

Unexplored challenges medical mothers in COVID-19.

Bendu Dawola*

Department of Psychiatric, Texas Tech University, Texas, United States of America

Abstract

This abstract attempts to explore the challenges of medical mothers during the COVID-19 pandemic and their ability to differentiate or separate professionalism from that of motherhood responsibilities. To understand the rationale, which governs the functionality of mothers facing such challenges, transcultural concepts in nursing care tries to address the presumption and value-role that mothers exhibit in care delivery. Besides, this concept also attempts to illustrate or facilitate the role of “recognizing individual differences or acculturation” which may potentially contribute to the decision-making processes of medical mothers. One of the primary challenges to be explored in this article is how do medical mothers differentiate and deal with unexpected challenges between their professions and leaving their babies while caring for ill COVID-19 patients? In other to understand such tremendous sacrifice and dedication, it is equally important to explore the fundamental value-based system catalyst with interwoven human passion in nursing. This defined characteristic paralleled with a mother’s natural multifunctional ability creates a well-balanced schedule that allows her to compartmentalize frontline work with uncompromised family value. One theory that supports the concept of such unexplored challenges among medical mothers and their ability to facilitate and calibrate a balance between work and personal responsibility may be reflective in the theory, “Patient-centered approach to Nursing”. This method discusses the process by which a medical mother need to administer quality care. These are profound concepts worth exploring.

Keywords: Patient-centered approach to nursing, medical mothers, pandemic, covid-19, professionalism.

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Introduction

This article attempts to explain the challenges face by medical mothers during covid-19 pandemic and their ability to distinguish between professionalism from motherhood responsibilities. To understand the rationale that governs the functionality of mothers facing such challenges, transcultural concepts in nursing care are used to address the presumption and value-role that mothers exhibit in care delivery. These concepts also attempt to illustrate the role of recognizing individual differences and acculturation which may contribute to the decision-making processes of medical mothers [1].

One of the challenges to be explored in this article is how do medical mothers differentiate and deal with unexpected challenges between their professions and leaving their babies while caring for ill COVID-19 patients. To understand such tremendous sacrifice and dedication, it is equally important to explore the fundamental value based system catalyst with interwoven human passion in nursing. The theory, “Patient-Centered Approach to Nursing” is used to support the unexplored challenges among medical mothers [2].

Literature Review

The COVID19 pandemic is posing considerable challenges for countries to maintain the provision of high quality, essential maternal and newborn health services. Countries grappling with the pandemic may need to divert significant resources, including midwives, from regular service delivery to response efforts.

And, pregnant women and mothers with newborns may experience difficulties accessing services due to transport disruptions and lockdown measures or be reluctant to come to health facilities due to fear of infection.

The havoc of COVID-19 has redefined and reshaped our way of live. The Center for Disease Control and Prevention has determined that healthcare professionals have endured an unprecedented emotional and physical strain from working long hours to providing tirelessly medical intervention to save lives.

In an industry where 80% in healthcare today are women, some of whom the breadwinner, the tasks to provide quality medical intervention aligned with the expectations of family values escalates the notion to perform exemplary in both worlds.

Nine case series were included. In the pooled data, most of patients (75%) had a household contact history. The disease severity was mainly mild to moderate (98%). Only 2 children (2%) received intensive care. Fever occurred in 59% of the patients, while cough in 46%. Gastrointestinal symptoms (12%) were uncommon.

There are 26% children are asymptomatic. The most common radiographic finding was ground glass opacities (48%). Currently, there is no evidence of vertical transmission to neonates born to mothers with COVID-19. Compared with the most relevant virus, SARS-CoV, SARS-CoV-2 causes less severe disease.

In addition, medical mothers whose children have been diagnosed with terminal illnesses are inundated with enormous responsibilities in giving quality care to their children and those inflected with to COVID-19. A study by Kalembo and Zgambo, suggest that 60% of women in Sub-Saharan Africa with HIV experienced unexplored challenges with follow-ups for children suffering with HIV. Without the proper medical follow-up, the probability for further illness to develop and the possibility for death to occur is almost certain [3].

