

WEBINAR **SERIES**



**Promoting
health throughout
the life-course
during the
COVID-19
pandemic**

WEBINAR-4: CLINICAL MANAGEMENT OF COVID-19 DURING PREGNANCY

Introduction of WHO
guidelines on the management
of COVID-19 pregnancy



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What do we know about clinical manifestation of COVID-19 in pregnancy/postpartum?

- ❑ No known difference between the clinical manifestations of COVID-19 in pregnant and non-pregnant women of reproductive age.
- ❑ Rates of individual manifestations appear to be lower than in the general population
- ❑ Less evidence on postpartum infection

RESEARCH



Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis

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<https://www.birmingham.ac.uk/research/who-collaborating-centre/pregcov/index.aspx>

As of June 26, 2020: 40 studies
Results may change as new evidence emerges

What do we know about risk factors and outcomes of COVID-19 in pregnancy/postpartum?

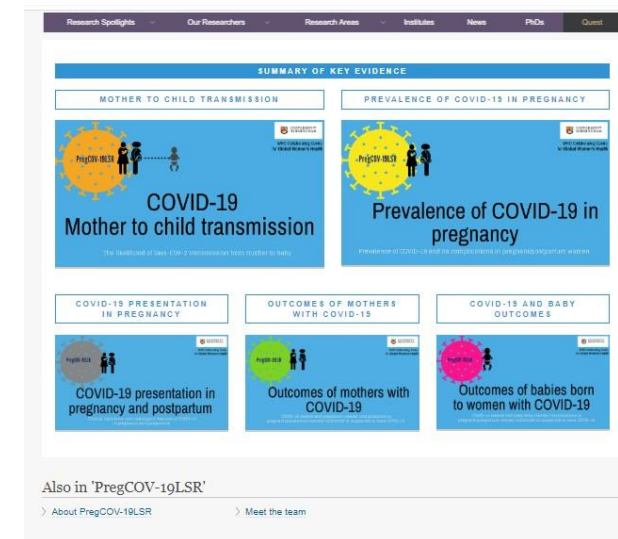
- ❑ Risk factors for severe infection include increased age, obesity, comorbidities
- ❑ Pregnant women vs reproductive aged women with COVID-19
 - Higher ICU admissions and need of mechanical ventilation
 - No differences in mortality
- ❑ Pregnant women with COVID-19 vs pregnant women without COVID-19
 - Higher rates of preterm births
 - Higher admission to neonatal unit
 - No differences in stillbirths, neonatal deaths

As of June 26, 2020: maternal outcomes (45 studies) and offspring outcomes (26 studies, 926 babies).
Results may change as new evidence emerges

What do we know about COVID-19 and mother-to-child-transmission?

- ❑ There is no evidence of confirmed mother-to-child transmission affecting the baby in utero or intrapartum
 - Presence of viral RNA in amniotic fluid, placenta, membranes, vaginal fluid, neonatal plasma, neonatal nasopharyngeal swab at birth, breast milk
 - IgM antibodies in the newborn at birth
 - IgA antibodies found in breast milk
 - No reports on viral culture to date
 - Vivanti et al: strongly suggest in-utero infection
- ❑ Evidence to date indicates that babies are more likely to have acquired the disease postnatally from symptomatic mothers
 - those reported experienced mild illness

PREGCOV-19LSR PROJECT

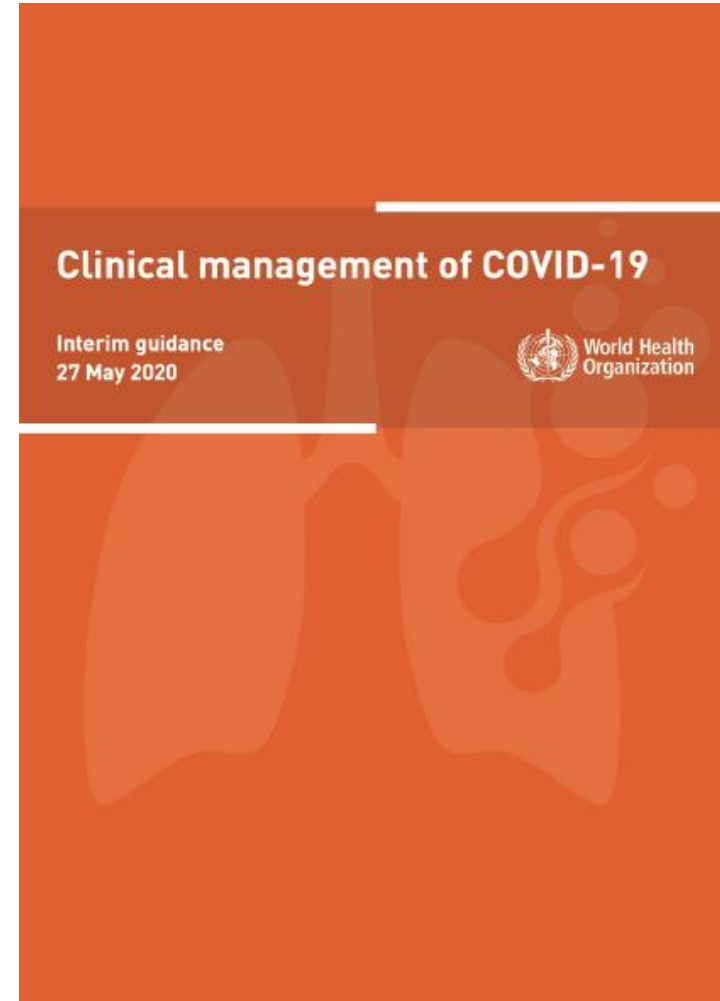


<https://www.birmingham.ac.uk/research/who-collaborating-centre/pregcov/index.aspx>

