

Obstetric care during the pandemic

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The care and treatment of women who are pregnant at the start of the pandemic or become pregnant during the emergency is an area where planning and preparation can make a huge difference in patient outcomes. Pregnant women are at exceeding high risk for death during pandemic influenza, as will be their newborn infants. Pregnant women had one of the highest case fatality rate of any group during the Spanish Flu in 1918. Without planning, those giving birth in a hospital overflowing with influenza patients will be at increased risk as will their newborn of contracting fatal influenza. They could also be exposed to people with influenza when visiting the doctor for pre-natal visits or going to the hospital for routine tests.

It is likely that during the pandemic, pregnant women will be advised to shelter in place at home avoiding exposure to crowded shopping centers, grocery stores, or their other children's schools. This precaution will need to be continued until well after the birth of the infant because while the mother's risk from flu will wane, the infants will remain high during the first few years of life.

A logical response to this dilemma is for community health planners to designate one area hospital for prenatal, obstetrics and postnatal use only. No patient, pregnant or otherwise with influenza would be seen in this facility. Isolating the care of this group in a designated facility is the type of planning that can be expected to reduce the number of avoidable deaths during the pandemic without increasing costs to the community.

Providing pregnant women with a stockpile of drugs for use during the pandemic also makes sense. Their obstetrician in concert with their primary care physician would be responsible for making this

decision and for instructing the patient on the timing and appropriate home use of this and other drugs that might be prescribed. The risk of using these drugs during pregnancy, especially Tamiflu (US FDA Category C) would need to be carefully weighed against the risk of maternal and fetal morbidity and mortality from pandemic influenza. Treatment of severe influenza in this special group of patients will be complex. An issue like this is one that deserves the attention of a multidisciplinary expert panel whose report would include guidelines for obstetricians and primary care physicians to follow during the pandemic. Their views and suggestions on how these patients can be safely managed will be of inestimable value to doctors during the pandemic.

So shall ye sow, so shall ye reap

The concerns developed in this essay are presented in order to help foster a clearer understanding of the potential risk we face from a severe influenza pandemic resembling the 1918 Spanish Flu. The above vignettes represent only the most easily foreseen events that are likely to occur given the nature of pandemic influenza.

My purpose in presenting them is to provide primary care physicians and those specializing in obstetrics with a rational underpinning for why it is prudent and good medical practice to help their patients obtain a personal drug stockpile for use during the pandemic. This includes the drugs they take daily for management of chronic disease as well as a few select prescription and OTC drugs that will be very useful to have on hand for management of influenza or its complications.

For more information on pandemic influenza visit www.BirdFluManual.com.