



LEARNING LOUNGE EXCLUSIVE : THE IMPACT OF COVID-19 ON MATERNAL CARE

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The COVID-19 pandemic has transformed our understanding of the healthcare world, particularly how tightly the various aspects of patient and public health are interwoven. Routine blood testing and other screening tests are critical to obstetric health, and efforts to stop the spread of COVID-19 have disrupted the usual protocols of care. Chris Groke, PharmD, BCPS, BCIDP, is a medical science liaison for the U.S. Medical Affairs team at bioMérieux and previously worked as an infectious disease and antimicrobial stewardship pharmacist at the Bon Secours Health System in Greenville, South Carolina. In this article, Chris shares insights about how maternal health has been impacted by the COVID-19 pandemic.

bioMérieux: How has COVID-19 exacerbated the existing disparities in maternal care, both in the United States and at a global level?

Groke: Since its initial outbreak in 2020, COVID-19 has caused a dramatic shift in maternal care in the U.S. and on a global scale. This shift in maternal care is due to a variety of factors and situations such as vaccine hesitancy, sheltering in place, supply chain and distribution issues, transportation limitations / restrictions, as well as clear understanding of medical information, and possibly fear of contracting the COVID-19 virus.¹ Globally, lower income and/or underserved countries have experienced greater disparity and impact than more affluent countries.

bioMérieux: According to a literature review of global data, in-person obstetrician visits decreased between January 2020 and April 2021, likely due to COVID-19.¹ What could be some of the resulting short-term and long-term effects of missing these visits?

Groke: Possible short-term effects of missed obstetrician visits include missed screenings for infection, anemia, hypertension, diabetes, fetal anomalies, inflammatory bowel disease and pre-term birth.¹



Possible long-term effects of missed obstetrician visits include certain infections during pregnancy (tetanus, diphtheria, and pertussis from not receiving Tdap vaccination), heart problems, brain and spinal defects, oral clefts, kidney, gastrointestinal tract defects, and limb deficiencies for infants born to mothers with gestational diabetes.¹ Infants born to mothers with gestational diabetes are often larger babies which can make birth more difficult and require a C-section or increase the risk of hemorrhage. Other examples include reduced postnatal visits and uptake of postnatal long-acting contraception, as well as screening and treatment for post-partum depression.¹

All of the aforementioned short-term and long-term effects from missed obstetrician visits can have serious health consequences on both the infant and the mother.

bioMérieux: The CDC notes that COVID-19 poses increased risk to individuals who are pregnant as well as the outcomes of those pregnancies.² What are some specific examples of these increased risks to pregnant women and neonates?

Groke: The overall risk of COVID-19 and pregnancy, or recent pregnancy, are low.² However, pregnancy carries an increased risk of severe illness from COVID-19, including a higher risk of pre-term delivery (delivering the baby earlier than 37 weeks) and stillbirth. Pregnant women with active COVID-19 are also likely to have other pregnancy related complications (e.g., diabetes and hypertension) than women without COVID-19 during pregnancy.²

bioMérieux: Why should healthcare providers invest in improving telehealth capabilities for maternal care going forward?

Groke: Recent data has shown a shift in care trends including a reduction in face-to-face obstetric healthcare visits and an increase in obstetric telehealth visits.¹ In many instances, care plans and protocols have been adapted or developed with telehealth in mind for a variety of situations. With all of the COVID-19 related changes in place, offering telehealth is a valuable means to provide safe and effective maternal care with good patient and provider satisfaction.¹

bioMérieux: In light of current circumstances, what one thing would you encourage healthcare providers to do today to strengthen the well-being of obstetrics patients?

Groke: One thing to do today would be to have the providers encourage active participation from patients in their obstetric care plan. Patients should maintain open communication with the obstetrician or provider on any concerns or issues they may have. With the changing landscape and emergence of telehealth and electronic health record (EHR) secure technology, patients may actually have greater access to communicate with their obstetrician and other healthcare providers by using the messaging and virtual features in the EHR. Communicating via the EHR directly with their obstetrician or provider is a HIPAA (Health Insurance Portability and Accountability Act) compliant method to improve access in a more timely manner than with scheduled in-person or face-to-face visits.



bioMérieux: How can diagnostics improve maternal care during the COVID-19 era?

Groke: There have been several advances in diagnostics in recent years which can improve maternal care. Home COVID-19 and blood glucose testing are two examples. Home blood pressure and heart rate monitoring can also be used to improve the diagnostic capabilities of obstetricians/providers. These tools enable obstetricians/providers to use telehealth to care for obstetric patients and to provide the highest level of care from a remote or virtual setting.¹ Other home diagnostics testing that at least offer a screening capability include influenza (flu), strep throat, and chlamydia to alert the patient and provider of a concerning situation that might require a more detailed work up or therapy.

References

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 2. Centers for Disease Control and Prevention Pregnant and Recently Pregnant People At Increased Risk for Severe Illness from COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html>
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