



Learning to Work Remotely

The day of submitting this editor's choice in the pandemic of Covid-19, in India, 4,22,19,896 cases recovered amongst the total of 4,28,81,179 infected cases. 96,46,98,071 number of Indians received the Dose – 1 vaccines, 78,44,78998 numbers of populations received the second dose and 1,85,54,653 received the precautionary dose (GOI, COWIN). Keeping in mind the India's huge population, such coverage within this short spell of time, is no doubt a mammoth task.

We all thought, we will have a sigh of relief now. Unfortunately, this planet is still in unrest. The world is on war, rockets rain down on Ukraine's cities as initial talks ended without success.

During the COVID – 19 pandemic, many journals (international) decided not to publish any COVID – 19 specific articles due to rapidity of its developments, changes in the disease pathology and management options. IJOPARB published views, reviews and articles all throughout the period for the members to keep them updated and to stay safe. In our profession the impact of COVID – 19 pandemic continued to be very significant. The initial opinion was with the vaccine that could not be offered to a pregnant woman and even to a breast feeding mother. We all faced difficulties with this virus, the disease and its treatment. Initially physicians and the lactating mothers were worried as there was relative scarcity of formal studies with this issue specially with the drugs. At the same time many became very fearful with the vaccine. Surgical management was reduced significantly, longer waiting list was for patient's appointment. The article by Mullin et al¹ was very reassuring. Many women who were scared, restarted breastfeeding thereafter.

Amidst all the adversities, many of us could see some opportunities. In these pandemic years technology enhanced healthcare framework, helped us to provide patient care service remotely. It has now become the talk of the day. The terminology 'telemedicine' according to General Medical Council (GMC) is the provision of medical services and patient care from a distance using information and communication technology (ICT).^{2,3}

The aim of telemedicine is to support decision making, training, medical education and to support health care on remote basis. Types of telemedicine modalities are different. In synchronous modality, a specialist is in consultation with a patient virtually where another lead clinician is often present with the patient. Whereas in the asynchronous modality, there is transmission of information such as digital images (ultrasound, histopathology) or video clips to a specialist of a tertiary care for review and opinion. Other modalities are: remote patient monitoring like sending individual patient data (BP, fetal movement record etc.) to the specialist for analysis. In obstetrics, virtual consultation can be obtained in the issue of FHR monitoring, blood pressure and fundal height etc.

Use of telemedicine as a modality in obstetrics is not a new one. Working in UK even in early '90s we had the experience of sharing information and communication for CTG tracing analysis. The pregnant women waiting at the community centre were consulted with CTG-tracings that we received through the fax. On the other end, the trained midwife and the GP were there to support the pregnant woman. However the record states that telemedicine was first described by Bohem and Haire in 1979.⁴

Currently GMC and the National Health Service in England, have made guidance for practicing telemedicine.⁵ The key considerations for conducting remote consultation are divided into five main areas.⁶ Planning of service needs: (a) a dedicated team with required equipment and technology. For this appropriate training is a must, (b) a confidential setting with confirmed patient identity. Minimum two identifiers are considered. (i) Date of birth and (ii) Address, (c) The health care team need to select patients suitable for remote consultation (e.g. low risk, chronic follow ups, no need for physical examination), (d) proper documentation as per consultation, the follow ups and agreed action plan and (e) The patient should be in a private well lit room. There are provisions for pre consultation questionnaires also.

Unlike traditional medical therapies, digital technology is evolving very fast. It is becoming an integral part of modern health care science. Mass production of health care apps, mobile platforms, advanced technology are to facilitate digitalized healthcare via remote communication system and consultation. Use of telemedicine in the discipline of obstetrics and gynecology is on the way. Opinions favor to develop patient initiated virtual follow up clinics.⁷ Regular face to face scheduled clinics are to be there also. Arrangements are to be initiated for home monitoring devices (maternal blood pressure, blood glucose testing, FHR monitors) as discussed above.

It is expected that use of telemedicine is going to meet the challenges of rising numbers of outpatient appointments and to reduce the larger waiting lists. This is especially so in the busy hospital clinics like the

government run medical colleges and the tertiary care centers in our country.

The Journal ISOPARB has become very popular and close to our members over the years. The journal shape, the attracting cover page, and get-up has undergone significant changes. The patterns of article presentation has been streamlined. Colored photographs in each issue are well appreciated. The journal is indexed since 2017, with much sincere support of our members. Moreover, members are happy to read the journal online depending on their available time.

“Old order changeth yielding place to new” - Lord Alfred Tennyson. As time passes by, we the existing team of executive body members of ISOPARB are to move on to the next position of the hierarchy. I am deeply indebted to all the members of ISOPARB, having the opportunity to serve the society over the last seven years. I thank the journal committee members each and all, for their kind support. Without their support, it would not have been possible for me to carry out this huge task.

I wish to thank all the members specially, Prof. Gita Ganguly Mukherjee, Prof. Sudip Chakraborty, Prof. A. Majhi, Editor Emeritus, Prof. S.N. Tripathy, Prof. Manju Gita Mishra, Past Presidents, Dr. Usha Sharma, President ISOPARB, Dr. Meena Samant, the Secretary General, ISOPARB, Dr. Picklu Chaudhuri, Prof & Head, Dr. Arindam Halder, Assoc Prof, Dr. Gita Basu Banerjee, Professor, Dr. R.P. Dey, Professor, Dr. Pallab Mistry, Assoc Professor, West Bengal University of Health Sciences for their support throughout the period.

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