



Navigating the Rising Trend of Caesarean Deliveries during the COVID-19 Pandemic: A Bane for Motherhood

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Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Commentary Article

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ABSTRACT

Since the spread of the deadly COVID-19 virus across the country, India is suffering the second highest number of death tolls in the world. Hospital beds, manpower and oxygen supplies are heavily demanded resulting in lack of resources. At such times of crisis, many of the government hospitals are unethically adopting a policy of unindicated caesarean sections as the preferred mode of delivery among COVID infected mothers. Due to the uncertainty in the duration of labor and the expected time of delivery, obstetricians are trying to avoid delivery at odd hours of the day. This new arena of myth needs to be debated and nipped at its bud. People need to be aware of the morbidities caused to them as a result of operative procedures. Risk of anesthetic complications, post-operative immobilization and prolonged hospital stays can never be avoided unless we continue to conduct unindicated caesarean deliveries. The short commentary puts forth this highly concerning situation in the domain of the wise obstetricians across India. It is high time to ponder upon and bring modifications in our obstetric practice.

Keywords: COVID-19; caesarean section; antenatal women; pregnancy.

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1. INTRODUCTION

For more than a year, the world is grappling with an invisible deadly enemy, trying to understand how to battle against this new strain of COVID-19 virus. Rapid community spread owing to its high virulence has caused a potential threat to the community. India being the second most populous country in the world, harbors the likelihood of infecting the highest number of individuals if the rate of spread continues at the current trend. India witnessed around 4,12,262 new cases daily during the second COVID wave, with death tolls crossing 3980 per day, which was the second highest in the world! [1,2]

2. DISCUSSION

So far as the story of the coronavirus goes, it sparked a feeling of uncertainty and awe among the public. People think twice before delving out of their houses. Be it the healthy youth or the age old men of the society; fear of infection is prevalent in people of all age groups. Similar is the situation with an antenatal woman. From behind the bars of her window, a pregnant lady peeps out like an audience watchfully gazing the paramilitary forces unfolding their teams across the street. She fears as to how she would make her way to the hospital in this lockdown after the onset of true labor. She is confused as the pandemic has clouded her mind with fear, anxiety and uncertainty. As concerns mount, birth plans may shift in ways that would have been unimaginable at the times before this pandemic. She pauses a while to reconsider her decision regarding the place and mode of delivery.

With the incidence of the second wave of COVID-19 in India, death tolls have already reached its sky peak. Hospital beds, manpower and oxygen supplies are heavily demanded resulting in lack of resources. Routine gynecological out-patient departments (OPD) have been brought to a halt long back [3]. Lack of ample number of staff has led to poor labor monitoring in the corona wards. At such times of crisis, many of the government hospitals are unethically adopting a policy of unindicated caesarean sections as the preferred mode of delivery among COVID infected mothers. Prior to the COVID era, caesarean section rate in India was around 21% [4,5,6] which now rose up exponentially during the pandemic, although no exact reported figure is available as yet. Due to the uncertainty in the duration of labor and the

expected time of delivery, obstetricians are trying to avoid delivery at odd hours of the day. Personal protective equipment (PPE) fatigue and long hours of exposure have also become a matter of grave concern now. It becomes difficult for doctors to perform a smooth delivery after becoming exhausted and hypoxic in such unhealthy environment. So, most resort to “fetal distress” as the weapon to defend themselves at times. But are we morally and ethically, correct? – This remains a huge question still unanswered.

Besides dwindling maternal mortality rates across a country, obstetricians must indisputably aim to reduce near-miss numbers also. Since this deadly COVID-19 pandemic broke out, fetal and maternal health aspects have been extensively studied worldwide. A critical question which comes to our mind today is the degree to which giving a healthy birth is not affected by quarantines and lockdown. Since regular prenatal examinations are conducted lesser and lesser across hospitals, women already stand at a risk of adverse perinatal outcomes [7].

With a rise in caesarean section rates across the urban hospitals in India, action needs to be taken urgently. Undoubtedly, even more so in COVID-19 infected mothers. Under such circumstances, the role of midwives are more recognized as an advocate for natural birth [8]. Accredited Social Health Activists (ASHA) and Auxiliary Nurse Midwives (ANM) are the representatives of trained birth attendants in Indian villages. Caesarean section is not a recommended method of childbirth in pregnant women infected with COVID-19, however, even outside India, this was the mode of delivery in the majority of cases with fetal distress cited as the indication behind the clinical decisions [9,10]. It is worth mentioning that the loose term “fetal distress” is never justified unless it is associated with a preoperative pathological cardiotocography (CTG), abnormally high scalp blood lactate or acidosis documented in scalp blood, or intraoperative findings of meconium stained liquor.

3. CONCLUSION

COVID pandemic could become a leading cause of tokophobia. Technocratic philosophy and bombarding medical terms are being used to frighten innocent women folk who “obediently” surrender to operative delivery, distrusting their bodily capacity to give birth naturally [11]. Media plays a vital role in implementing awe among

social women who are increasingly being thrown into the depths of misery by thinking that vaginal delivery would increase the transmission of COVID to the newborn [11,12]. This new arena of myths need to be debated and nipped in the bud. People need to be aware of the increase in morbidities caused as a result of operative procedures. Risk of anesthetic complications, post-operative immobilization and prolonged hospital stays can never be avoided unless we continue to conduct unindicated caesarean deliveries during the COVID-19 pandemic.

CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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