

The art of communication and seniority; Uptake of novel therapies in COVID positive pregnant patients

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Introduction

Pregnant patients with COVID-19 are at increased risk of complications like preterm birth and stillbirth¹. Sotrovimab has been shown to ameliorate the effects of COVID². Nevertheless, there are a substantial number of COVID positive pregnant patients who decline Sotrovimab.

It is important that adequate counselling takes place in order to improve the uptake of Sotrovimab among patients.

The objective of this study is to determine if patients are more likely to consider receiving Sotrovimab, if counselled by a senior obstetric medical officer (SMO), as opposed to a junior medical officer (JMO) in the maternity department.

Design:

The study is a case-control study, reviewing all patients who tested positive for COVID, between the time period of 12th August 2021 and 6th February 2022. Patients who qualified for Sotrovimab were identified, and cross-checked to see if they were reviewed by an SMO or JMO in the obstetrics department.

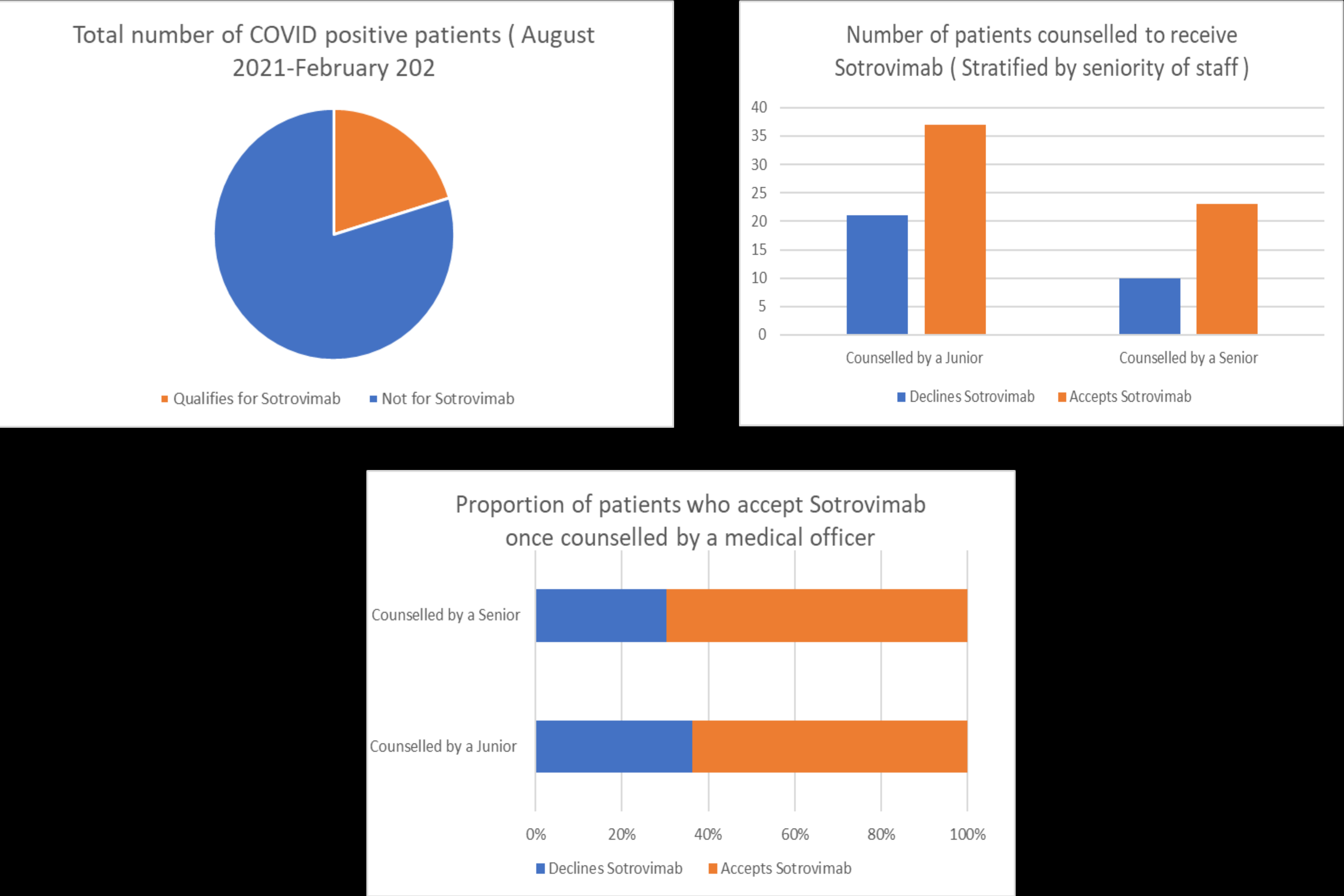
Method:

A retrospective review of progress notes was conducted and the level of seniority of the medical officer who counselled patients on receiving Sotrovimab was determined.

A chi squared test was used to compare the groups and determine significance. Finally, an odds ratio was calculated to determine how likely was a patient to receive Sotrovimab if counselled by a JMO as opposed to a SMO.

Results

A total of 448 obstetric patients who tested positive for COVID from the 12th August 2021 and 6th February 2022 were added to the COVID register. Of these, 91 patients met criteria for Sotrovimab and were offered this medication. 58 were counselled by a JMO, 33 were counselled by an SMO. 21 out of 58 patients in the JMO category declined Sotrovimab and 10 out of 33 patients in the SMO category declined Sotrovimab.



Patients who were counselled by a JMO were 0.766 times less likely to receive Sotrovimab. However, the findings were not statistically significant $\chi^2 (1, N =91) = 0.3264, p=0.56779$

Conclusion:

Sotrovimab has been shown in trials to reduce the risk of hospitalization and death in patients who have risk factors for severe disease². Sotrovimab is the sole monoclonal antibody that is effective against the Omicron variant³. Pregnant patients are particularly vulnerable to progression to severe disease. This project demonstrates an increased probability of patients accepting Sotrovimab if counselled by an SMO. This highlights the importance of JMOs offering patients early input by an SMO if patients initially decline Sotrovimab. Although the findings were not statistically significant, this could change as the COVID register expands and more data is collected

Discussion:

There were several limitations to our study. A senior staff member was defined as a registrar who had completed both the written and oral FRANZCOG examinations or obstetrician consultants. Hence, some experienced clinicians were included in the JMO category. Additionally, patients may have been counselled by a senior medical officer from another speciality like Emergency Medicine or Infectious diseases. Nevertheless, for the purpose of this study, only senior obstetric medical staff were included into the SMO group.

A strength of our study was that there were strict criteria in place on who qualifies for Sotrovimab⁴, hence, there was little variation between the decision-making for administering Sotrovimab amongst COVID positive patients.

References

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