

SOGC Statement on Choosing Wisely in Obstetrics & Gynaecology During & After the COVID-19 Pandemic

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Context

The COVID-19 pandemic has pushed clinicians to make drastic changes in healthcare delivery across all specialties. In obstetrics and gynaecology, we have been challenged to conduct prenatal visits virtually, optimize medical management of gynaecologic conditions in the face of limited operating time, and uphold patient-centred care while restricting support persons on labour and delivery. Forced by the pandemic, these necessary changes have underscored the precarity of our healthcare systems and resources. Borrowing the advice of Sir Winston Churchill to “never let a good crisis go to waste,” as we emerge from the pandemic, we should choose wisely what changes we keep, and what former practices we bring back. The aim of this statement is to summarize the impacts of COVID-19 in obstetrics and gynaecology in Canada, and suggest how the rapid innovations we have made can be maintained to support wise resources use in the post-pandemic era to come.

Background: COVID-19 in Ob/Gyn

Since its emergence in December of 2019, COVID-19 has infected over 100 million people and killed over 2 million worldwide. While our numbers in Canada are reasonably controlled in comparison to other countries, with over 900,000 infected and 20,000 killed as of March 2021, the virus has nonetheless made a significant, lasting impact on our healthcare system (1). Direct challenges of the virus have included providing evidence-based care to COVID-positive patients and managing a myriad of post-infectious sequelae. Indirect challenges have been the adverse effects on care and outcomes for people who do not have COVID but are affected by the existence of the pandemic. For healthcare systems it has included navigating resource shortages, staff burnout, and rapidly shifting protocols to

contain the virus. Since COVID-19 can infect all demographics, virtually every specialty in medicine is affected.

In obstetrics and gynaecology, we have had to learn how COVID-19 impacts our patients. Thankfully, we have learned that low risk pregnancy does not inherently increase susceptibility to infection, although the impact of severe illness for those infected has the potential to be much greater (2). Since fever is a common intrapartum problem, we have had to develop a keen eye to differentiate the more likely causes such as chorioamnionitis from COVID-19. Symptoms of the virus have implications for patients, families, and providers, as pending swab results lead to isolation that lasts hours to days. While most swabs return negative, for those that are positive, we have learned that vertical transmission is possible with infection in the third trimester, but uncommon (3). In rare occurrences of severe infection in pregnancy, the usual principles of managing airway, breathing, and circulation apply; delivery in these contexts must be individualized, and unfortunately adverse outcomes may result from severe illness.

Adjustments to Practice During the Pandemic

Obstetrics:

Although many providers have not cared for COVID-19 positive patients, practice has been impacted by changes to limit viral spread such as:

- Universal masking, in many cases extending to labouring patients (2)
- Limiting in-person visits to those requiring physical examination (2)
- Restricting visitors and support persons in clinic and labour & delivery (2)
- Adopting virtual visits for low-risk pregnancies; the SOGC recommends at least four in-person visits (at 11-13, 20, 28, and 36 weeks) (2)
- Guiding patients to use home blood pressure cuffs to limit in-person assessment when possible and safe to do so (2)
- Emphasis on kick counting as a marker of fetal wellbeing (2)

Gynaecology:

Providers have placed more emphasis on medical management as operating time has decreased at many centres, with changes such as:

- Restricting surgical options to cases in which medical options have been exhausted or are inappropriate (4)
- Increased focus on optimizing preoperative hemoglobin through iron supplementation and medical management to conserve blood products (4)
- Increased focus on enhanced recovery after surgery, or ERAS, protocols help to reduce length of stay and limit exposure (4)
- Regional anaesthesia has been increasingly chosen to avoid aerosol generation, and when general anaesthetic is necessary, preoperative swabs, N95 masks, and allowance for “settle time” after intubation may increase resource use and operating time (4)
- For non-surgical patients, such as those seeking contraception, focus on options that limit interaction with the healthcare system, such as oral rather than injectable contraception (5)

Positive Impacts & Consequences of the Pandemic in Ob/Gyn

Reflecting on the numerous adjustments we have made to practice, there have been both positive and negative side effects, which are summarized in Table 1.

