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## CORRESPONDENCE

### Challenges in the time of COVID-19



The review of obstetric anaesthetic management during the COVID-19 pandemic brings together current pragmatic advice, mainly from UK agencies, and derived from emerging information from case reports and series from several countries.<sup>1</sup> It should be obligatory reading for any anaesthetist caring for the obstetric population, but does raise some unanswered questions.

The authors recommend 'neuraxial analgesia in established labour' as it may decrease the requirement for subsequent general anaesthesia. Should neuraxial block therefore be recommended in the absence of a maternal request or the usual obstetric indications? To make such a suggestion is likely to be controversial among obstetric and midwifery colleagues. The authors of the review also suggest the 'appropriate management of fever' should it develop in women in labour with epidural analgesia, and they note the thermogenic effect of epidural analgesia during labour. However, even in the absence of COVID-19 infection there is no consensus on such management.<sup>2</sup> Indeed, the high incidence of fever during labour, especially when rapid testing for SARS-CoV-2 is unavailable, has resulted in the widespread use of protective measures and equipment when caring for the labouring population. Finally, although the logic behind recommending an operating theatre and anaesthetic machine reserved specifically for COVID-19 positive or suspected positive cases for the duration of the pandemic cannot be faulted, this is impossible for the majority of UK obstetric units.

Unrealistic guidance can undermine the impact of reviews of this type. It would be a pity if this were the case, as most of the advice contained in the review is excellent.

### Declaration of interests

Dr Plaat is a member of the editorial board of the International Journal of Obstetric Anesthesia.

### Editor note

The authors of the article to which this letter refers did not provide a response.

F. Plaat

*Queen Charlotte's & Chelsea Hospital, London, UK*

*E-mail address: [Felicity.plaat@btinternet.com](mailto:Felicity.plaat@btinternet.com)*

### References

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2. Segal S. Labor epidural analgesia and maternal fever. *Anesth Analg* 2010;111:1467–75.