In events of a pandemic like COVID-19, in the midst of scarce healthcare infrastructure, it can be extremely difficult to render quality care in Sub-Saharan Africa. In situations where mothers are the sole breadwinner, the ability to choose between caring for a child and having to provide for the family can be overwhelming and emotionally tasking. COVID-19 has restricted and brought about unexplored challenges among medical mothers in Sub-Saharan African.

Reports show that the impact of COVID-19 in Sub-Saharan Africa is expected to reach at an alarming capacity in the region. It is predicted that this effect could expedite further burden at a more terrifying speed, particularly compared to other developed countries.

On the other hand, unexplored challenges faced by medical mothers in Sub-Saharan Africa are similar to that of their counterparts in Europe and especially, the United States. Records show that the United States leads the world in COVID-19 infections and deaths. This is in the midst of working long hours without adequate Personal Protective Equipment (PPE) and balance between personal and work schedules. Reports show that the use of technology to increase proper healthcare diagnoses and patient's treatment have increased. Healthcare professionals are now able to leverage the expertise of technology to provide quality healthcare intervention to patients.

However, as it relates to a medical mothers, the traditional expectation in nursing emulates passion, dictates responsibilities and accountabilities while embracing the path of excellent in administering patient care services. History depicts that diseases have provided new approach to employ new strategies in nursing care. In 1918, the Spanish Flu claimed the lives of over 50 million people; it ravaged the globe mercilessly and affected the most vulnerable, nurses where the main driving force in cultivating care. COVID-19 is no different. Nurses continue to work tirelessly to win the battle of COVID-19 in spite of tremendous sacrifices imposed on medical mothers [4].

Vertical transmission from maternal infection during the third trimester probably does not occur or likely it occurs very rarely. Consequences of COVID-19 infection among women during early pregnancy remain unknown. We cannot conclude if pregnancy is a risk factor for more severe disease in women with COVID-19. Little is known about disease severity in neonates, and from very few samples, the presence of SARS-CoV-2 has not been documented in human milk. Links to websites of organizations with updated COVID-19 information are provided. Infographics summarize an approach to the

pregnant woman or neonate with suspected or confirmed COVID-19.

Stemming from the theory by Leninger, transcultural in nursing attempts to explain the concept of comparing cultural care which is based on the belief, practices and value of care-to-patients. This believe system attempts to depict the rationale of how medical mothers demonstrate the passion and ethics needed to balance between work and personal life. The instinct of a mother combined with the professionalism as a nurse may be the driving force for achieving a desirable approach to a value-based role as a medical mother especially during this COVID-19. This may also satisfied the question of how do medical mothers differentiate and deal with unexpected challenges between work and leaving their babies while caring for COVID-19 patients [5].

Conclusion

In addition to transcultural nursing, "patient-centered approach to nursing" is an essential component to enhancing the outlook in patient centered service. The Institute of Medicine defines patient-centered (IOM) care as "providing care that is respectful of, and responsive to, individual patient preferences, needs and values and ensuring that patients values guide all clinical decisions". This process includes listening to patients, informing, and engaging them in care. These are attributes in nursing that may assist in a medical mother's ability to render a balanced approach to differentiate work, compartmentalize concerns and facilitate care for their children at home while rendering quality care to COVID-19 patients.

Finally, in spite of the COVID-19 pandemic and its unexpected challenges, medical mothers are becoming more expert in understanding, educating, communicating and navigating care in their children medical needs and conditions. Despite the stringent and scarce resources in Sub-Saharan Africa, the continuous effort made by medical mothers to obtain resources in the midst of COVID-19 illustrates the willingness to overcome unexplored challenges and obstacles.

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***Correspondence to**

Dr. Christine Aanyu

Department of Health Policy Planning and Management

Makerere University

Kampala

Uganda

E-mail: caanyu@musph.ac.ug