

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ABSTRACT

The Coronavirus Infectious Disease-2019 (COVID-19) halted many in-person services in almost every sector of life, especially healthcare. Similarly, antenatal services that are crucial for better pregnancy outcomes were provided mostly through in-person visits before the pandemic. However, services like antenatal have been shifted: to virtual care in earlier waves of the pandemic. Similarly, in the ongoing Omicron (a variant of concern-VOC) Wave, the in-person visit; should be minimized as much as possible especially, to those in need of in-person visits. The antenatal care; should be strictly provided: through virtual care in association with home-care services, and in-person appointments should be bound to virtual services to minimize in-person visits that; should be managed: with standard protocols.

Keywords: SARS CoV-2; Antenatal care; Variant of concern; Omicron; Pandemic; COVID-19

EDITORIAL

Since; the emergence of pneumonia cases, of unknown etiology in Wuhan, China, in late December 2019, later identified as of viral origin. The virus responsible for the condition was Severe Acute Respiratory Coronavirus-2 (SARS CoV-2), and the disease was named Coronavirus Infectious Disease-2019 (COVID-19) [1]. The virus spread beyond the borders of China, and cases were detected far beyond China in a matter of a short time. The World Health Organization (WHO) on March 11, 2020, termed the condition a global pandemic [2]. Since; then, millions of infections with accompanied fatalities; reported globally.

Many variants for the SARS CoV-2, being reported so far that caused waxing and waning of the COVID-19 termed as waves. The ongoing wave; is caused by a new variant notified to the WHO on November 24, 2021, from Botswana. By the advice of the WHO's Advisory Group on Virus Evaluation (TAG-VE), and called it the "Variant of Concern" (VOC) and named it Omicron (B.1.1.529) or SARS CoV-2 VOC [3]. As of January 20, 2022, VOC has been detected in almost 171 countries across the six WHO regions [4] and is the responsible virus of the ongoing "Omicron Wave".

The global pandemic of COVID-19 affects almost every sector of life specifically, healthcare. Most healthcare services have been delivered: through "virtual care" including antenatal services. At present, there is limited data on the transmissibility, severity of the disease, effectiveness of the vaccines against the virus, and disease course in pregnancy. However, its transmission is faster than the earlier variants with less severity specifically in those vaccinated against SARS CoV-2 and the reports signify increased Pre-

Eclampsia (PE) incidence in expectant women with severe SARS CoV-2 infection, compared to the population in general [5].

Many strategies are adopted to prevent the virus spread. The most effective strategy is the application of basic preventive measures such as social distancing, frequent hand wash, face masks, vaccination to avoid gathering. The in-person health services are limited, and most of the services are delivered; through "virtual care", which prevents virus spread [6].

Antenatal care is one of the most important; services provided to expectant mothers for better pregnancy outcomes. It is essential both for women's health protection and their unborn baby. It is a form of preventive health care; women can learn from the health professional about healthy behaviours during pregnancy, understand warning signs and get social, emotional, and psychological support at this crucial period in a women's life. These services need to be delivered by the adoption of "virtual care" in association with "home care" services, to minimize the "in-person" visits.

In conclusion, the antenatal services should be streamlined with virtual care in conjunction with home care services to sort out cases that need in-person visits; that should be managed: with standard protocols.

CONFLICT OF INTEREST

There is no conflict of interest to declare.

ETHICAL APPROVAL

Not applicable.

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