



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

11:05-11:15	Critical Care in adults with COVID-19	Dr Nick Barrett
11:15-11:25	Impact of COVID-19 on pregnancy care in LMIC	Dr Hema Divarkar
11:25-11:35	Thrombosis in COVID-19 & implications in pregnancy	Professor Beverley Hunt

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

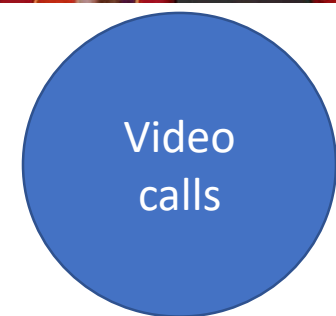
All of the above



	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

Gestational week	Visit type	Ultrasound	Comments
~12 weeks	In person	NT scan	 <ul style="list-style-type: none"> 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		
~20 weeks	In person	Anatomy scan	
~24 weeks	Phone/video		 <ul style="list-style-type: none"> Consider checking blood pressure at home or ambulatory setting if possible Perform oral glucose tolerance test as an outpatient
~28 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

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

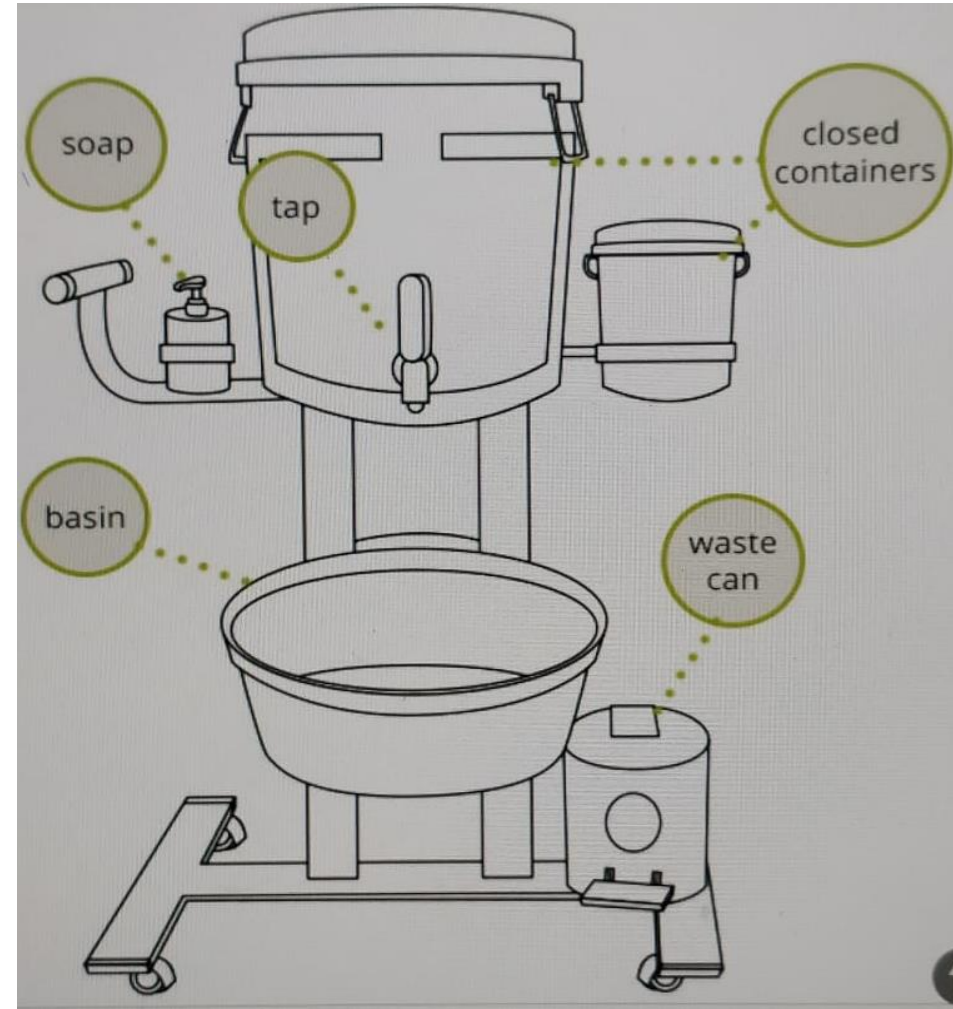


In private hospitals



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

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

- (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**



New advisory for pregnant women from containment zones – even if asymptomatic

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.

TRIAGE and TEST



COVID Care Centers

Mild cases

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.



