

Abstract

- We aimed to identify changes in rates of early pregnancy complications and how they were managed during the period from May-August 2020 of COVID-19 pandemic compared to the similar period from the previous year.
- Did COVID-19 pandemic (and restrictions after the first UK Lockdown) shift management of early pregnancy complications towards a more conservative approach? Did it lead to late presentation and more complications? Did it affect the management of miscarriage?

Design:

Observational, Case-control study

Results:

There was relatively less early pregnancy bookings in the period studied (n=1764 vs n=1958; 2020, 2019 respectively), however, final year bookings were not significantly different.

The rate of Ectopic pregnancy and miscarriage remained similar. Women's choices towards management of early pregnancy complications remained unchanged when comparing to the same period in previous year.

Conclusion:

The rate of early pregnancy complication and the way they were managed did not appear to have been affected by the COVID 19 pandemic and the associated public health measures adopted. Women appear to have delayed booking their pregnancy to limit contact with healthcare professionals during the first lockdown in 2020

Introduction

On the 26th March 2020, the first COVID Lockdown in UK came into force. On 10th of May, A "conditional plan" to reopen society and ease Lockdown restrictions. Further easing of restrictions has continued through the coming 3 month. However, cases have surged again in September and October. The UK went through a second lockdown on 31 October 2020.

Pregnant women were identified as a vulnerable group by Government on 16th March 2020. They were advised "to stringently engage with social distancing measures to reduce the risk of infection"¹.

It was recognised that women may have significant anxiety about the possibility of contracting COVID-19 by attending maternity services, particularly where located in hospitals. The RCOG has advised women to attend their appointment if planned by their clinician as the risk of not attending might be more than the risk of COVID infection and to contact their local maternity unit for advice in case of concerns about the baby's wellbeing with out delay. And for pregnant women not to be deterred from coming into hospital when themselves or their baby's need care¹ (17 April 2020). Units were advised to rapidly seek to adopt teleconferencing and videoconferencing capability and consider what appointments can be conducted remotely.

Considering all the factors above, We aimed to identify changes in rates of early pregnancy complications and how they were managed during the period from May-August 2020 of COVID-19 pandemic compared to the similar period from the previous year.

Methods and Materials

Design:

Observational, Case-control study

Data on early pregnancy booking from primary care South Tees Hospitals was collected from hospital admissions records and early pregnancy unit records. We compared booking, outcomes and management of early pregnancy complications for the period 1st May-31st August 2020 and compared it to the same period in 2019.

Excel was used for data analysis. Chi square test was used, for statistical analysis, to measure significance between groups

