

# Obstetric Anaesthesia in Patients Infected with COVID-19

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## Commentary

The perioperative care of parturients is made more difficult by Coronavirus Disease 2019 (COVID-19). The goal of this study is to look at perioperative adverse events and hemodynamic stability in COVID-19 positive parturients who are having their baby under spinal anaesthesia. Between January and June 2021, 31 COVID-19 positive parturients were discovered during this prospective observational study at a tertiary teaching hospital in Jordan. Each COVID-19 positive parturient was paired with a COVID-19 negative parturient who received anaesthesia under the same settings as the control group. 22 (71%) of the 31 COVID-19 patients were otherwise healthy, while 8 (25.8%) had emergency caesarean sections. After 10 minutes, the sensory degree of spinal block in the COVID-19 positive group was T8 (T6-T10), compared to T4 (T4-T6) in the control group ( $p = 0.001$ ).

Intraoperatively, there were no significant variations in heart rate, SBP, DBP, or MAP ( $p > 0.05$ ). Twelve neonates born to COVID-19 positive individuals (36.4%) were admitted to the NICU, compared to four (11.8%) in the control group ( $p = 0.018$ ). In terms of postoperative complications, there was no statistically significant difference. Finally, because spinal anaesthesia is a safe anaesthetic approach in COVID-19 parturients, it is the anaesthetic method of choice for caesarean deliveries in COVID-19 patients. Due to the effective human-to-human transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in the United States, the number of coronavirus disease 2019 (COVID-19) patients is on the rise. Preparation for the uncertain setting of labour and delivery is essential. In the management of obstetric patients with COVID-19 infection or individuals under investigation (PUI), there are two priorities:

- (1) Caring for asymptomatic to critically unwell pregnant and postpartum women;
- (2) Preventing exposure of health care professionals and others during delivery hospitalisation (health care providers, personnel, family members).

The purpose of this review is to give evidence-based advice or expert opinion for anesthesiologists caring for pregnant women during the COVID-19 pandemic, with a focus on preparedness and best clinical obstetric anaesthesia practise. SARS coronavirus 2 (SARS CoV-2) first appeared in Wuhan, China in late 2019 and quickly spread around the world, causing coronavirus illness (COVID-19). It has a higher human-to-human transmission rate than the other coronaviruses, although having a lower fatality rate. A review of the existing evidence about the obstetric patient with COVID-19 may be beneficial to anesthesiologists. Managing obstetric emergencies in the COVID-19 pandemic is a huge problem because these patients require prompt treatment to save both the mother and the baby's lives. To avert life-threatening issues, all pregnant patients were voluntarily admitted and tested for COVID-19 in the early stages of their pregnancy to predict problems and prevent complications.

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Anesthesiologists face a significant hurdle in managing COVID-19-infected parturients. COVID-19's effects during pregnancy are unknown due to a lack of evidence; however, information on illnesses linked to SARS and MERS could provide insight into COVID-19's effects during pregnancy. COVID-19 is primarily seen of as a "adult epidemic," yet it has significant consequences for children and, as a result, paediatric anaesthesia. Despite the fact that the mortality of SARS-CoV-2 infection is directly proportional to age, children have also been affected by the epidemic. In fact, the symptoms of COVID-19 in children range from minor to adult-like, but they can also manifest as a multisystemic inflammatory syndrome. Furthermore, the vast majority of youngsters may be infected with an asymptomatic or pauci-symptomatic infection, making them "ideal" carriers for spreading the disease across the population. Beyond the clinical signs of SARS-CoV-2 infection, the COVID-19 pandemic may have long-term health and socioeconomic effects for children and adolescents that are still unknown.

The goal of this narrative review is to show how the COVID-19 pandemic has altered and transformed paediatric anaesthetic practise, as well as what lessons can be gained in the event of another "pandemic." The scientific community has been pushed to adapt and change clinical practise in an unforeseen and pragmatic manner due to the quick evolution and sharing of research and clinical discoveries. Similarly, combining new platforms, methodologies, and technologies with artificial intelligence and large-scale collaborative activities could be a huge stride forward for humanity. The valuable lessons learned from this epidemic will eventually transfer into innovative treatment approaches for a variety of diseases, as well as improved safety and care quality. However, this epidemic has exposed our health-care system's susceptibility and flaws. If not managed properly, health-care personnel may face a tsunami of burnout and compassionate weariness. There are no exceptions when it comes to paediatric anaesthesia and critical care personnel [1-5].

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