Letter to the Editor

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Cross transmission of SARS-CoV-2 and obstetric ultrasound

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To the Editor,

We would like to discuss on the publication “Minimizing cross transmission of SARS-CoV-2 in obstetric ultrasound during COVID-19 pandemic [1].” Wataganara et al. concluded that “*There must be workflow policies to protect pregnant women and healthcare providers from nosocomial cross transmission of SARS-CoV-2. Cleaning and disinfecting of equipment must be in accordance with their potential of pathogen transmission* [1].” First, the aim of prevention should be complete inhibiting possibility of cross transmission, not only minimizing. Zero error must be the concept in quality and safety management. The described procedures by Wataganara et al. is useful but it should add the prevention in pre- and post-obstetric ultrasonography period. The cross transmission of disease can occur at any stage and the risk for the patient who gets clinical service from the hospital starts from entering the hospital until returning to home. In a hospital, pathogen contamination might be elsewhere. The good example is the contamination at toilet [2–3]. Regarding, cleansing and disinfecting is necessary and there should be good place for cleansing/disinfecting. Giving the possibility that there might be droplets during the cleansing/disinfecting process, the environmental control is

required. The good ventilation is required for any units in the hospital. Also, a forgotten issue is the management of waste from the procedure. In an environmental medicine study, the contamination of pathogen in waste water from the hospital is possible [4].

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