**Obstetrics & Gynaecology** 



# AN OBSTETRIC OUTCOME IN SECOND WAVE OF COVID PANDEMIC **INTERTIARY HEALTHCARE CENTER**

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ABSTRACT Background- Cases of pneumonia was reported in Wuhan at the end of December 2019. Corona virus was the cause. Cough, fever, SOB are most common symptoms. O2 support, CPAP, antiviral therapy and antibiotic provided to infected women. Aims And Objectives- To Estimate the maternal and foetal outcome of pregnant women in second wave of covid pandemic in our tertiary hospital. Methodology- This is a descriptive study conducted during May, June 2021 in government general hospital, Anantapur in pregnant women infected with covid-19. Maternal and foetal outcome were measured in percentages. Result- More number of LSCS occurred than NVD. Maternal death rate was 4.5% which was due to late presentation of women to the hospital.

KEYWORDS : COVID Pneumonia, Oxygen support, maternal death.

## INTRODUCTION

- A cluster of cases of pneumonia of unknown cause was reported in Wuhan at the end of December, 2019. A novel corona virus was identified was etiologic agent.
- Pregnant women are special group of concern during this outbreak, physiologic changes in the immunologic, CVS and RS may increase severity of respiratory disease especially during third trimester.
- Anatomical changes include increase in transverse diameter of thorax and elevated level of diaphgram and decreased mater'nal tolerance to hypoxia . Lung volume changes and vasodilation can lead to mucosal edema and increased secretion of upper respiratory tract.
- Immaturity of innate and adaptive immune systems makesthem high susceptible to infections. Dysregulation factorssuch as cytokines and complement cascade can lead to various effects on CNS development.
- Cough, fever and sob are most common symptoms in pregnancy.
- O2 support ,CPAP, antiviral therapy and antibiotic therapy were provided to infected pregnant women.

### AIMS AND OBJECTIVES

To Estimate the maternal and foetal outcome of pregnant women in second wave of covid pandemic in our tertiary hospital.

#### METHODOLOGY

This is a descriptive study conducted during may June 2021 in government general hospital, Anantapur in pregnant women infected with covid-19. Maternal and foetal outcome were measured in percentages.

### RESULTS

A 200 Women positive for covid 19 confirmed by RT-PCR and CT scan.

## DEMOGRAPHY

AGE	NUMBE	R	PERCENTAGE	
<25	121		61.5%	
26-30	67		33.5%	
>30	12		6%	
SYMPTOMATIC		24%		
ASYMPTOMATIC		76%		
SYMPTOMS		PERCENTAGE		
Fever		14.5%		
Cough		33%		
SOB		52%		
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SpO2	PER	ERCENTAGE			
<90%	6				
90-95%	7%				
>95% 87.5%					
PIH					
DIABETES 1					
<b>INVESTIGATION (D- Dimer, S-</b>	ritin,	PERCENTAGE			
CRP)	ĺ.				
Elevated			77%		
Normal		23%			
PREGNANCY OUTCOME		PERCENTAGE			
DELIVERED		74.5%			
UNDELIVERED		24%			
ABORTIONS		1.5%			
TREATMENT	PEF	ERCENTAGE			
Remedesvir	8.5%	5%			
Lomarin 5.5%					
MODE OF DELIVERY	PEF	ERCENTAGE			
LSCS 49		9.5%			
Vaginal	25	5			
MATERNAL OUTCOME	P	PERCENTAGE			
Alive		95.5%			
Death	4	4.5%			
FOETAL OUTCOME PI		ERCENTAGE			
TERM	93%				
PRETERM 7%		%			
IUD	5.5%	.5%			
DISCUSSION					

### DISCUSSION

- The world is now experiencing a exponential increase in the covid 19 infected people and the significant proportion of them are pregnant women.
- There was increased tendency of IUD, preterm birth among birth positive cases therefore IUD are due to placental vessel thrombosis.

# Spectrum Of Triage

Mild-Moderate

- Cold/Flu
- Cough
- Sore thorat
- Severe

SOB marked hypoxia

Critically Ill

Tachyponea>30/min

- Hypoxia spO2 <93%
- Imaging >50% lung involvement.

In the present study maxmium women age group 23.4+- 4 .In Hassan etal study age group 27.3+4.

- In our study 65% pregnant women were term and muzamill study 79% were term.
- In our study PIH cases are 2 and diabetes 1 which was similar to Hassan etal diabetes 2 and PIH 1.
- In our study LSCS was 49.5% and normal vaginal delivery 25%. In study conducted by Hassan, lscs rate 60% and vaginal delivery rate 15%. In Hassan et al more caeserean rate than our study.
- In our study maternal death rate was 4.5%, which was due to late presentation of women to the hospital, Hassan etal study maternal deaths 0.
- In our study term babies was 93% which was better than the study where term 79%.
- In our study preterm was 7% when compared to Zhang d study which was 21%
- In our study 93% babies have apgar > 7 when compare to Hassan study with low apgar 26.3%.
- In our study IUD 5.5% when compared to Hassan, IUD were 1.

### **CONCLUSION:**

- Although majority of mothers were discharged without any complications
- From this studt observe that covid 19 infection during pregnancy increased risk of several adverse outcome include high rate of csection, IUD and maternal death.
- Prevention is better than cure, people should be vaccinated to prevent spread of disease.

#### **REFERENCES:**

- Li Q, Guan X, Wu, P, Wang X, Zhou L, Tong Y, et al. Early transmission dynamics in Wuhan, China, of novel corona virus infected pneumonia. NJ Med. 2020;382:1199-207
  Alfaraj SH, Al-Tawfiq JA, Memish ZA. Middle East respiratory syndrome coronavirus
- Alfaraj SH, Al-Tawfiq JA, Memish ZA. Middle East respiratory syndrome coronavirus (MERS-CoV) infection during pregnancy: report of two cases and review of the literature. J Microbiol Immunol Infect. 2019;52:501-3.
- Wong SF, Chow KM, Leung TN, Ng WF, Ng TK, Shek CC, et al. Pregnancy and prenatal outcomes of women with severe acute respiratory syndrome. Am J Obstet Gynecol. 2004; 191:292-7.

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