COMMENTARY

The Unique Challenges Faced by Obstetricians of a Lower-middle Income Country during the COVID-19 Pandemic

Isha Wadhawan[1], Avir Sarkar[2]

Abstract

Going through the euphoria of false victory due to herd immunity by the beginning of 2021, India stepped into the critical stage after the emergence of new strains of coronavirus disease 2019 (COVID-19). With more than 20.2 million cases being reported, a rolling average of 4,12,262 cases daily, and death tolls crossing 3,980 per day, hospitals and health workers are overwhelmed and exhausted across the country. With the virus spreading to 220 countries extensively, the human toll in India after the second wave is surely more than double the number of humans killed over 320 natural disasters during the recent two decades. COVID-19 pandemic has created the largest disruption in the social, political, and educational system in history till date. During such time of crisis, our dedicated obstetricians are facing some unique challenges during patient care in the COVID wards and operation theatres.

This manuscript highlights these major challenges faced in lower-middle income countries (LMI) of South Asia. It is a tribute to all the hard-working obstetricians who are trying their best to give maximum patient care despite the difficult working environments.

Keywords: COVID-19, Low-middle income countries, Obstetrics.

Journal of South Asian Federation of Obstetrics and Gynaecology (2021): 10.5005/jp-journals-10006-1911

Medicine is a humanitarian profession. As part of their professional responsibility, doctors have implicitly agreed to accept the innumerable risks involved during patient care. While the world faces the coronavirus disease 2019 (COVID-19) crisis, doctors along with others on the frontline are working excruciatingly hard for the welfare of their patients. Challenges in the form of shortages of personal protective equipment (PPE), long working hours, increased risk of infection, violence against doctors, and social issues have already been the topics of discussion.[1] Additionally, due to the euphoria of a false victory over COVID-19, countries like India now have a major health emergency at their hands due to new strains of the disease.[2] With more than 20.2 million cases of COVID-19 being reported in India, a rolling average of 4,12,262 cases daily, and death tolls crossing 3,980 per day, at the peak of the second wave, hospitals and health workers are overwhelmed and exhausted across the country.[3,4] While caring for patients of COVID-19, other nonurgent clinical services have been reduced as far as possible, yet emergency care including obstetric assistance was never suspended. In this context, it becomes quite vital to express the unusual circumstances faced by obstetricians of such lower-middle income (LMI) countries.

Sadly, when we review health budgets, the low and LMI countries contribute to the majority of the disease burden, however have meager spending on health.[5] Moreover, the economic fallout after the pandemic has threatened a wave of defaults with millions being pushed into extreme poverty and famine amidst acute scarcities.[6] In these times, despite international recommendations for creating separate COVID labor and delivery units with a separate entrance, it is logistically not always feasible.

Catering to COVID and "non-COVID" obstetric population simultaneously is becoming a major challenge. Obstetrics has always been unpredictable, and with almost the same number of doctors and staff as before, it becomes quite difficult to manage obstetric emergencies for both categories of patients. Separate COVID obstetrics teams are not always created. Communicating to COVID units while monitoring patients in non-COVID wards is difficult. Pregnant women even with mild to moderate disease often require close monitoring as their obstetric status may be changing. Therefore, obstetrician residents on duty often don and doff PPE kits multiple times in a single shift, thereby increasing their infection risk. Most hospitals do not have separate facilities for maternal and fetal monitoring during labor and delivery in COVID wards. Additionally, long hours of duty and increased levels of physical and mental fatigue have probably reduced the threshold for cesarean deliveries despite best efforts.

