Obstetric services during the Covid-19 pandemic: a national survey of standards of care

James O'Carroll[1], Liana Zucco[2], Eleanor Warwick[3], Brendan Carvalho [1], Pervez Sultan [1] on behalf of the ObsQoR Collaborators

[1]Department of Anesthesiology, Perioperative Medicine and Pain Medicine, Stanford University, California

[2]Department of Anaesthesia, St. George's Hospital, London, UK

[3]Department of Anaesthesia, University College Hospital, London, UK

Background:

Changes to obstetric care across the United Kingdom (UK) were required in response to the SARS-CoV-2 pandemic. Guidelines from the Royal College of Obstetricians and Gynaecologists (RCOG) were introduced to help guide appropriate care. **Adoption and adherence to this guidance is unknown.**

Methods:

The Quality of Recovery in Obstetric Anaesthesia study (ObsQoR) aimed to investigate the quality of recovery following childbirth across the UK. The study included an **institutional survey** to examine aspects of organisational structure, service provision and standards of care. **Covid-19 questions were developed using RCOG guidelines** to ascertain **what changes to care** were implemented in response to the pandemic. This was distributed to all 107 participating centres in October 2021.

References: Royal College of Obstetricians and Gynaecologists.Coronavirus (COVID-19) Infection and Pregnancy.; 2021. https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/

Table 1: Summary of survey questions and responses →

Survey Questions	Number responding "yes"/total response (%)
Does your hospital have guidelines for how to manage the COVID-19 positive parturient?	99/105 (94.3)
Isolation precautions: are COVID positive parturients kept in an isolated room throughout their entire admission? (incl. admission, labour &delivery, recovery and postnatal experience)	101/105 (96.2)
Birthing partners: is the birthing partner allowed to be present if the parturient is COVID-19 negative?	103/105 (98.1)
Birthing partners: is the birthing partner allowed to be present if the parturient is COVID-19 positive?	79/104 (76.0)
Birthing partners: if a parturient's partner is COVID-19 positive but asymptomatic, are they allowed to be present?	29/105 (27.6)
Birthing plans: if a parturient is COVID-19 positive at the time of labour, does this limit her birth plan options?	37/104 (35.6)
PPE: are parturients instructed to wear any form of PPE during their labour and delivery (e.g.: facemask), even if they are COVID-19 negative?	42/104 (40.4)
VTE prophylaxis: is there a guideline for VTE prophylaxis specifically for COVID-19 positive parturients that you follow within your hospital?	61/105 (58.1)
Vaccination: is there a referral pathway or process to encourage COVID-19 vaccination in all pregnant women?	63/103 (61.2)

Results:

Covid-19 survey responses were received from 105 ObsQoR study centres (response rate 98%), representing 54% of 194 obstetric units in the UK. Results are summarised in Table 1

Discussion:

To our knowledge, this is the **first survey** assessing institutional guideline adherence and clinical practices relating to COVID-19 across a **large number of centres**.. This survey provides a contemporary snapshot of peripartum practice. The main finding is the **variation** among UK institutional guidelines, adherence to guidance and inpatient care delivered to peripartum women during the COVID-19 pandemic. As healthcare continues to evolve due to the COVID-19 pandemic, it is important that the **best evidence-based quality of care is delivered to parturients** . This should be **standardised care** that follows national recommendations and considers **maternal psychological wellbeing and staff safety.** In addition, maintenance of **equity** in the care delivered irrespective of location and infection status must be prioritised.