

Letter to Editor

Screening SARS-Cov-2 for Delivery: One Step Forward and Two Steps Backwards

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Letter to Editor

Few of the recent articles have underscored the recompenses of universal screening among women admitted for delivery [1]. Nonetheless, this approach has limitations in resource-limited countries, where it is not possible to screen one and all. A negative test doesn't exclude the infection [2], and moreover, mass testing upsurges the chances of false positivity, owing to cross-contamination and non-adherence to disinfection protocols [3]. Recent guidelines don't recommend testing of all pregnant females [4], and in spite of test-dependent policies, stringent strategies to stipulate emergency services should be in place. Owing to asymptomatic presentation, community spread is lucidly evident and only herd immunity will be proficient for protection. Asymptomatic carriage by Health Care Workers (HCWs) might also pose threat to patients and with the same policy; it won't be possible to screen all HCWs every day. Screening by molecular methods is not cost-effective and ought to be advocated with a sensitive point-of-care test [5]. The threat of pandemic will vanish as and when immunity develops amongst susceptible population across the globe.

The potential benefits of a universal testing approach include the ability to use COVID-19 status to determine hospital isolation practices and bed assignments, inform neonatal care, and guide the use of personal protective equipment. Access to such clinical data provides an important opportunity to protect mothers, babies, and health care teams during these challenging times.

Keywords: SARS-Cov-2; COVID-19; Coronavirus; Health care workers

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