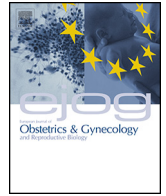




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## Correspondence

### Intrapartum care of women with COVID-19: A practical approach



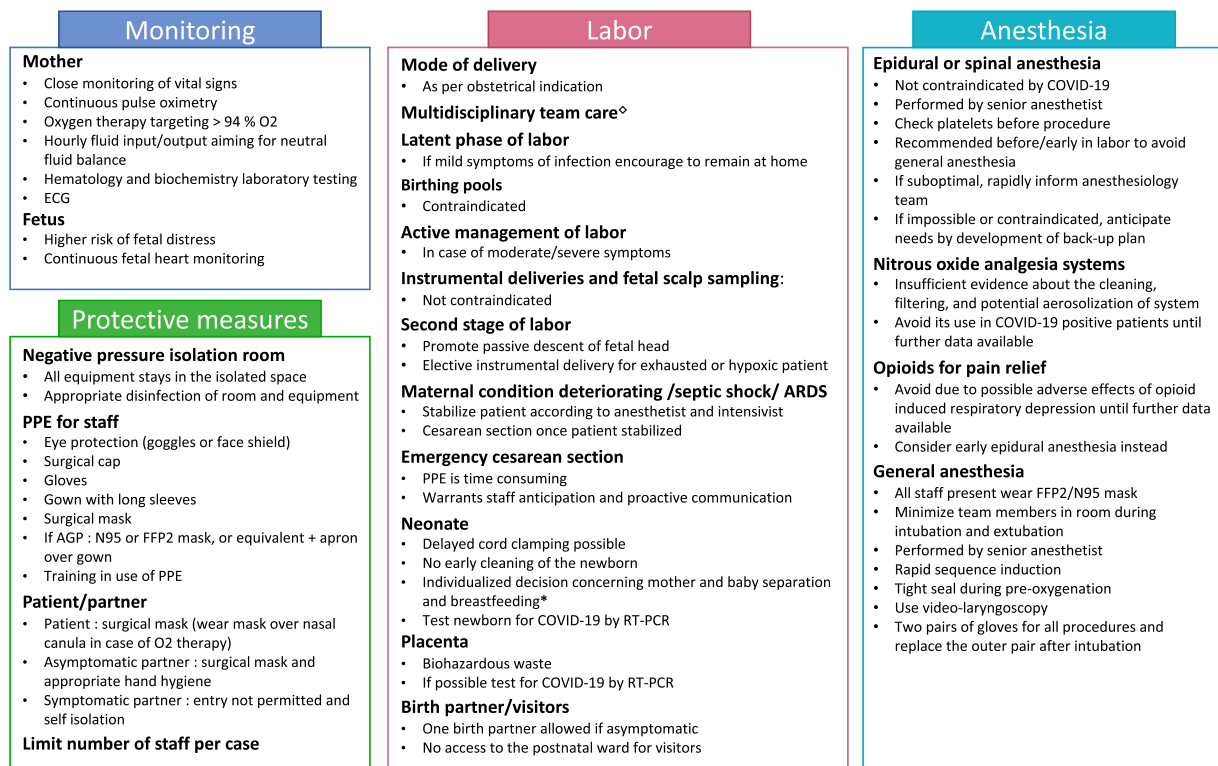
Dear Editor,

Obstetricians have steadily fought to improve outcomes for women over the past 3 decades, with the application of evidence-based medicine. The current COVID-19 pandemic has overwhelmed this standardized approach with a deluge of information, at times contradictory, leading to confusion in the labor ward regarding best practice. As community person-to-person transmission of the virus escalates, we will increasingly have to manage labor for COVID-19 positive patients. In this context, we have developed a comprehensive but concise information bulletin (Fig. 1), to allow all caregivers ease of access to the most up to date information. This is based on recommendations issued by the *International Society of Ultrasound in Obstetrics and Gynecology* [1],

*Royal College of Obstetricians and Gynaecologists* [2], *Collège National des Gynécologues et Obstétriciens Français* [3], and *Society for Obstetric Anesthesia and Perinatology* [4].

Most of the recommendations highlighted in our bulletin are similar between the international bodies: multidisciplinary approach; mode of delivery as usually indicated; close monitoring of maternal vital signs; continuous fetal heart monitoring; conservative fluid therapy; oxygen therapy as needed; early neuraxial anesthesia; elective instrumental delivery according to maternal condition; and stabilization of the critically ill patient by specialists followed by cesarean section and appropriate protective measures.

However some discrepancies can be found between recommendations regarding the presence of birth partner, delayed umbilical cord clamping, separation of mother and baby, and use of nitrous oxide analgesia systems. We have to keep in mind that our current knowledge on management of COVID-19 during pregnancy is based on small cohort studies, experience of similar viral



PPE: personal protection equipment; AGP: aerosol-generating procedures; COVID-19: 2019 novel coronavirus disease; ARDS: acute respiratory distress syndrome; RT-PCR reverse transcription polymerase chain reaction  
<sup>o</sup>Senior obstetrician, anesthetist, neonatologist, intensivist, infectious disease specialist, infectious control team and lead midwife \* After risk/benefits discussion with neonatologist, infectious disease specialist, obstetrician, infectious control team

Fig. 1. Intrapartum care of women with COVID-19.

pulmonary infections and expert consensus, which generate divergent recommendations. Thus, guidelines will no doubt be adapted as we gather clinical data and experience.

Despite these anticipated developments, health care facilities should procure clear management protocols for care providers. Furthermore, it is also important for team members to undertake training in proper utilization of personal protective equipment and scenario simulation, such as emergency cesarean section, in order to ensure efficiency in patient care as well as protective measures.

#### **Declaration of Competing Interest**

We declare no competing interest.

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Received 30 March 2020