

Pregnant Women Care during Covid-19

Reper P*

Critical Care Department, CHU UCL Namur, Yvoir, Belgium

INTRODUCTION

Pregnancy induces partial immune suppression, making pregnant women more vulnerable to viral infections, and even seasonal influenza has a higher morbidity rate. As a result, the COVID-19 outbreak may have significant implications for pregnant women. Despite the fact that the vast majority of COVID-19 cases are currently in China, the possibility of outward transmission continues to be causing widespread concern. The virus has been shown to spread from person to person, likely even from asymptomatic patients, and the mortality rate is high, particularly among fragile, elderly patients with comorbidities. More infections in pregnant women are likely to be seen in various regions, countries, and continents as COVID-19 continues to spread. As a result, it's important that pregnant women and their families, as well as the general public and healthcare providers, have access to the most up-to-date information. COVID-19-positive pregnant women should be isolated and examined. Those who have been diagnosed with an infection should be admitted to a negative pressure isolation ward as soon as possible, preferably in a specified hospital with appropriate facilities and multidisciplinary experience in the treatment of critically ill obstetric patients [1].

The start of the screening programme was helpful in assuaging staff fears, conserving limited PPE supplies, and properly cohorting COVID-positive patients in the postpartum region, particularly after patients were transferred to a location outside of the main hospital in the immediate postpartum era. Our primary concern has been to provide a healthy environment for patients and workers through the proper use of personal protective equipment (PPE). The question of whether or not the second stage of labour was an aerosolizing case has been debated. The COVID-19 pandemic placed unusual and significant demands on our broad health system, which needed a fast and versatile response. A multidisciplinary approach and regular and efficient contact aided the ability to rapidly and efficiently address these challenges and adapt to significant changes in short time intervals [2].

The Centers for Disease Control and Prevention (CDC) and other specialist associations have established guidelines for the treatment of pregnant women who have COVID-19 and are admitted for delivery. On presentation, the woman should be given a mask and put in a single-patient room with the door shut, with an airborne isolation room for aerosol-generating procedures. A pregnant woman with COVID-19 should receive clinical care based on the seriousness of her illness; medical tests and medications should not be delayed based on her pregnancy status.

Given the risks of maternal respiratory depression, the use of magnesium sulphate for seizure prevention and foetal neuroprotection should be reduced. Given the risks of corticosteroid use in COVID-19 patients, antenatal corticosteroid use for foetal maturation should be carefully considered and should be dependent on gestational age. In the case of an emergency caesarean delivery, early epidural analgesia should be considered to reduce the complications of general anaesthesia. Normal foetal and maternal signs can be used to make decisions about delivery time and mode [3]. Before and during birth, effective prenatal care requires good nutrition and safe behaviours.

REFERENCES

1. Liang H, Acharya G. Novel corona virus disease (COVID-19) in pregnancy: What clinical recommendations to follow?. *Acta Obstet Gynecol Scand.* 2020;99(4):439-442.
2. Rochelson B, Nimaroff M, Combs A, Schwartz B, Meirowitz N, Vohra N, et al. The care of pregnant women during the COVID-19 pandemic—response of a large health system in metropolitan New York. *J Perinat Med.* 2020;48(5):453-461.
3. Rasmussen SA, Jamieson DJ. Caring for women who are planning a pregnancy, pregnant, or postpartum during the COVID-19 pandemic. *JAMA.* 2020;324(2):190-191.

*Corresponding author: Reper P, Critical Care Department, CHU UCL Namur, Yvoir, Belgium; E-mail: paskal.reper@chrhautesenne.be

Received date: February 05, 2021; Accepted date: February 20, 2021; Published date: February 28, 2021

Citation: Reper P (2021) Pregnant Women Care during Covid-19. *J Perioper Crit Intensive Care Nurs* 7: 171. doi:10.35248/2471-9870.20.7.171

Copyright: © 2021 Reper P. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.