

A doctor's view of the pandemic and pregnancy during this time

By Dr Larisa Corda



Our world has never seen a crisis quite on the same scale as this pandemic. With the number of lives being claimed by COVID still rising globally, only a few months into the disease and several weeks since the world effectively went into lockdown, there has never been a more anxious time to be pregnant or consider pregnancy. And all this during a time when an expecting mother's brain is naturally influenced by the hormone oxytocin, otherwise endearingly referred to as the love hormone, that acts to reduce stress and fear. Womens' bodies are telling them to relax whereas the entire social situation is screaming the opposite and it all makes for an incredibly confusing and difficult time.

Being an obstetrician and gynaecologist, I recognise that one of the most important things to ensure during any crisis is the ongoing provision of safe maternity services and the safeguarding of womens' reproductive rights. Yet the coronavirus has added an additional burden to this by not only redeploying staff to treat COVID patients but making it necessary to avoid face to face contact wherever possible and reduce the spread of infection to patients, babies and staff. This has meant that despite labour wards continuing to run, the nature of the service provided has had to change, with patients asked to call in before attending, a reduction in face to face appointments, the need for PPE, a limit on only one birth partner being present during active labour, no visitors on antenatal and postnatal wards and the cancellation of home births in the majority of cases. Needless to say, this has left many women feeling abandoned, alone, scared and worried about how to deliver a child into the world.

Over 116 million babies are predicted to be born during the ongoing pandemic. And our healthcare services have had to step up to the challenge and ensure that support is available to every new mum, even if the method by which it's delivered is different. It's called for a time of great resourcefulness and alternative thinking, where instead of face to face appointments, virtual consults are replacing the need for women to travel to hospital and risk infection in the waiting room or travelling to the hospital. Baby showers are being conducted over Zoom and Face Time has become the new way to meet the grandparents and other relatives, who also fall in the vulnerable group that need to remain at home wherever possible.

Mental health has never been more important, and the need to offer support in this, especially those who are new mothers or have a history of mental health disease. The fear and anxieties that have rippled across our societies have also meant that people are too scared to come to hospital for fear of catching the virus but also not wishing to burden the NHS unnecessarily during this critical time. It has meant that women have stayed at home experiencing miscarriage on their own in silence and despair, or convincing themselves not to be concerned about foetal movements, that could threaten a rise in stillbirth rates during the pandemic that would be devastating. All hospitals have reported a reduction in the number of people presenting to A&E and this has also been replicated across maternity departments, which are quieter than normal.

As someone who has been redeployed to the forefront of the frontline to help in intensive care, I've seen first hand the tragic consequences that COVID is capable of

inflicting. Where modern medicine, in the absence of a cure, is unable to keep people alive and where less than 50% of those admitted to ICU can be saved. It's made me come to terms with my own limitations and helplessness in the face of something the world has never seen. And it's also made me see the harrowing injustices being exposed by the virus, where our BAME communities are suffering a disproportionate amount of the tragic consequences, including a greater admission rate for COVID if pregnant, where 55% of the mothers admitted in a recent study, belonged to ethnic minorities. We don't understand the virus well enough yet to know whether this is as a result of a genetic or biological predisposition or to do with racial and social inequalities in healthcare. But it's something we have to remain committed to understanding.

There is good news so far in that a recent report from the University of Oxford has shown that the overwhelming number of women who get COVID, and their babies, are fine. The chance of being admitted to hospital is small and the chance of needing ICU is even smaller. So far, the greatest risk appears to be in the third trimester but, as with viruses we have seen before, the true effects will not be decipherable until towards the end of the year, when it has been around for long enough for us to have understood its behaviour better and have got the data necessary to be able to provide evidence. Until then, we should take comfort from some of the evidence so far whilst accepting some uncertainties yet safe in the conviction that everyone is pulling together as much as possible and that one day soon, life will return to a new normal, where the joy of pregnancy will be appreciated for just that, instead of being tempered by so many unknowns.

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