

Impact of The Covid-19 Pandemic On the Activities of the Gynecology-Obstetrics Department of the Ignace DEEN National Hospital of the Conakry CHU.

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Submitted: 22 Feb 2021; Accepted: 01 March 2021; Published: 09 March 2021

Citation: I S Balde, O Balde, F B Diallo, I Sylla, A II Sow, I T Diallo, T Sy and N Keita (2021) Impact of The Covid-19 Pandemic On the Activities of the Gynecology-Obstetrics Department of the Ignace DEEN National Hospital of the Conakry CHU. *J Gynecol Reprod Med*, 5(1): 01-04

Abstract

The novel coronavirus pandemic (COVID-19) is the main global health crisis of our time and the greatest threat we have faced in this century. According to the National Agency for Health Security (ANSS), which is the national body for the management of epidemics and pandemics, 12,516 cases of COVID-19 have been confirmed out of 153,609 people tested with 10,879 cured and 74 deaths as of November 11, 2020.

The objective of this study was to assess the impact of the COVID-19 pandemic on the activities of the Gynecology-Obstetrics department of the Ignace Deen National Hospital of the Conakry University Hospital.

This was a retrospective, descriptive study from September 13, 2019 to September 12, 2020 on consultation, delivery and hospitalization activities. The study consisted of assessing the impact of the pandemic on the use of the service by patients during the first six (6) months of the pandemic. We recorded the frequency of consultations, deliveries and hospitalizations from September 13, 2019 to March 12, 2020 that we compared to the figures of the same data from March 13, 2020 to September 12, 2020.

During the period from September 13, 2019 to March 12, 2020 we recorded 2,732 consultations against 1,358 for the period from March 13 to September 12, 2020 (first six months following the official declaration of the pandemic in Guinea), a decrease of 34.59% (1374 patients). The same remark with a lower proportion this time was made with the deliveries (3,119 during the 6 months preceding the official declaration of the pandemic in Guinea against 2,630 during the first 6 months of the pandemic, ie a decrease of 8.51%) and hospitalization (1,748 patients hospitalized during the 6 months preceding the official declaration of the pandemic in Guinea versus 1501 patients hospitalized during the first 6 of the pandemic, ie a decrease of 7.6%). In this period of the COVID-19 pandemic, we have to recognize a rapid and significant drop in the activities of the gynecology and obstetrics department. 748 patients hospitalized during the 6 months preceding the official declaration of the pandemic in Guinea versus 1501 patients hospitalized during the first 6 of the pandemic, ie a decrease of 7.6%). In this period of the COVID-19 pandemic, we have to recognize a rapid and significant drop in the activities of the gynecology and obstetrics department. 748 patients hospitalized during the 6 months preceding the official declaration of the pandemic in Guinea versus 1501 patients hospitalized during the first 6 of the pandemic, ie a decrease of 7.6%).

In this period of the COVID-19 pandemic, we have to recognize a rapid and significant drop in the activities of the gynecology and obstetrics department.

Keywords: Impact COVID- 19, Activities, Gynecology-Obstetrics, Ignace Deen

Introduction

Coronavirus disease 2019, abbreviated COVID-19, is a highly contagious, emerging infectious disease of the viral zoonosis type. It is caused by the SARS-CoV-2 coronavirus, responsible for a pandemic that began in December 2019 in Wuhan, China [1,2]. This new pandemic is the main health crisis of our time and the greatest threat we have faced in this century [3]. It quickly spread globally; the most affected regions being the United States, Europe, the Republic of Korea and Iran. The virus has affected almost all countries and territories causing more 52,151,580 infections in the world and 1,905,250 cases infection in Africa as of September 12, 2020 [4].

Thus becoming the most important public health problem since the beginning of the 21st century. To date, in the absence of any specific treatment, our knowledge of this disease remains limited and is subject to rapid changes. Cancer is considered a risk factor for infection with COVID-19 (1%) [5]. Older patients with chronic diseases whose co-morbidity would be the most vulnerable to COVID-19 [6]. The transmission of SARS-CoV-2 occurs from person to person, primarily through droplets produced when coughing, sneezing or speaking. A person can become infected if these droplets come in direct contact with their mucous membranes or if they touch an infected surface and then touch their eyes, nose or mouth.

COVID-19 infection can complicate symptoms with a high risk of respiratory distress [8], and this situation can be even more critical if there are certain co-morbid factors such as age [9]. The start of the COVID-19 pandemic was officially declared in Guinea on March 12, 2020. According to the National Agency for Health Security (ANSS), which is the national body for the management of epidemics and pandemics, 12,516 cases of COVID-19 have been confirmed on 153,609 people tested with 10,879 cured and 74 deaths as of November 11, 2020. [10].

The vulnerability of pregnant women to respiratory infections as well as the increased complications observed during the COVID-19 pandemic (SARS-CoV and MERS-CoV) have led, since the start of the SARS-CoV-2 pandemic to many concerns about the risks of maternal-fetal complications related to the infection. At first, the speed with which the infection progressed, as well as the uncertainty of its impact on pregnancy due to the absence of solid scientific data, forced obstetricians to adapt their practice based on pragmatic attitudes.

