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Create peace of mind for pregnant women with COVID-19 to seek medical care

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INTRODUCTION

In the late winter of 2019, severe acute respiratory syndrome coronavirus (SARS-CoV-2) caused coronavirus (COVID-19), spread rapidly worldwide in a short time. The global outbreak has impacted the entire medical system, social structure, and the global economy and has become the most important public health issue in the world; Women's heart immune system cause and hormonal changes during pregnancy, make pregnant women at high risk of COVID-19 infection. The virus not only affects the safety of the mother but also affects the fetus.

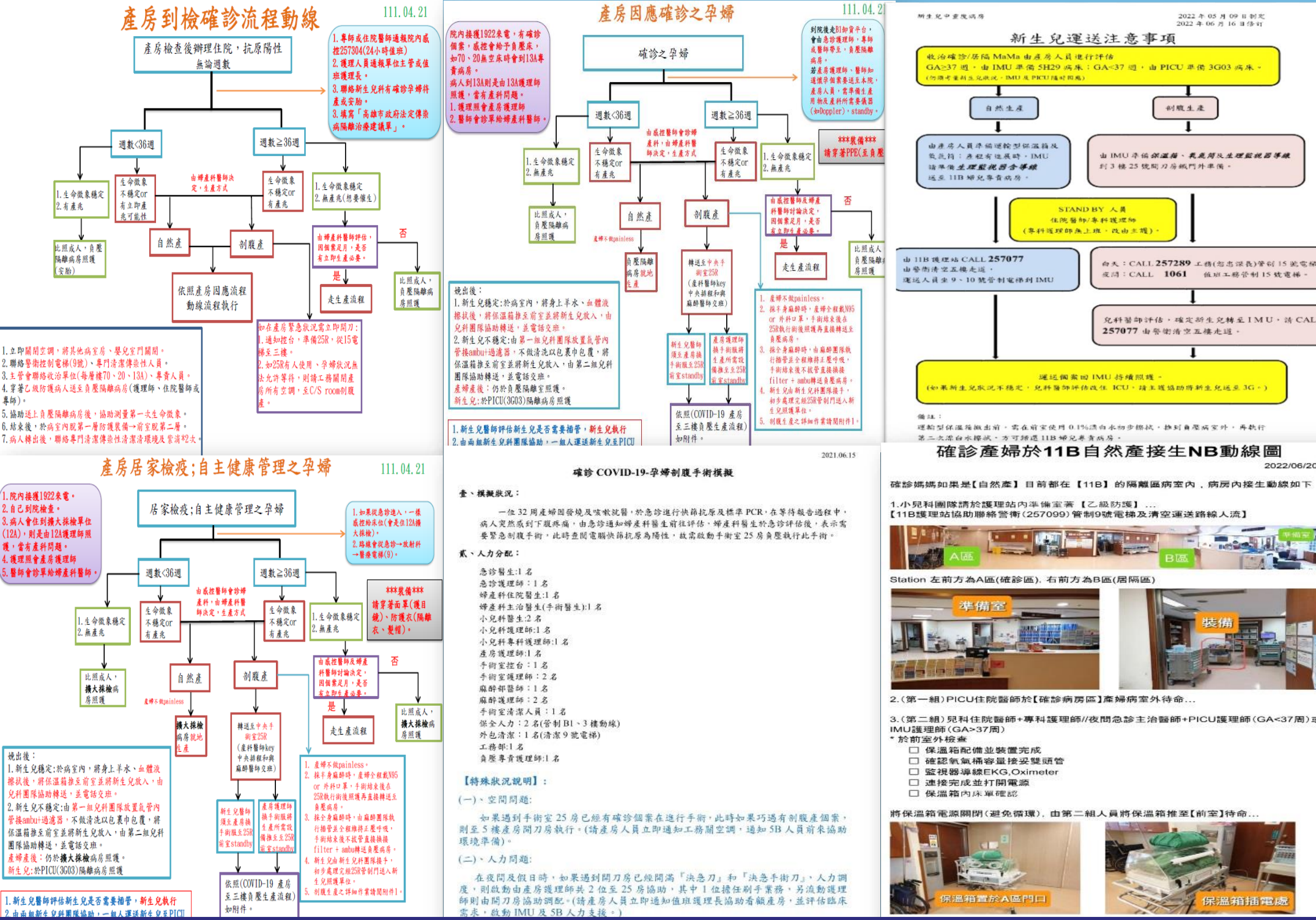
E-DA hospital is a high-risk pregnancy duty hospital, with no negative pressure ward in the delivery room. Obstetrics and gynecology medical staff face environmental limitations and are unfamiliar with COVID-19 care. However, the actual personnel respond for caring for infected pregnant women are not familiar with the care processes related to pregnant women,