Table 1. Positive impacts and negative consequences of the practice changes necessitated by the pandemic.

	Positive Impacts	Consequences
Obstetrics	<ul style="list-style-type: none"> ● <u>Limit spread of communicable illness</u> through universal masking, social distancing, and limiting exposure to the healthcare system, including 	<ul style="list-style-type: none"> ● <u>Increase sense of fear</u> by patients of the healthcare setting resulting in delays to care. A United Kingdom study showed an increase in stillbirth incidence (9.31 versus 2.38 per 1000

	<p>reducing associated morbidity and mortality</p> <ul style="list-style-type: none"> ● <u>Decreased costs of contact to patients with virtual care</u> via reducing travel, parking, time away from work, and child care expenses, as well as decreased time spent traveling to and from clinics, and waiting for delayed appointments with increased convenience for patients and often preferred means of receiving care (7) ● <u>Focus on judicious resource use limits incidental findings</u>, the subsequent investigations that come with these, and associated costs. As an example, limiting unnecessary ultrasounds such as those to detect fetal gender limit both healthcare exposure and incidental findings. 	<p>births) that arose not due to infection itself, suggesting changes in care provision or care-seeking behaviour during the pandemic play important roles (6).</p> <ul style="list-style-type: none"> ● <u>Potential to miss details in virtual visits</u>, especially in those who do not comply with home monitoring of their weight, blood pressure, and general health. ● <u>Communication challenges with virtual care</u> include missing non-verbal cues, expressing empathy, and asking questions about intimate partner relationships, missing exposure to violence ● <u>Restricted visitor policies pose a barrier to bonding</u> for the family unit, especially on labour & delivery, postpartum, and neonatal care units.
<p>Gynaecology</p>	<ul style="list-style-type: none"> ● <u>Avoidance of exposure to anesthetic and surgical risks</u> for patients who have undergone medical management ● <u>Improved postoperative recovery</u> secondary to a greater emphasis on ERAS protocols, in addition to potential <u>decreased costs</u> from decreased length of stay 	<ul style="list-style-type: none"> ● <u>Decreased operating time and wait times for surgery</u> may lead to decreased satisfaction, and potential for decreased quality of care when medical management is not optimal ● <u>Decreased capacity for in-person visits and procedures</u> similarly can decrease satisfaction and quality of care ● <u>Later screening or diagnosis</u> can lead to more advanced disease when <u>eventually treated</u>

Summary: Choosing Wisely Recommendations

While there are several changes clinicians will be relieved to do away with in the post-COVID-19 era, this tumultuous period has created the opportunity to use time and resources wisely in ways that should improve our delivery of obstetrical and gynaecological care going forward. Considering the positive and negative impacts of the changes we have made to practice during the pandemic, wise changes we would recommend taking into the post-pandemic era to come include:

1. Continued adoption of virtual care when appropriate to promote patient-centred care with careful selection of those who can safely have virtual visits, taking into account factors such as comorbidities, gestational age, and social determinants of health. During the pandemic, we must make concerted efforts to alleviate patients' fears, because the risk of contracting the virus while accessing healthcare is low when using appropriate distancing and personal protective equipment.
2. Emphasis on medical management of gynaecological conditions, especially in those who have not tried reasonable medical options first.
3. Promotion of ERAS protocols for improved recovery and limited length of stay with decreased associated complications and costs.
4. Judicious use of resources including limiting unnecessary investigations that can lead to further investigations and potentially unnecessary treatment.

Conclusion

Since we can optimize healthcare delivery during COVID-19, we should certainly be able to do so after the virus is under control. If we can provide medical management of gynaecological conditions, promote ERAS protocols, and provide patient-centred virtual care during a pandemic, why wouldn't we do it all the time? We must seize the opportunity presented by this pandemic to improve the way we provide care, and to reopen wisely.

References

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