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A study on mode of delivery among COVID 19 pregnant women

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Abstract

Background: Childbearing women and newborn infants require safe family centered care during current COVID19 pandemic as they represent the vulnerable population.

Aims and Objectives: This study aims to determine mode of delivery in pregnant women with COVID-19 and the indications reported for caesarean section in the early pandemic to raise awareness of the trends discovered.

Methods and Materials: A study was done among 50 pregnant COVID 19 positive women of reproductive age group in 6 months from July 2020 to January 2021 in department of obstetrics & gynae Muzaffarnagar Medical College.

Results: Total 50 pregnant COVID19 positive women were included in this study. Out of 50 subjects, 42 under-went caesarean section, most common indication being previous LSCS history (14) & fetal distress (14) and not COVID 19 by itself and 8 underwent normal vaginal delivery. Out of 50 deliveries occurred, 40 delivered normal child. Maternal death occurred in 2 (4%) cases and majority (35) women had positive chest Xray findings.

Conclusion: Mode of delivery should not be influenced by presence of COVID-19 unless the women's respiratory condition needs urgent intervention for birth.

Keywords: Vulnerable population, maternal death occurred, X-ray findings

Abbreviations

LSCS- Lower segment caesarean section PIH- pregnancy induced hypertension MSL- meconium stained liquor

PROM- premature rupture of membranes CPD- cephalopelvic disproportion

NPOL- non progress of labour GDM- gestational diabetes mellitus FGR- foetal growth restriction.

LBW- low birth weight IUD- intrauterine death

NICU- neonatal intensive care unit

Introduction

The birth of COVID-19 pandemic is tokophobia. Frightened women are the products of this technocratic medicalized philosophy of birth. As 'obedient' consumers women are likely to choose intervention including Caesarean Section, distrusting the capacity of their own bodies to give birth normally^[1].

Pregnancy itself alters the body's immune system and response to viral infections which can be related to more severe symptoms for COVID-19. But the reported cases of COVID-19 pneumonia in pregnancy are milder and with good recovery. In coronavirus infection (SARS, MERS), the risks to the mother appear to increase in particular during the last trimester of pregnancy. There are case reports of preterm birth in women with COVID-19 but it is unclear whether the preterm birth was iatrogenic or spontaneous^[7, 8]. Pregnant women with heart disease are at highest risk (congenital or acquired)^[2-5].

FIGO suggests a detailed anomaly scan at 18–23 weeks of gestation followed by monthly ultrasound for fetal growth, and amniotic fluid for confirmed COVID-19 infected pregnant women. ICMR suggests USG for fetal growth surveillance after 14 days of resolution of acute illness. If a screen positive woman contacts the hospital before coming, the visit should be deferred by 14 days unless there is an urgent maternal or fetal indication^[6].

COVID-19 produces a hyper-coagulable state and pregnancy itself is a hyper-coagulable state. Thus, COVID-19 during pregnancy could increase the risk of maternal VTE.

Another important aspect is the existence of comorbidities in pregnancy [6, 7].

SARS-CoV cause's severe acute respiratory syndrome (SARS) which has a higher case fatality rate in women affected in pregnancy than non-pregnant women India, COVID-19 infection is currently not an indication for medical termination of pregnancy [6].

Aims & Objectives

To study the mode of delivery in COVID-19 positive pregnant women

Materials & Methods

Study was done among 50 pregnant females with COVID-19 positive status of reproductive age group in 6months from July 2020 to January 2021

Source of Data

Pregnant COVID-19 positive women admitted in obstetrics & gynae department in Muzaffarnagar Medical College & Hospital

Duration: 7months

Sample Size: 50

Results:

Seven months data (July 2020-January2021) were collected. Mode of delivery among COVID 19 positive pregnant women during 7months of pandemic was assessed:

Mode of delivery

LSCS	43	86%
Normal Vaginal Delivery	7	14%

Majority (86%) of women underwent LSCS

Indication for LSCS

Previous Lscs	14	28%
Anemia	5	10%
Oligo/Polyhydramnios	10	20%
PIH/ Pre-Eclampsia	10	20%
Foetal Distress	14	28%
MSL	3	6%
Rh Negative	3	6%
PROM	1	2%
CPD	3	6%
NPOL	1	2%
Scar Tenderness	6	12%
GDM	1	2%
Maternal Request	2	2%

Most common indication for LSCS were foetal distress and history of previous LSCS

Baby Status

Normal	40	80%
Preterm	1	2%
FGR	1	2%
LBW	3	6%
IUD	3	6%
NICU	2	4%

Maternal Complications

Mortality	2	4%
Shifted to L2	2	4%
Referred	1	2%

Chest Xray Findings

Present	35	70%
Absent	15	30%

In this study chest Xray findings were present in 70% females

Discussion

COVID-19 is spreading worldwide. All aspects of pregnancy management from conception to delivery to puerperium should be reviewed. Majority of pregnant females with COVID positive status delivered via caesarean section, indication not being COVID-19.

Similar study was conducted showed that COVID-19 patients with vaginal deliveries had excellent outcomes even with mild disease at presentation, while women who underwent for caesarean section mainly due to obstetric outcome had more chances of adverse effects There are limited data on the impact of the current COVID-19 outbreak on women affected in pregnancy and their babies.

In SARS and MERS-affected cases, delivery was most often indicated by maternal hypoxemia. In COVID-19, if maternal illness is not as severe, the considerations will be based more on obstetric indications for delivery.

Conclusion

In present study, maximum pregnant females who were COVID-19 positive underwent caesarean section, where COVID was not the indication for caesarean section. Most common indication being history of previous caesarean and fetal distress. Only 2 females out of 50 died postpartum because of deterioration in symptoms of COVID 19.

Hence Caesarean section is not a recommended method of childbirth in pregnant women infected with COVID-19, however this was the mode of delivery in the majority of cases with fetal distress cited as the indication behind the clinical decision.

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