Commentary
Volume 6:3, 2022

Journal of Clinical Anesthesiology: Open Access

ISSN: 2684-6004 Open Access

Pregnancy Anesthesia in COVID-19 Affected Individual

Emilia Guasch*

Mount Sinai Medical Center, Miami Beach, FL, USA

Description

Coronavirus Disease 2019 makes it more difficult to provide parturients with perioperative care (COVID-19). This study's objective is to examine postoperative complications and hemodynamic stability in COVID-19 positive expectant mothers who are giving birth while receiving spinal anaesthesia. 31 COVID-19 positive parturients were identified between January and June 2021 as part of this prospective observational study at a tertiary teaching hospital in Jordan. Each COVID-19 positive parturient underwent anaesthesia in the identical conditions as the control group, while each COVID-19 negative parturient was matched with a COVID-19 positive parturient. Of the 31 COVID-19 patients, 22 (71%) had normal health overall, while 8 (25.7%) underwent emergency caesarean sections. After 10 minutes, the COVID-19 positive group's sensory degree of spinal block was T8 (T6-T10) as opposed to T4 (T4-T6) in the COVID-19 negative group.

Heart rate, SBP, DBP, and MAP did not change significantly during surgery ($p > 0.05$). Compared to four (11.8%) in the control group, 12 neonates delivered to COVID-19 positive people (36.4%) were admitted to the NICU ($p = 0.018$). The incidence of postoperative complications did not change statistically significantly. Last but not least, spinal anaesthesia is the preferred anaesthetic technique for caesarean deliveries in COVID-19 patients since it is a secure anaesthetic strategy in parturients. The incidence of coronavirus disease 2019 (COVID-19) patients is rising as a result of the efficient human-to-human transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in the United States. It is crucial to prepare for the unpredictable nature of labour and delivery. There are two priorities in the treatment of obstetric patients with COVID-19 infection or people under investigation (PUI):

(1) Providing care for asymptomatic to very ill pregnant and postpartum women; (2) preventing exposure of medical employees and others when the patient is being delivered in a hospital (health care providers, personnel, family members).

With an emphasis on readiness and the best clinical obstetric anaesthetic practises, the goal of this review is to provide anesthesiologists caring for pregnant women during the COVID-19 pandemic with evidence-based guidance or expert opinion. Late in 2019, the SARS coronavirus 2 (SARS CoV-2) made its initial appearance in Wuhan, China, and soon spread over the world, resulting in coronavirus disease (COVID-19). Despite having a lower fatality rate than the other coronaviruses, it has a higher rate of human-to-human transmission. For the benefit of anesthesiologists, a review of the available data regarding the obstetric patient with COVID-19 may be helpful. The COVID-19 pandemic makes it extremely difficult to manage obstetric emergencies since these patients need quick care to save both the mother and the unborn child's life. All pregnant patients were willingly admitted and tested for COVID-19 early in their pregnancy to identify difficulties and avoid complications in order to avoid life-threatening situations.

***Address for Correspondence:** Emilia Guasch, Mount Sinai Medical Center, Miami Beach, FL, USA, E-mail: Emiliaguasch12@yahoo.com*

Date of Submission: 01 June, 2022, Manuscript No: jcao-22-71736; **Editor assigned:** 03 June, 2022, PreQC No: P-71736; **Reviewed:** 08 June, 2022; QC No. Q-71736; **Revised:** 13 June, 2022, Manuscript No: R-71736; **Published:** 18 June, 2022, DOI: 10.37421/2684-6004.2022.6.142

In handling COVID-19-infected parturients, anesthesiologists must overcome substantial obstacles. The consequences of COVID-19 during pregnancy are unknown due to a lack of research, although knowledge of illnesses connected to SARS and MERS may provide light on these impacts. Although COVID-19 is typically thought of as a "adult epidemic," paediatric anaesthesia is affected because of its considerable effects on kids. Children have been impacted by the outbreak despite the fact that age directly correlates with SARS-CoV-2 infection death. Although COVID-19 symptoms in children might range from mild to adult-like, they can also present as a multisystemic inflammatory disease. Additionally, the majority of children may have an asymptomatic or pauci-symptomatic infection, which would make them "perfect" carriers for disseminating the disease across the population. The COVID-19 pandemic may have long-term health and socioeconomic repercussions on children and adolescents that are still unclear, in addition to the clinical indications of SARS-CoV-2 infection.

This narrative review aims to demonstrate how the COVID-19 pandemic has changed and modified paediatric anaesthesia practise and to highlight any lessons that can be learned in the event of future "pandemics." The rapid evolution and dissemination of research and clinical discoveries has forced the scientific community to adapt and transform clinical practise in an unanticipated and practical way. Similar to this, integrating cutting-edge platforms, techniques, and technologies with artificial intelligence and extensive collaborative efforts could significantly advance humanity. A number of diseases will eventually benefit from the insightful lessons learnt from this outbreak, which will also lead to improved safety and care standards. However, this outbreak has highlighted the vulnerabilities and inadequacies in our healthcare system. Health care workers may experience a tsunami of burnout and compassion fatigue if not adequately managed. Personnel working in paediatric anaesthesia and critical care are not exempt from this rule [1-5].

Conflict of Interest

None.

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How to cite this article: Guasch, Emilia. "Pregnancy Anesthesia in COVID-19 Affected Individual." J Clin Anesthesiol 6 (2022): 142.