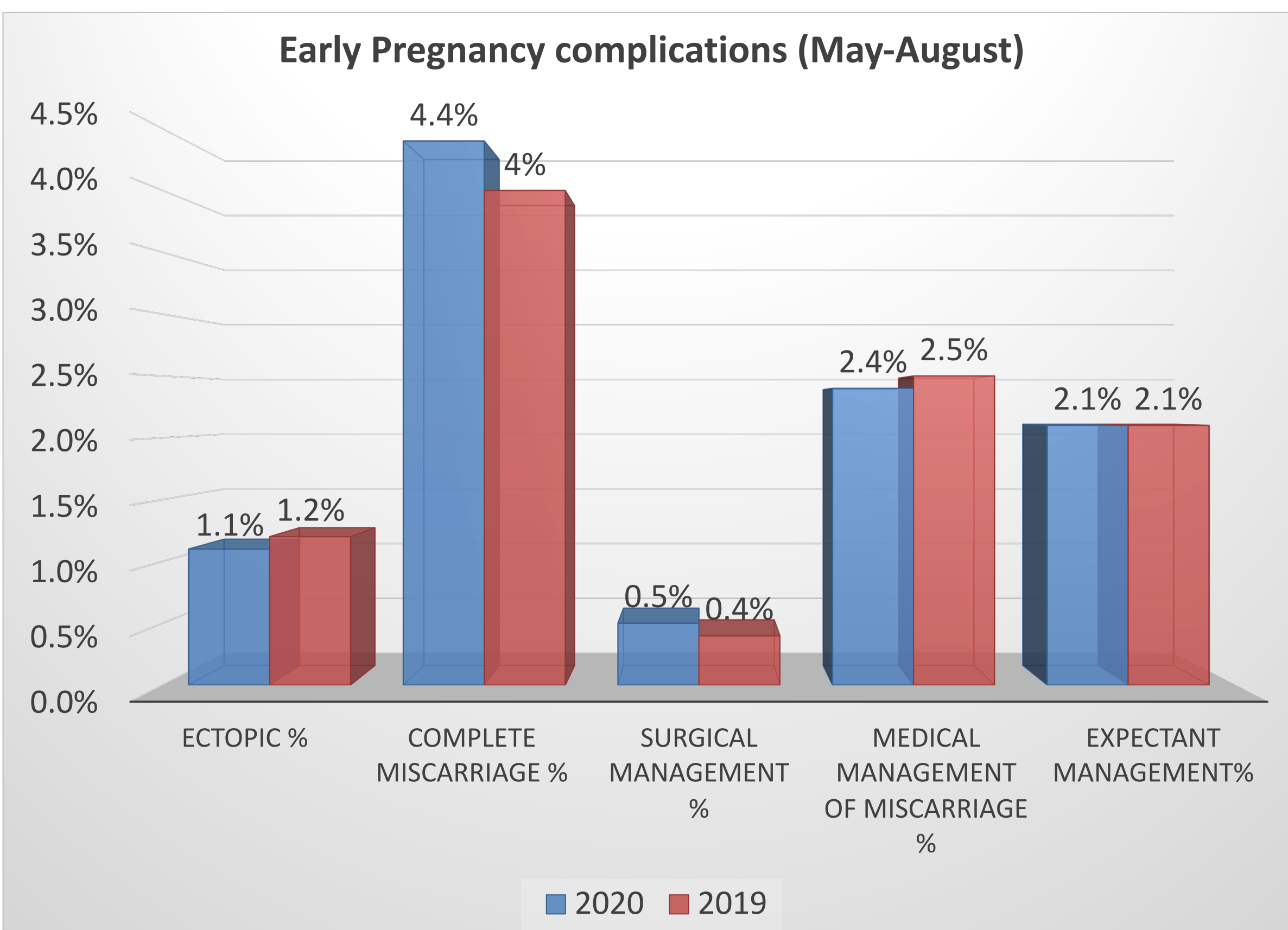


Figure 1. Early Pregnancy complications (May-August)

Results

- There was relatively less early pregnancy bookings in the above period in 2020 (n=1764) compared to 2019 (n=1958); however, the final year booking numbers were not significantly different at 4871 in 2020 and 4958 in 2019.
- The rate of ectopic pregnancy was similar at 19/1764 (1.1%) in 2020 and 23/1958 (1.2%) in 2019 (p = .780).
- One ectopic pregnancy (1/19) had medical management in 2020, all other ectopic pregnancies were surgically managed for 2020 and 2019.
- The rate of miscarriage was similar at 165/1764 (9.4%) for 2020 and 179/1958 (9.1%) for 2019 (p = .839).
- Surgical management rate was 9/88 (10.22%) and 7/98 (7.14%) for 2020 and 2019, respectively.
- Medical management of miscarriage rate was 42/88 (47.72%) and 49/98 (50%) for 2020 and 2019, respectively.
- Expectant management rate was 37/88 (42.05%) and 42/98 (42.86%) for 2020 and 2019, respectively (p= .754).

