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Role of midwives in compassionate co-care for critically ill obstetric patients during the COVID-19 pandemic

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We report our experience in providing compassionate co-care for critically ill obstetric patients in the intensive care unit during the COVID-19 pandemic.

Background

After delivery, critically ill or medically indicated obstetric patients are transferred to the intensive care unit (ICU) for close monitoring, whereas newborns are transferred to the neonatal intensive care unit (NICU) or special baby care unit (SCBU) for monitoring and workup if medically indicated.

During the COVID-19 pandemic, visitors are not allowed in all acute wards. Refusal of visit requests from family members by the healthcare team becomes a moral dilemma, because postpartum women in critical condition are prone to develop postnatal depression[1].

This led to the use of telecommunication tools such as Skype, WhatsApp, and FaceTime to enable patients and family members to see and hear each other and babies in real-time through video conferencing, while keeping all parties free from the risks of COVID-19. Telecommunication tools are effective to provide psychological support to patients and their families, despite the physical seclusion imposed during the pandemic[2-5]. However, ICU staff have heavy workload during the pandemic. Thus, the midwifery team in the antenatal and labour ward stepped up and filled the service gap.

Compassionate care team

With the guidance from an obstetric consultant, Dr Meliza CW Kong, the midwifery ICU compassionate care team (CCT) was formed and comprised one obstetrics ward manager and three advanced practice midwives. The team aims to provide co-care to (1) enhance obstetric service to all critically ill obstetric patients transferred to ICU, (2) enhance communication between obstetricians, paediatricians, midwives, paediatric nurses, ICU nurses, patients, and patients' families, (3) decrease the emotional distress of patients and families, (4) provide postnatal and compassionate care, (5) strengthen the bonding between patients, newborns, and their families, and (6) develop good rapport between patients and midwives.

Workflow

When obstetric patients are transferred to ICU, labour ward midwives inform the CCT. The on-duty member records the patient information in a record book in the antenatal ward. The antenatal, labour, and postnatal progress is reviewed prior to visiting the patient. The assigned CCT midwife then visits the patient as soon as possible during office hours or shortly after delivery if the patient is admitted to the ICU postnatally. The CCT midwife usually first visits the newborn in NICU/SCBU/postnatal ward to get the updated condition of the baby from the paediatric nurse. With verbal permission from the paediatric nurse, the midwife takes photos and videos of the baby using the designated hospital smartphone. Then, the CCT midwife visits the patient in the ICU and ask the ICU nurse whether the patient is fit for telecommunication and whether the time is appropriate. If conditions are suitable, the CCT midwife approaches the patient. Most patients are admitted to the ICU shortly after delivery secondary to complicated caesarean section, peripartum hysterectomy, massive haemorrhage, or other critical conditions requiring

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Figure. A midwife from the compassionate care team shows photos and videos of the newborn and explains the updated condition to the mother in the intensive care unit through a designated hospital smartphone.

resuscitation. The CCT midwife briefly describes the delivery details to the patient because most patients do not recall what has happened to her and her baby. After that, photos and videos of her baby are shown through the hospital smartphone (Figure). The condition of her baby is explained to the patient. If the patient's condition is stable and can use her own smartphone, the CCT midwife then sends the photos and videos to her smartphone. The CCT midwife also provides postnatal care instructions to the patient such as expressing breastmilk if her condition allows. The CCT midwife then contacts the patient's husband by FaceTime and updates the condition of both the patient and baby to him. The couple are allowed personal time to chat. Photos and videos are also sent to the husband, but those in the hospital smartphone are deleted immediately because of privacy policy. This compassionate visit is then recorded in the medical progress notes, as are progress and follow-up items. All members of the CCT are aware of all current cases through internal communication, and appropriate colleagues are notified to follow up the progress of the patient and her baby when on duty. On the second day, the same procedure is repeated until the patient is transferred back to postnatal ward.

Case example

In particular, one case motivates the CCT a lot. While the husband was accompanying his wife in labour ward, the wife developed an eclamptic fit during the second stage of labour, and a crash caesarean section was carried out within a few minutes after the patient was stabilised. The patient was then transferred to the ICU with intubation, while the baby was transferred to NICU for respiratory distress. The husband was overwhelmed and helpless and could hardly give any response. He was not allowed to visit them and could just wait outside the ICU. The CCT updated him on the current condition of the patient and the baby and showed him photos and videos of the baby. He burst out in tears and thanked us for the help. We were happy to see that both the patient and the baby recovered uneventfully.

Experience gained

Since April 2020, the CCT has operated smoothly. The number of patients transferring to ICU has not been overwhelming. This CCT arrangement is welcomed by the patients who are satisfied that their babies' condition is updated, telecommunication with families is arranged, postnatal care is catered for, and their obstetrics concerns are addressed.

During the pandemic, the CCT eases the burden of frontline ICU nurses, improves communication with families of patients, and enables compassionate, patient-centred obstetric care. Telecommunication with loved ones provides psychological support to both patients and their families. Such interventions can be extended to regular labour ward and clinical work despite restrictions and uncertainties posed by the pandemic. We hope that the CCT can provide our nursing colleagues the impression that we are always with our patients. We try our best to offer any assistance to patients and their families when they are most in need and vulnerable.

Conclusion

The midwifery CCT aims to provide patient-centred care by enhancing communications between patients and their family members and by providing emotional and psychological support. We strive to take the initiative to serve our obstetric patients better during these difficult times.

Contributors

All authors designed the study, acquired the data, analysed the data, drafted the manuscript, and critically revised the manuscript for important intellectual content. All authors had full access to the data, contributed to the study, approved the final version for publication, and take responsibility for its accuracy and integrity.

Conflicts of interest

As an editor of the journal, CW Kong was not involved in the peer review process of this article. All other authors have disclosed no conflicts of interest.

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Data availability

All data generated or analysed during the present study are available from the corresponding author on reasonable request.

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