The immunological and physiological cardiopulmonary changes of pregnancy make pregnant women more vulnerable to infectious complications and respiratory pathologies.

The maternity ward of the Ignace Deen hospital, the only currently

functional referral maternity unit for the city of Conakry (capital of Guinea) was strongly impacted in its activities upon the arrival of the virus on Guinean territory. The objective of this study was to assess the impact of the COVID-19 pandemic on the activities of the Gynecology-Obstetrics department of the Ignace DEEN national hospital of the Conakry CHU.

Methodology

This was a prospective descriptive study running from September 13, 2019 to September 12, 2020, i.e. 12 months, focusing on outpatient, childbirth, gynecological surgery and hospitalization activities in the Gynecology-Obstetrics department. of the Ignace DEEN National Hospital. The study consisted of evaluating the impact of the pandemic on the use of the service by patients during the first 6 months of the pandemic. We identified the frequency of consultations, deliveries and hospitalizations during the 6 months preceding the pandemic (September 13, 2019 to March 12, 2020) which we compared to that of the first 6 months of the pandemic (March 13 to September 12, 2020).

The variables studied were: the number of consultations, the number of deliveries, the mode of delivery, the mode of admission, pregnancy, parity, age of childbirth and the rate of hospitalization.

Data Entry and Analysis

The data were entered using Word and Excel software from the 2010 office pack then analyzed using Epi info software in version 7.

Results

From March 13 to September 12, 2020, we identified 1,358 outpatients against 2,732 for the 6 months preceding the pandemic in Guinea (from September 13, 2019 to March 12, 2020). That is a decrease of 34.59% (1374 patients). The same observation was made in hospitalization with a smaller decrease of 7.6% (1501 patients against 1748 for the 6 months preceding the pandemic) in childbirth with a decrease of 8.51% (3119 deliveries during the 6 months preceding the declaration. of the pandemic in Guinea against 2,630 during the first 6 months of the pandemic) and in gynecological surgery (97 cases during the 6 months preceding the pandemic and 83 cases during the first 6 months of the pandemic, i.e. a decrease of 14 cases or 7, 78%). Five (5) nursing staff including 3 doctors were in contact with a confirmed case of COVID-19 who was seen for 3 days in outpatient in the department. The five healthcare workers were placed in family confinement before testing negative for COVID-19. Seven (7) days later. We performed 3 cases of caesarean section on COVID-19 sites, patients transferred immediately to the CTPI (Epidemiological Treatment Center) immediately after the operation.

Table 1: Sociodemographic characteristics of women giving birth before and during the pandemic.

Settings	Before COVID-19		During COVID-19	
	Workforce	Percentage	Workforce	Percentage
Age groups	N = 3119		N = 2630	
14-19	485	15.55	363	13.80
20-25	1087	34.85	958	36.43
26-31	975	31.26	805	30.60
32-37	439	14.07	399	15.17
38-43	123	3.94	101	3.84
> 44	10	0.32	4	0.15
Mode of admission	N = 3119		N = 2630	
Evacuated	1639	52.55	882	33.54
Coming of herself	1480	47.45	1748	66.46
Parity	N = 3119		N = 2630	
Nulliparous	1066	34.18	813	30.91
Primiparous	741	23.76	639	24.30
Pauciparous	867	27.80	790	30.04
Multiparous	332	10.64	289	10.99
Large multipare	113	3.62	99	3.76

Table 2: Statistics of hospitalizations and mode of delivery 6 months before and during the first 6 months of the pandemic

Settings	Before COVID-19		During COVID-19	
	Workforce	Percentage	Workforce	Percentage
Hospitalization	N = 1748		N = 1501	
Caesarean	1480	84.67	1269	84.54
Gynecological surgery	97	5.55	83	5.53
Pathological obstetrics	171	9.78	149	9.23
Mode of delivery	N = 3119		N = 2630	
Low way	1639	52.55	1361	51.75
Caesarean	1480	47.45	1269	48.25

Discussion

The decline recorded in our consultation activities mainly and incidentally hospitalization could be explained on the one hand by the growing anxiety of the populations of being infected by SARS-CoV-2 by attending healthcare structures and, of on the other hand by the sad memory of the Ebola virus disease that Guinea experienced from 2014 to 2016 and which had caused more than 2000 deaths among the populations and including dozens of deaths among the nursing staff [11]. To these must be added the restrictive government measures complying with the state of health emergency decreed in the country, causing many obstacles and difficulties for citizens to access and use health services (compulsory wearing of masks.

The slight decrease in hospitalization and childbirth activities could be explained by the fact that our service is the only functional last resort center in maternal health for the 5 communes of the Guinean capital (Conakry) and some neighboring prefectures. A service mainly receiving obstetric emergencies.

Conclusion

In this period of the COVID-19 pandemic in Guinea, we must recognize a significant drop in the use of the gynecology and obstetrics service. Particular emphasis must be placed on sensitizing the population to continue to use the service which is currently the only functional national reference maternity hospital.

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