COVID Health Centers

moderate cases

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

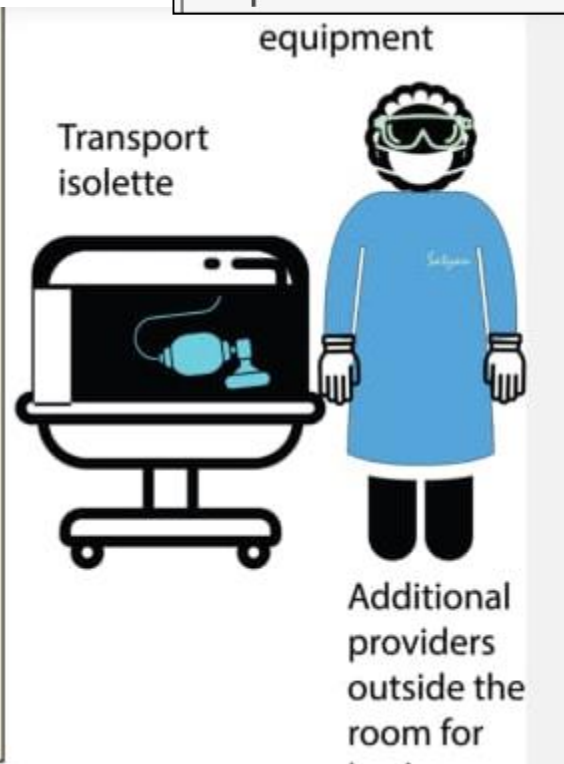
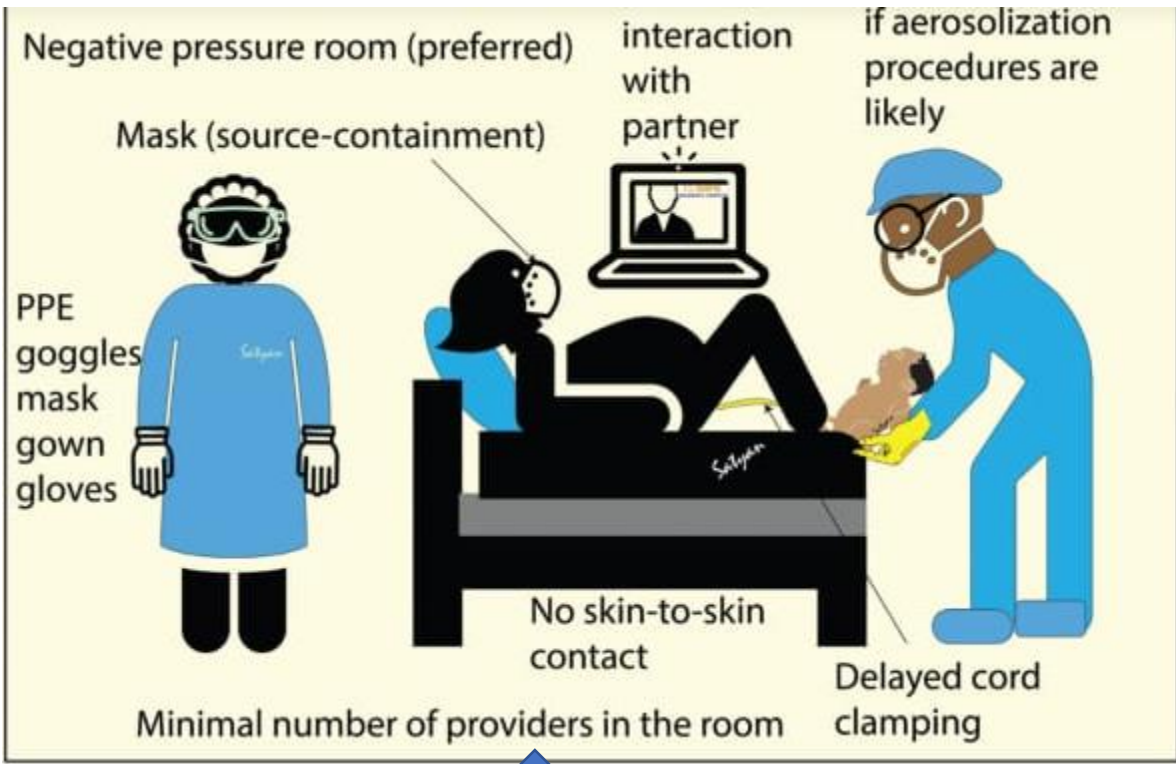