Therefore, a delivery room was established to respond to the COVID-19 process and to actually advocate for explanations, practice of protective equipment, and guidance on wearing and removing protective clothing to the obstetrics and gynecology medical team. Due to the limitations of the original delivery room environment, in a negative pressure ward, following the example of a simple Le De delivery room, the delivery room staff assisted the dedicated team in organizing two in-service education and practical teaching internal consultations, and used nursing notes. The delivery room staff assisted in production and checking the progress of the labor process, Ensure the safety of pregnancy and childbirth and bring the best quality of care.

AIM

- Obstetrics and gynecology medical staff and specialized personnel provide knowledge and skills to maintain safe and appropriate peripartum care for pregnant women and medical staff during the epidemic
- Pregnant women who are infected during the peripartum period can also receive complete care in the negative pressure isolation ward, and have smooth miscarriage and delivery

Improvement measures and implementation methods







Sets up guidelines for COVID-19

- The process of hospitalization and inspection in the delivery room
- Home quarantine; pregnant women with independent health management
- Diagnosed maternal medical treatment process
- Diagnosed pregnant women cesarean section procedure
- Newborn transport after confirmed maternal self-delivery in special ward send process
- Precautions for newborn transportation

Establish negative pressure ward maternity delivery equipment

- Move the simple internal diagnosis table and neonatal treatment table to negative pressure Isolation ward, modeled on the simple Radix delivery room
- The headlight is modeled on a surgical light, which is beneficial for obstetricians and gynecologists to sew
- Set up maternity delivery kits and first aid kits to facilitate emergency delivery use, and use seals on delivery kits and first aid kits to avoid instruments missing
- Prepare the environment in advance in the operating room of the delivery room, and related instruments, devices and wards are covered with protective film in case of emergencies cesarean section use

Improve the knowledge and skills of dedicated staff on peripartum care

- Delivery room staff assist with relevant knowledge and hold two on-the-job education sessions (Observation of labor signs, how to use fetal monitor, fetal heart sound judgment read)
- When there is no case, the dedicated personnel go to the delivery room to study, and staff in the delivery room taught how to judge the centimeter of the cervix and fetal head descending position
- When the expectant mother begins to enter the first stage of labor, staff in the delivery room assist the patient to enter the negative pressure ward and share care with dedicated staff, and assist in childbirth and newborn care.

CONCLUSION

From April 28, 2022, when Taiwan's epidemic situation exceeded 10,000 new crown patients in a single day, to December 1, 2022, 10 confirmed pregnant women have been given tocolytic drugs because of premature birth, and 14 confirmed pregnant women have come to the hospital and success vaginal birth, and COIVD-19 pregnant women in the hospital No complications occurred in the process of caring for these ,Every tocolytic case returned home stably, and all childbirth vaginal birth their newborns smoothly.

During the delivery process, the obstetrics, gynecology and neonatology teams cooperated and irregularly adjusted the obstetrics process according to the epidemic policy of the command center. To Make COVID-19 pregnant women feel at ease to seek medical treatment, while reducing the risk of neonatal infection and severe illness, to achieve the goal of jointly maintaining maternal safety.



Discussion and preparation in advance → cross-team integration of childbirth care → whole-process care and transfer → continuous postpartum care