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Life After COVID-19: get your unit ready

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To the Editor,

the COVID-19 outbreak have posed significant risk to public health (1-6). In obstetrics and gynaecology, COVID-19 pandemic is associated with significantly higher risk of maternal and perinatal complications (4-15), but also challenges and issues about organizing labour and delivery unit (16-18) training programme (19), vaccination (20-23), and family planning services (24, 25).

During the pandemic labour and delivery units have been revolutionized in terms of organization

and services (18, 26). Scheduled visits have been limited or postponed, and unnecessary visits or ultrasounds scans avoided. Patients are now triaged the day before by phone and ask for any signs or symptoms. Women at risk for fever or cough, postponed. Visitors have been avoided, along with students and trainees. Organization of the triage and of the labour ward has also been a matter of concerns. Theoretically we should keep separately women with COVID-19 from other patients. But it is in fact very difficult, due to the high rate of false negative tests among rapid tests.

We are now going to a new stage of the diseases. COVID-19 is likely to fade away in 2023. And therefore, how we can get our unit ready for post-pandemic?

Pandemics do not die, but they fade away. Maybe there will be local or seasonal flare-ups, especially in non-vaccinated or under vaccinated populations. However, our organization in labour and delivery units maybe will not disappear soon, if ever. The pandemic will create long-lasting and surprising effects and we need to build our post-pandemic confidence. We, in fact, need to keep the good behaviour that we learnt with the pandemic. These include the improved health and hygiene, wearing mask in the hospital, testing for symptoms of infections, limiting visitors, and checking for temperature. Telemedicine is another great improving in medicine. We need to prepare our post-pandemic hospitals. We need to prepare our post-pandemic world.

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