

Letter to Editor:

Flattening the anxiety curve: Obstetricians' response to the COVID-19 pandemic in Victoria

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The novel Coronavirus SARS-CoV-2 emerged as a major public health challenge in early 2020. In response to emerging evidence, major changes occurred in delivery of maternity care. In early March, RANZCOG issued practical advice to Fellows on measures to ensure safe care during the pandemic.

This letter shares the results of a small pilot study involving interviews of 12 practitioners providing private maternity care in the state of Victoria. Our intent was to capture changes in practice that occurred in a short time frame as well as clinicians' concerns related to the COVID-19 pandemic. The semi-structured interviews were conducted by the authors in the last two weeks of April. These were transcribed and independently analysed using thematic analysis(1) to identify prominent themes and sub themes.

The following five key themes were identified and agreed upon by the researchers.

- 1) **Valuing connection despite need for distancing:** Obstetricians expressed their strong desire to maintain connection with their patients using technology like video conferencing. They found the inability to have physical contact with patients (eg. holding a patient's hand) meant that they were not able to express empathy effectively. Doctors also valued contact with family members, colleagues and the wider medical community. Personalised, timely communication from specialist medical bodies was universally appreciated.
- 2) **Anxieties about fulfilling roles and responsibilities:** Despite anxiety about contracting COVID-19, all specialists interviewed were continuing clinical work even in the presence of pre-existing risk factors. Their over-riding concerns were for their family members and patients.

- 3) **Responding to variation in practice and response:** Where doctors encountered unexplained variation in practice, they questioned the validity of decision-making bodies. The differing screening procedures and variations in guidelines for personal protective equipment were two issues that were raised as causes for anxiety. An open, consultative approach from executives with acknowledgement of the gaps in evidence generated confidence amongst participants.
- 4) **Workflow adaptations:** Doctors described in detail some of the practices they had adopted to comply with distancing guidelines, including reduced work hours, limited face to face contact with patients, avoiding physical contact with colleagues and having time allocated between appointments for regular cleaning.
- 5) **Implications for future practice:** Participants voiced concerns about the future viability of private practice as well as the consequent increased burden on the public health system and discussed role of Telehealth in post-pandemic times.

In summary, our pilot suggested that Victorian obstetric workforce adapted to the COVID-19 challenges. While doctors dealt with a variety of anxieties, they had a strong sense of belonging to a shared community of practice. As clinicians, doctors wanted to maintain a reassuring connection with their patients. Collegiate relationships were critical to allay fears regarding lack of evidence in a rapidly evolving situation and to inform practice change. Healthcare leaders and specialist medical societies played an important role in supporting doctors at the frontline. Whilst our study was limited to private practitioners in Victoria, a larger study exploring perspectives of maternity care providers and recipients across Australia could provide valuable information for future practice.

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