The International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)

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69 pregnant women put in home quarantine after radiologist tests COVID-19 +ve

Pune district authorities have issued home quarantine orders for 69 pregnant women from rural areas after their radiologist tested positive for coronavirus. "The pregnant women are asymptomatic and we’ve given them strict instructions about home quarantine," Ayush Prasad, CEO of Pune Zilla Parishad said. The radiologist, who is in his 30s, is stable, doctors said.
Pregnant women bear brunt of stressed healthcare system
COVID DIARIES

- uncertain
- frustrating
- Confusing
- All of the above

<p>| Public health + health care delivery |
| Arrangements mainly in the Govt sector |
| Healthcare Struggles | People/PPE |
| Private sector | Relegated to second place for now |
| Patchy few beds reserved in most cities |</p>
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<th>Gestational week</th>
<th>Visit type</th>
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| ~12 weeks        | In person  | NT scan    | • Detailed history, screening for trisomy 21, routine labs  
|                  |            |            | • Assessment for risk factors and co-morbidities relevant for COVID-19  
|                  |            |            | • Educate regarding COVID-19: routine precautions, relevant symptoms requiring assessment, modified antenatal schedule |
| 16 weeks         | Phone/video| Anatomy scan| • Consider checking blood pressure at home or ambulatory setting if possible  
|                  |            |            | • Perform oral glucose tolerance test as an outpatient |
| ~24 weeks        | In person  |            | Routine care, anti-D if Rhesus negative |
| 30 weeks         | Phone/video|            | Consider checking blood pressure at home or ambulatory setting if possible |
| 32 weeks         | In person  | Growth scan per local practice | Routine care |
| 34 weeks         | Phone/video|            | Consider checking blood pressure at home or ambulatory setting if possible |
| 36 weeks         | In person  |            | Routine care, GBS swab in indicated |
| 37-41 weeks      | In person  |            | Routine care |
| Postpartum visit | Phone/video|            | Unless there are specific concerns |

* Adapted (with permission) from Sunnybrook Health Sciences Centre, Toronto, ON, Canada

Impact of COVID-19 on pregnancy care in LMIC

ANC 3 visits

Video calls
In private hospitals

REALITY

➢ These cases disrupt all other work and staff
➢ Rapid loss of staff due to quarantine needs if not planned
➢ Even with planning: 20-25% staff will drop off (sickness/stress etc.)
➢ Need completely different COVID management area
➢ Mixing with regular laboratory and radiology challenging
➢ Inpatient stay possibly 14 days ...need people/PPE for that long
➢ Our hospitals were never made for such high infectivity situations.
➢ If the cases increase rapidly, then the hospital will shut down before it can prepare itself
➢ Collapse imminent if planning inadequate
Testing criteria: Laboratory/s will undertake testing of

- (i) All symptomatic individuals who have undertaken international travel in the last 14 days,
- (ii) All patients with SARI (fever and cough and/or shortness of breath)
- (iii) All symptomatic contacts of lab confirmed cases
- (iv) Asymptomatic direct and high-risk contacts of a confirmed case should be tested once between day 5 and day 14 of coming in his/her contact.
- (v) All symptomatic health care workers

At any point of time, the testing shall be done as per the testing criteria so enunciated by ICMR or Ministry of Health & Family Welfare.
Recently, pregnant women have been classified as a special category for testing and the current specific recommendations which have been added for them are:

Pregnant women residing in cluster/containment areas or in large migration gatherings/evacuees centre from hotspot districts presenting in labour or likely to deliver in next 5 days should be tested even if asymptomatic.

The guidance further states that the testing should be carried out in the center where the woman is admitted for delivery and she should not be referred out for testing.
are temporary makeshift hospital facilities made by converting
hotels/ hostel/ guest houses/ stadiums near a COVID-19 hospital.
The existing quarantine facility may also be converted.

These centers will have isolation beds with oxygen support for managing moderate cases, which require monitoring of their clinical status.

Some of the severe cases may progress to respiratory failure and/or progress to multi-organ failure and hence critical care facility/ dialysis facility/ and Salvage therapy [Extra Corporeal Membrane Oxygenator(ECMO)] facility for managing the respiratory/renal complications/ multi-organ failure shall be required.
If we are to presume that every case is a covid suspect, unless proved otherwise, that's why the new inclusion of testing all patients in labour or near term.
Postnatal Management

• It is unknown whether new-borns with COVID-19 are at increased risk for severe complications.

• Transmission after birth via contact with infectious respiratory secretions is a concern.

• Facilities should consider temporarily separating (e.g. separate rooms) the mother who has confirmed COVID-19 or is a PUI, from her baby until the mother’s transmission-based precautions are discontinued.
Disinfection protocols

- The physical partition should be wiped with 1% sodium hypochlorite thrice daily

- Hand wash sinks should be cleaned with commercially available registered disinfectants thrice daily

Hydroxychloroquine only for HCW with known contact of COVID-19 positive patients.

In case of accidental exposure, complete protocol should be followed.
What precaution should health workers take after going home? 

Medical staff who are caring for patients with suspected/probable/confirmed COVID-19 monitored closely.
Its all about COVID PREPARENESS

Checking Temp at the entrance, accordingly direct the patient.

We put a plastic curtain near the examination table and made two holes in it to pass our hands or BP instrument to examine the patient.

Plastic shield or curtain at the reception to protect reception people.

Got this ppe stiched by hospital staff as it was not available easily at our place.

Rain coats for the hospital workers involved in cleaning.

After every patient the table is sanitized.

Hear the global perspective on how patients are treated in low and middle-income countries

PRACTICE PROTOCOLS – COVID AND BEYOND
Let's fight against Coronavirus

Dr Hema Divakar
FIGO COVID 19 TASK FORCE