Dedicated COVID Hospitals

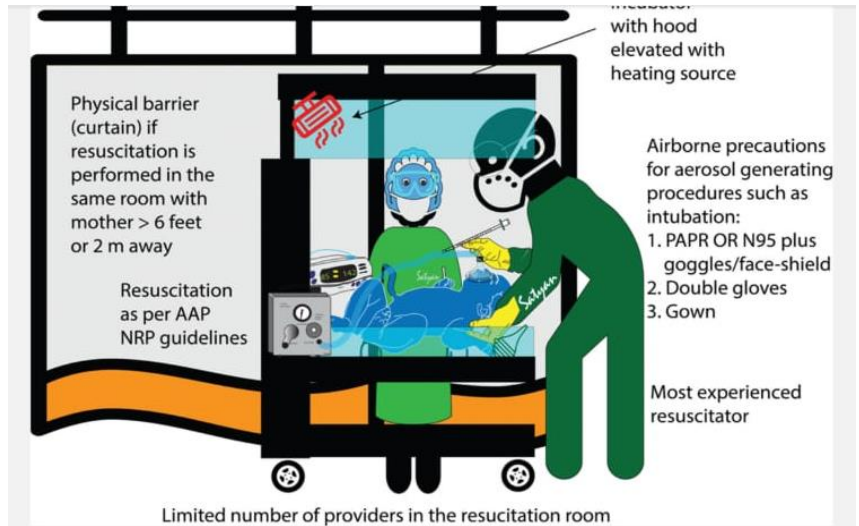
Severe cases

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

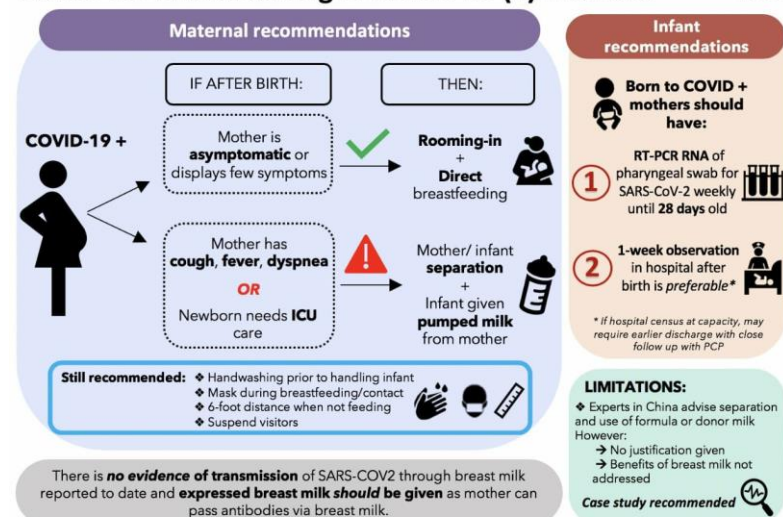


EMORY INTERNAL MEDICINE RESIDENCY: COVID-19 VISUAL SERIES

* Based on recommendations by WHO, UNICEF, ISS, IUOG, RCOG, and ABM

COVID-19: Breastfeeding in COVID-19 (+) mothers

4/15/20



References: Davanzo, Riccardo et al. April 2020. <https://doi.org/10.1111/mcn.13910>

Creators: Sims Hershey, M3 (@sims_hershey), Emily Lovern, M1 (@emilyslovern)
 Editors: Tyler Daugherty (@tylerdau) and Caroline Coleman (@cg_coleman)
 Peer reviewer: Meghan Teherani, MD,MSGM

- 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.

Mother and Baby Care

It is safe to breastfeed the baby and provide skin to skin care even if you have cough, cold and fever. Wear a mask and follow the doctor's instructions.

- While in hospital and at home after discharge, limit visitors.
- Everyone should wash their hands before touching the baby.
- The mother and baby should stay away from anyone who is sick.

After delivery, start breastfeeding your baby within 1 hour. Eat a nutritious diet and plenty of water. Do not restrict any type of food. Change your clothes daily. Wash your hands with soap and water each time before feeding or touching the baby. The baby should be given only breastfeeds every 3-2 hours.

You should have your delivery only at the hospital. Call the local helpline, ASHA, or ANM so you can get an ambulance and be directed to the right hospital to go to. Only one person should accompany you to the hospital. Take all your hospital papers with you.

Call the local helpline, ASHA, or ANM, if the mother or the baby have any serious problems.

Call the Anganwadi worker and ask about vaccinations for the baby.

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.



Cleaning Surfaces at Home

Coronavirus can stay on surfaces for a long time. Cleaning these surfaces properly will kill the coronavirus.

Every day, **clean all surfaces that are touched frequently** such as door handles, taps, tables, and buckets.

- First, you must **wipe surfaces** using a clean cloth dipped in soap and water.
- Next, for extra protection, **wipe with a disinfectant solution.** This step is especially important if there is someone who is sick in your home.
- Do not **dry sweep, use a wet mop.**
- Wash clothes with soap water and dry them in the sun for at least half a day.

Common disinfectant solutions to use with a cloth include:

- Phenyl/Dettol/Lizol/Savlon mixed with water

Use a mop with a rod for these solutions as they can irritate your hands:

- Bleaching solution (which is made by mixing 4 spoons of bleaching powder in 1 liter of water)
- 0.1% Sodium hypochlorite solution

What precaution should health workers take after going home?



monitored closely

Medical staff who are caring for patients with suspected/probable/confirmed COVID-19

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



KNOWLEDGE PARTNER

Lets fight against Coronavirus



Dr Hema Divakar
FIGO COVID 19
TASK FORCE