Letter to the Editor

The Labor Pain Management Challenges During the COVID-19 Pandemic: an Iranian Experience

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Dear Editor

Labor pain management has been on the rise over the past few years, to the point where it can be done even in local hospitals. Anesthesiologists and obstetricians have shown interest in developing and promoting these methods, especially epidural analgesia, and have played a very beneficial role in promoting this goal, which is one of the goals of the health services. The onset of the COVID-19 pandemic by increasing health care workers' workload, especially anesthesiologists and nurse anesthetists due to the high number of critically ill patients in need of intensive care, has posed many challenges to labor pain management from performing as before. Though we know that the most effective and ideal method for preventing mothers and health care workers against the COVID-19 pandemic is epidural analgesia (1, 2), these are some of the challenges ahead of us:

1. In local hospitals, where an anesthesiologist is responsible for the simultaneous administration of the operating room, labor ward, CPR, and intensive care unit, the admission of critically ill patients with COVID-19 to the intensive care unit affects other responsibilities.
2. In referral hospitals with more anesthesiologists, a large number of health care workers have been removed from shifts due to COVID-19 infection, imposing an additional burden on the treatment system.
3. Given that COVID-19 is more likely to be transmitted during general anesthesia in comparison with neuraxial anesthesia, avoiding emergency cesarean section, which requires general anesthesia and is often performed in non-ideal conditions (due to lack of sufficient time to accurately use personal protective equipment), may push health care workers to decide to do cesarean section sooner than the past.
4. The desire of patients to have a single-bed private room due to concerns about the spread of COVID-19 has reduced the hospital's ability to serve hospitalized patients, which has increased the fatigue of health care workers.
5. Reducing face-to-face contact to obtain an accurate history, and the similarity of the symptoms of COVID-19 with physiologic changes around labor, such as shortness of breath and fever, challenge the accurate diagnoses and even increase the likelihood of a normal delivery plan turning into a cesarean section (3).
6. It is difficult for the mother to wear the mask properly in the labor ward during a normal delivery, and most mothers find it annoying and do not cooperate enough due to physiological respiratory reasons. These circumstances can cause tensions in the labor room and mutual dissatisfaction.
7. The hospital environment is considered a polluted environment by mothers, who are all concerned about the health of their newborns, and commuting to it is associated with the possibility of developing COVID-

19 infection. These concerns could make them agitated and uncooperative (4).

8. In cases of COVID-19 infection, mothers may have a severe drop in platelet count that makes it difficult to perform neuraxial analgesia (5).

9. Other options, such as Entonox and intravenous opioids, are severely restricted to mothers with COVID-19 infection who are prohibited from performing neuraxial procedures for any reason.

In summary, it may be concluded that reducing unnecessary elective surgery may pave the way for the facilitation of painless delivery with the preferred epidural method on a large scale so that mothers can enjoy its benefits, and the health care workers' safety will increase.

Conflicts of Interest

The authors declare that there are no conflicts of interest.

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