

## Reorganization of a Maternity Unit in the Context of Covid-19: A Response from a Level-II Health Facility in Dakar Senegal

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### ABSTRACT

The coronavirus pandemic has brought about profound changes in the organization of health services. To continue to fulfill their teaching and care mission, the Gynaecology-Obstetrics hospital-university services must set up a new organization compatible with the current situation. This letter describes the response to the coronavirus from a level 2 health facility in Dakar, Senegal.

**Keywords:** Covid-19; Maternity; Reorganization

### TO THE EDITORS OF THE CLINICS IN MOTHER AND CHILD HEALTH

Coronaviruses are a large family of viruses that can be pathogenic in humans and animals. Several coronaviruses in humans can cause respiratory infections ranging from the common cold to more serious illnesses such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) [1]. The last coronavirus that was discovered is responsible for coronavirus disease 2019 (COVID-19) [2].

The epidemic of COVID-19 has been declared a "public health emergency of international concern", and the virus now affects many countries and territories [3]. Although there are many uncertainties about the virus that causes COVID-19, we know that it is spread by direct contact with the respiratory droplets produced by an infected person (when they cough or sneeze) [4]. A person can also be infected if they come in contact with contaminated surfaces or if they touch their face (for example, eyes, nose or mouth). As COVID-19 continues to spread, it is essential that communities take steps to prevent the spread of the virus and reduce the impact of the epidemic.

Although data are limited, there is no evidence from other severe coronavirus infections (SARS or MERS) that pregnant women are more susceptible to infection with coronavirus [5].

The mother-to-child transmission of SARS-Cov 2 is the subject of several speculations. Current available data do not indicate

any scientific evidence of vertical contamination (antenatal or intrapartal) [6]. No virus was found in the amniotic fluid, breast milk or genital secretions. No infant born to a mother with COVID-19 has tested positive for COVID-19. The greatest risk of mother-to-child transmission is likely after birth. The Covid-19 pandemic has forced healthcare stakeholders to bring change in the way care was provided.

Since the announcement of the first case on March 2, Senegal registers on Wednesday May 24th, 3,047 positive cases, including 1,556 under treatment, and 35 deaths leading to a case fatality rate of 1.1%. In Senegal, the Covid-19 attacks a younger population, but also a different social organization. Since March 2, the country has quickly taken a series of measures, without establishing containment. This graduated response that helped limit the spread of the epidemic. State of emergency was established on March 23.

Philippe Maguilen Senghor Health Center (PMSHC) is a level 2 health center. It does not have the performance of a hospital, but surgical procedures are performed. Teams of residents in obstetrics, midwives and nurses provide continuous Emergency Obstetric and Newborn Care (EmONC). On-call duties are carried under the supervision of an obstetrician. The facility has 34 beds. In 2018, the number of deliveries encountered in was 8,172 and the number of outpatients encountered was 16,945.

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Like all health facilities in the country and according to national recommendations, the PMSHC has set up water points at the entrance to the Centre, temperature control for everyone who accesses it, and mandatory mask wearing. In addition, in the delivery rooms, the usual protective measures have been reinforced by the wearing of masks and protective visors even for simple procedures such as patient examination. Non-emergency consultations have been cancelled. Vital procedures and pregnancy follow-ups were maintained.

Some changes had also been operated in our teaching methods. Before the Covid-19 epidemic, daily meetings were organized in the morning in a large room involving doctors in training, specialists in Gynaecology-Obstetrics and midwives. Due to the social distancing advocated, this format has given way to virtual meetings. These are organized every morning, at the same time, using the Zoom Meeting application. Any doctor can participate from anywhere, using their computer or mobile phone, at home or in their car. This reorganization made it possible to maintain the training activity which is the cornerstone of the training of young practitioners. In addition, training sessions of no more than 5 students (doctors in training) had been set up.

## CONCLUSION

Our approach to work has changed in recent weeks. Telework has become an effective solution for many businesses and will continue to be part of our lives. Adaptation in the workplace has also made it possible to explore new ways of working, in particular teleworking using new platforms such as Microsoft Team and Zoom meeting.

Medicine being a practical discipline, certain medical procedures cannot however be practiced or taught at a distance and the care of patients is done on contact. In addition, epidemiologists estimate that the pandemic may continue for a long time and many countries have not yet reached their peak.

For these reasons, it is essential to strengthen the means of protection at all levels of the care chain while continuing to care for patients with chronic illnesses which are left at bay since the Covid-19 outbreak.

## COMPETING INTERESTS

The authors have no conflict of interest with regard to the topic.

## AUTHORS' CONTRIBUTIONS

All authors have contributed to the write-up of the manuscript.

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