It is essential to emphasize the challenges of performing surgeries in COVID units. Operating rooms in low to LMI countries

[1]Department of Obstetrics and Gynecology, Fortis Escorts Hospital, Faridabad, Haryana, India

[2]Department of Obstetrics and Gynecology, All India Institute of Medical Sciences, Delhi, India

Corresponding Author: Avir Sarkar, Department of Obstetrics and Gynecology, All India Institute of Medical Sciences, Delhi, India, Phone: +91 6280765384, e-mail: avirsarkar93@gmail.com

How to cite this article: Wadhawan I, Sarkar A. The Unique Challenges Faced by Obstetricians of a Lower-middle Income Country during the COVID-19 Pandemic. J South Asian Feder Obst Gynae 2021;x(x):xx–xx.

Source of support: Nil

Conflict of interest: None

are not always equipped with high-efficiency particulate air filter units to allow for air exchanges. There may be short supply of oxygen support and drugs; transport of blood and blood products may be delayed; and timely assembly of a dedicated multidisciplinary team is always a challenge. Heat and discomfort in a closed occupational therapy environment, and repeated fogging and decreased vision in PPE make the surgery all the more difficult. Care of women and babies after birth is also affected due to the lack of obstetricians in COVID-dedicated general wards round the clock. Inability to provide timely counseling regarding initiation and establishment of exclusive breastfeeding, contraception, etc., nonavailability of attendants and caregivers for help during the postoperative period and dealing with the anxiety of patients and families add to the list of challenges.

Pregnant women are often excluded from research studies and trials of new treatments, drugs, and vaccines. As a result, quality data in this population are minimal and guidelines for treatment for moderate and severe disease are limited. Most obstetricians are troubled during emergencies when decisions for termination of pregnancy may need to be taken. It becomes quite difficult to collaborate with a multidisciplinary team from the COVID units in a short time span. The internists and anesthetists are over burdened with other sick COVID-19 patients who are not always readily available for assistance.

During these challenging times, a few strategies being utilized and may be developed further include the following:

- Telemedicine is the silver lining of this pandemic. Health consultations over smartphones with video conferencing, if needed, are being done to reduce unnecessary hospital admissions and visits.[7]
- Using photos and patients' phones for communication between COVID and non-COVID wards can mitigate the need for the physical presence of obstetricians where EMR is not well-developed.
- The resident obstetricians over time have learned to improvise the PPE kits with tape and positioning to help prevent fogging and improve vision.
- National Obstetrics and Gynecological Societies are advocating for allowing compassionate use of drugs and vaccines in the pregnant population.
- Finally, social support for the doctors, flexible working hours, distribution of work, and utilization of psychosocial help from team leaders without stigmatization will be a helpful remedy.
- Ethical clearance: Since it is a commentary, so ethical clearance is not required.

Orcid

Avir Sarkar https://orcid.org/0000-0002-3315-7739

References

1. Petzold MB, Plag J, Strohle A. Dealing with psychological distress by healthcare professionals during the COVID-19 pandemia. Nervenarzt 2020;91(5):417–421. DOI: 10.1007/s00115-020-00905-0.
2. Editorial: India's COVID-19 emergency. Lancet 2021;397(10286):1683. DOI: 10.1016/S0140-6736(21)01052-7. Available from: https://indianlekhak.com/india-news/in-the-endgame-of-the-epidemic-in-India/.
3. World Health Organization. Archived: WHO Timeline – COVID-19. Geneva: WHO; 2021.
4. Pandey SK, Sharma V. A tribute to frontline corona warriors – doctors who sacrificed their life while saving patients during the ongoing COVID-19 pandemic. Indian J Ophthalmol 2020;68(5):939–942. DOI: 10.4103/ijo.IJO_754_20.
5. World Health Organization. Archived: global spending on health – a world in transition. Geneva: WHO; 2020.
6. Wolfson JA, Leung CW. Food insecurity and COVID-19: disparities in early effects for US adults. Nutrients 2020;12(6):1648. DOI: 10.3390/nu12061648.
7. Anthony B Jr. Use of telemedicine and virtual care for remote treatment in response to COVID-19 pandemic. J Med Syst 2020;44(7):132. DOI: 10.1007/s10916-020-01596-5.