



# Pregnancy in the era of COVID 19 pandemic

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# Declaration

***The authour reports no  
conflict of interest or financial  
gain***



# COVID-19

- **severe acute** respiratory syndrome coronavirus 2 (SARS-CoV-2)
- Coronaviruses are enveloped, non segmented, positive-sense ribonucleic acid (RNA) viruses belonging to the family Coronaviridae, order Nidovirales



# my byline

- **Pregnancy is an on going process with or without COVID19**



# Stages of care

- ambulatory antenatal care in the outpatient clinics;
- management in the setting of the obstetrical triage;
- intrapartum management; and (4) postpartum
- management and neonatal care

# 1.guidelines

- **Identify elements of antenatal care to minimizing maternal and perinatal morbidity and mortality**

# 2

- **Provide algorithms on intrapartum care of COVID-19 negative mothers**

# 3

- **Identify elements of postnatal care that support women to minimizing maternal and perinatal morbidity and mortality**




# 4

- **Provide safe and highly effective care plans for women with acute emergency and urgent gynaecological conditions, that take into consideration the safety of the patients and healthcare workers**

# Pregnancy and COVID 19

- **Physiological changes in the immune and cardiopulmonary systems make pregnant women to develop severe respiratory illness if infected with viral infections**

**Current evidence has not shown increased risks to COVID infections  
Global interim guidance on coronavirus disease 2019 (COVID-19) during pregnancy  
and puerperium from FIGO and allied partners: Information for healthcare  
Professionals ( 2020)**

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- **Health workers are the first responders, providing frontline care, and are risking their lives in doing so.**
  - **There is therefore need to equip them with the necessary information and protection to stay safe in the course of their clinical duties.**

# ANC


- **Avoid cross transmission**
- **Reduce ANC visits**
- **Screen on arrival**
- **Procedures which are of necessity**
- **?to be accompanied**

# Obstetric triage

- **Screen for COVID19**
- **IF POSITIVE ,pt to wear a mask and the HCW to use PPE**
- **Isolate , test, evaluate for co morbidities in pregnancy**

# intrapartum

- **No indication for delivery unless need of oxygenation improvement, Obstetric indications**
- **Individualize timing of delivery**
- **Induction**
- **SVD / Ve to shorten second stage**

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- **Medically indicated preterm delivery should be considered by the multidisciplinary**
  - **team on a case-by-case basis**

# meta-analysis infected patients

- **Clinical symptom ;  
fever; cough, fatigue and dyspnea.**
- **The most prevalent comorbidities;  
hypertension, diabetes cardiovascular  
diseases respiratory system disease**


Yang J, Zheng Y, Gou X, et al. Prevalence of comorbidities in the novel Wuhan coronavirus (COVID-19) infection: a systematic review and meta-analysis. *Int Infect Dis.* 2020 Mar

12 [Epub ahead of print].



# 5

- **Ensure access to family planning and contraception services for women during the pandemic period, for both continuing users and those requiring initiation**

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# Post partum / neonatal care

- **Avoid antenatal corticosteroids**
- **Avoid tocolysis**

# complications

- **Fever in early pregnancy –PL,FGR,PTB. Perinatal death**
- **AF, cord blood, and neonatal throat swab from six patients –neg for. SARS-CoV-2,**
- **No evidence of vertical transmission in women who developed COVID-19 pneumonia in late pregnancy**

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- **there is no evidence of vertical transmission of SARS-CoV-2**

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- **After delivery minimize maternal contact and hand the neonate to the neonatology team**
  - **Use of PPE**

**In critical ill mother separation is advised**

# Psychological aspects

- **Increased risks of anxiety and depression**
- **Separation regress early bonding**