Editorial

Telemedicine in Obstetrics: New Era, New Attitudes
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The COVID-19 outbreak started in December 2019 in China, and spread throughout the world as a big threat since then. On March 11th, the World Health Organization (WHO) declared it a pandemic. In Brazil, the first case was diagnosed on February 26th on a man who had recently returned to Brazil from Italy, and on March 13th, Brazil diagnosed its first case of community infection. Following by that, on March 20th, the Brazilian Health Ministry intensified the national efforts to control and prevent the fast spread of the disease, issuing ordinance under number 454,1 which recommends social distancing measures. The elderly – specifically the population over 60 years of age – were considered a group of risk, and were advised to limit their activities to what are considered essential services and to avoid crowded spaces, such as cultural and scientific events. In accordance with the national recommendation, the state of São Paulo declared quarantine on March 24th, under decree number 6,488.2

In this new national scenario, the Brazilian Federal Council of Medicine, through official notice number 1,756/2020, issued on March 19th, communicated the Health Ministry that it recognized the possibility and ethics of the use of telemedicine, as an exception, during the battle against the transmission of COVID-19, using teleorientation, telemonitoring and teleinterconsult. On April 15th, the Federal Government enacted law number 13,989,3 which regulates the use of telemedicine during the COVID-19 crisis as an emergency measure. Moreover, the law defines telemedicine as medical practice mediated by technology to promote health, research, patient care and prevention of diseases.

For decades, the Department of Obstetrics at Escola Paulista de Medicina, Universidade Federal de São Paulo, has been promoting daily rounds. These meetings are held at Hospital São Paulo, a tertiary service that is a reference in high-risk obstetrics cases. All cases of patients hospitalized and cared for by the Obstetrics team are discussed with physicians in our department to participate, since it is now easier for them to adjust their personal schedules to the schedule of the rounds. Therefore, this new model enabled the dissemination of knowledge and experience beyond the University’s gates.

Our experience during this pandemic has shown that teleguidance and telesupervision are possible. Moreover, if they are performed exchanging information through safe virtual platforms, and if the notes on the medical records are inserted by residents in-site and by the professors remotely, it is possible to guarantee privacy and co-responsibility in medical assistance.

With the pandemic and subsequent social isolation, other activities that had been previously suspended were resumed virtually. Now, scientific meetings with invited guests, administrative meetings and academic classes have been made possible with the use of technology. It is clear that telemedicine
is viable and advisable for assistance and educational purposes in Obstetrics, and that it should be used strictly according to the regulation norms. In our service, this tool has enabled us to maintain a high level of obstetric care, and we hope that future national laws make it possible for us to use telemedicine after the COVID-19 crisis.

Conflict of Interests
The authors have no conflict of interests to declare.

References


