

COVID-19 and antenatal care: An update

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Dear Editor,

COVID-19 infection, due to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), has become a pandemic globally and has challenged many health systems with a shortage of resources and caused an outcry from all corners¹. COVID-19 infection has shown detrimental effects on vulnerable people such as those with weak immune systems, among them the elderly and those with pre-existing illnesses². With this in mind, questions arise on how this infection affects pregnant women and their unborn babies. The majority of pregnant women and newborns represent a unique population and are mostly healthy, but few may experience life events that bring physical, emotional, functional and social challenges and needs, requiring safe and personalised care during the current COVID-19 pandemic³. There are palpable fears of COVID-19 effects on pregnancy, although not much information is available to support this⁴. Over this time, the priority in pregnant women's care has been to reduce the transmission of COVID-19 and provide safe care to those susceptible to COVID-19.

At this point, research is still ongoing to determine the effects of COVID-19 infection on pregnancy and pregnant women in general⁵. However, the few data that exist do not show any detrimental effects on the growing baby or the mother herself, except for known respiratory signs and symptoms on affected patients⁶. The general presentation of this disease has been addressed extensively. At this point, many people know what signs and symptoms to look out for, such as fever, dry cough, shortness of breath or difficulty breathing, chills, fatigue, headache and sore throat⁷. Consequently, the general advice given to pregnant women is similar to that of the rest of the population. It includes social distancing, proper and frequent hand washing with soap and water, and use of sanitisers, and continued attendance of antenatal care advised by their healthcare providers⁸.

Attending antenatal care remains an integral part of maternity care as it allows for close monitoring of pregnancy development and management of disorders associated with the pregnancy and birth preparedness. The Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives and Ministry of Health and Wellness (MoHW) of Botswana suggest that pregnant women infected with COVID-19 are still most likely to experience no symptoms to mild illness from which they can make a full recovery. For those who develop severe symptoms or delayed recovery, it may suggest that a pregnant woman is developing a more significant chest infection that requires enhanced care⁹. The general advice to pregnant women like any other patient from the MoHW of Botswana is that whenever they experience COVID-19, they should contact an emergency number for further assistance. Evidence indicates that a flexible approach is critical to respond to fluctuations in risk from local or national COVID-19 prevalence and implications of regional or national public health policy³. With immunocompromised status coupled with physiological adaptive changes during pregnancy, it is reported that pregnant women could be more susceptible to COVID-19 infection than the general population¹⁰.

During this era of COVID-19, there is heightened alertness to the need for constant surveillance on everyone to keep them safe. Surely, COVID-19 will change the approach to the care of pregnant women, delivering mothers and post-delivery management. Birth plans and baby showers may have to be adjusted in consideration of COVID-19 prevention strategies. All pre-planned appointments must be honoured, and in cases of missed visits, communication of absence have to be made. With or without COVID-19, every pregnancy is important.

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KEYWORDS

COVID-19, antenatal care

Received: 20 January 2021
Accepted: 27 January 2021

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CONFLICTS OF INTEREST

The author has completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none was reported.

FUNDING

There was no source of funding for this research.

PROVENANCE AND PEER REVIEW

Not commissioned; internally peer reviewed.