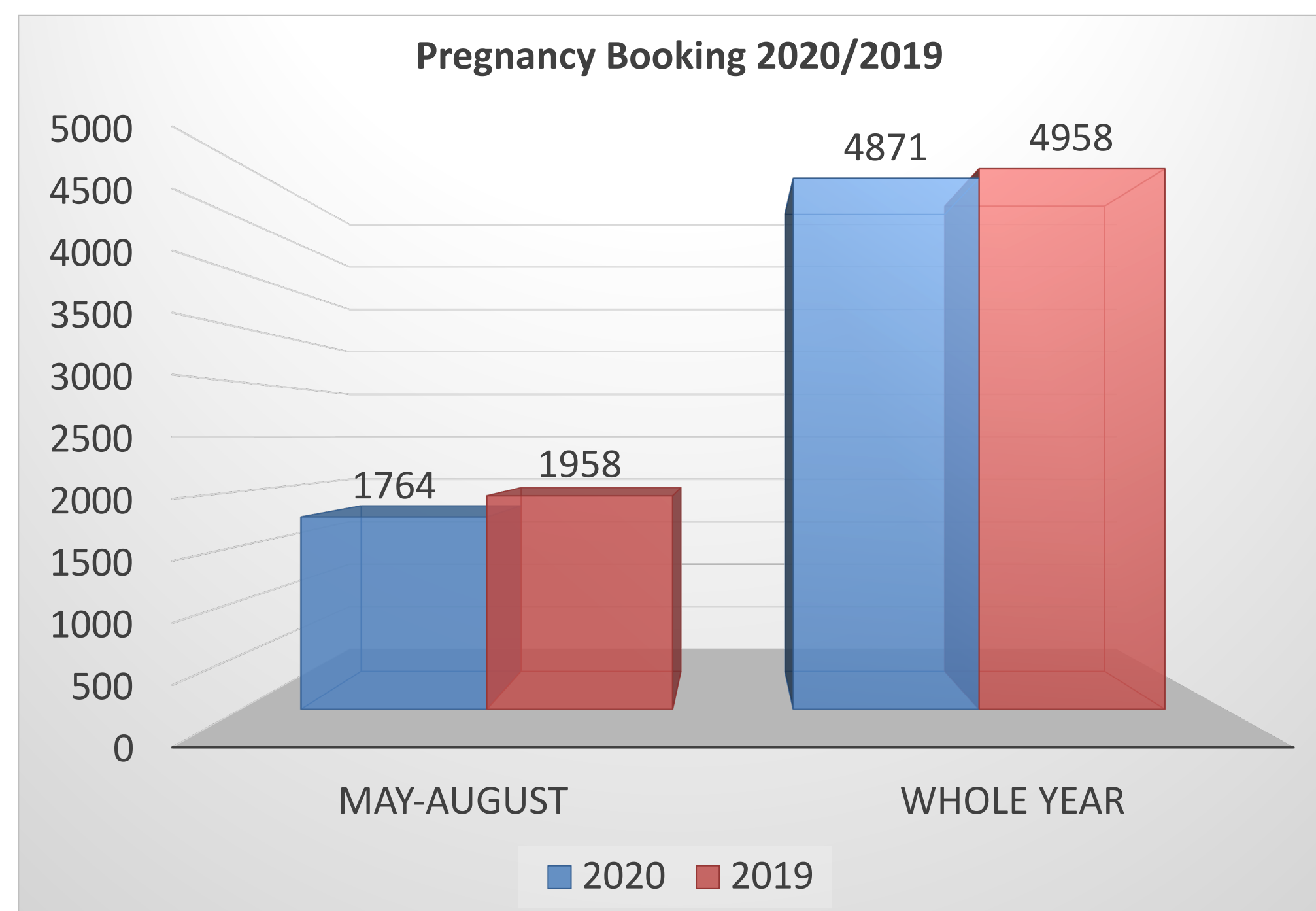


Figure 2. Pregnancy Booking 2020/2019

Discussion

Women engaged well with maternity services despite the circumstances and concerns regarding Pregnant women and COVID. Community midwives and our maternity unit have maintained contact with these women by phone for advice. This has facilitated triaging the cases and planning further care accordingly. RCOG guidance on 17th April 2020 and previous versions provide the framework for management of patient contact with maternity service in those uncertain times. However, evidence at this point was of low quality and the advice based on this evidence was graded D, and in some cases, graded as good practice. The RCOG have advised pregnant women not to be deterred from coming into hospital when themselves or their baby's need care and advised units to conduct appointment remotely when possible.

The Number of early pregnancy booking was less than previous year, However, at the end of the year the total numbers were very similar This could possibly be representing delay in booking aimed to limit contact by healthcare professionals, this was corrected later at the end of the year.

Pregnant women in the UK, in case of early pregnancy complications, should have a discussion with their clinicians regarding options for management where they are given the appropriate information to make an informed decision regarding their further care, as per NICE guidance.

The number of ectopic pregnancies remained the same compared to previous year. This reflects good engagement with maternity services. Most ectopic pregnancies were managed surgically with no significant change from previous year.

The women's preference for management of miscarriages (expectant, medical or surgical) did not change significantly despite the restrictions on hospital attendance and the potential fear of acquiring infection). Medical management of miscarriage may require a relatively longer period of hospital stay compared to surgical management in many cases. On the other hand, Surgical management carried anaesthetic risk, and COVID infection in the recovery period carried significant morbidity and mortality risk to women, as was identified by early reports of COVID is surgical patients. Also, there are some cases where there is simply not many options for management, for example in case of heavy vaginal bleeding. Those factors and others came together, and during the studied time period there was no significant effect on management of early pregnancy complications.

Conclusions

The rate of early pregnancy complication and the way they were managed did not appear to have been affected by the COVID 19 pandemic and the associated public health measures adopted. Women appear to have delayed booking their pregnancy to limit contact with healthcare professionals during the first lockdown in 2020

References

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