As of May 12, 2020: 92 studies (30 cohorts, 62 case series and reports) provided some information on mother-to-child transmission (1548 women, 1111 babies). As of 15 May, 46 mother-infant dyads provided information on breast milk samples. Results may change as new evidence emerges
Centeno-Tablante et al. Transmission of SARS-CoV-2 through breast milk and breastfeeding: a living systematic review. Ann N Y Acad Sci. 2020 Aug 28. doi: 10.1111/nyas.14477.
Vivanti, A.J., Vauloup-Fellous, C., Prevot, S. et al. Transplacental transmission of SARS-CoV-2 infection. Nat Commun 11, 3572 (2020). <https://doi.org/10.1038/s41467-020-17436-6>

Care of pregnant and postnatal women with COVID-19 –

WHO interim guidance 27 May 2020



Care of pregnant/postnatal women with COVID-19

Pregnant women with suspected or confirmed COVID-19 (even if in isolation) should have access to **quality, woman-centred, respectful skilled care**

- **Woman-centred, respectful care**
 - ✓ Dignity, privacy and confidentiality, ensuring freedom from harm and mistreatment, and enabling informed choice
- **Skilled care**
 - ✓ multidisciplinary teamwork
- Access to facilities with **readiness to care for maternal and neonatal complications**
- **Mental health and psychosocial support**
 - ✓ Prevention and management services for common mental disorders should be available

Care of pregnant/postnatal women with mild COVID-19 disease

- Pregnant and postnatal women with mild COVID-19 may not require hospitalization
 - ✓ Unless there is concern for rapid deterioration or an inability to promptly return to hospital
 - ✓ Isolation to contain virus transmission is recommended
 - ✓ Routine ANC and PNC can be provided through alternative delivery platforms: telemedicine, mobile phone, home visits

- Women who have recovered from COVID-19 should be enabled and encouraged to receive routine ANC and PNC,
 - ✓ In accordance with national guidelines and recommendations of the health care team
 - ✓ Plan for catch up of missed ANC or PNC contacts or essential elements (micronutrients, immunization, contraception, birth registration)

Care of pregnant/postnatal women with COVID-19 in health facilities

- Closely monitor women with COVID-19 for signs of clinical deterioration: respiratory failure, symptoms of thromboembolism, fetal well-being
- Do not routinely give antibiotic therapy or prophylaxis
- Use pharmacological prophylaxis (low molecular weight heparin) to prevent venous thromboembolism, when not contraindicated. For those with contraindications, use mechanical prophylaxis (intermittent pneumatic compression devices)
- Use conservative fluid management
- Administer of supplemental oxygen therapy to pregnant women with $\text{SpO}_2 < 92\text{--}95\%$

Care of pregnant with COVID-19 during labour and childbirth

- **A companion of her choice**
 - ✓ with appropriate infection prevention measures, including appropriate training on and use of PPE and movement restriction in the healthcare facility
- **Pain relief strategies**
- **Adoption of mobility** and an upright position where possible
- Midwife-led continuity of care, in settings with well functioning midwifery programmes



Care of pregnant with COVID-19 during labour and childbirth

- Medical interventions and mode of birth should be individualized based on obstetric indications and the woman's preferences
- Delayed cord clamping is recommended
- Antenatal corticosteroid therapy for women at risk of preterm birth from 24 to 34 weeks of gestation is recommended
 - ✓ In cases where the woman presents in preterm labour with mild COVID-19, the balance of benefits and harms for the woman and the preterm newborn should be discussed
 - ✓ This assessment may vary depending on the woman's clinical condition, her wishes and that of her family, and available health care resources

Care of women with COVID-19 during the postnatal period

- Mothers should not be separated from their infants unless the mother is too sick to care for her baby.
- ✓ If the mother is unable to care for the infant, another competent family caregiver should be identified



Close contact and early, exclusive breastfeeding helps a baby to thrive.

A woman with **COVID-19** should be supported to breastfeed safely, hold her newborn skin-to-skin, and share a room with her baby.

 World Health Organization #COVID19 #CORONAVIRUS



Women with COVID-19 can **breastfeed if they wish to do so. They should:**

-  Practice respiratory hygiene and wear a mask
-  Wash hands before and after touching the baby
-  Routinely clean and disinfect surfaces

 World Health Organization #COVID19 #CORONAVIRUS

- Postnatal hospital stay should be at a minimum 24h after birth, with close follow up in the first week

COVID-19 and pregnancy – key messages

- ❑ COVID-19 and pregnancy
 - Typical COVID-19 symptoms manifest less frequently in pregnant and recently pregnant women than non-pregnant reproductive aged women
 - Pregnant women with COVID-19 may be at increased risk of requiring intensive care than non-pregnant women
 - Pregnant women with COVID-19 are more likely to deliver preterm and have their babies admitted to the neonatal unit. These outcomes may be influenced by iatrogenic causes
- ❑ Essential elements of respectful maternity care must be maintained in health facilities
 - Quality, respectful, woman-centered health care
 - Suspected or confirmed COVID-19 alone is not an indication for obstetric interventions
 - Women should not be separated from newborns, unless the mother is very ill
- ❑ These findings and recommendations may change as new evidence emerges

Additional resources

Living systematic review on
COVID-19 and pregnancy

<https://www.birmingham.ac.uk/research/who-collaborating-centre/pregcov/index.aspx>

Country & Technical
Guidance - Coronavirus
disease (COVID-19)

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

WHO Academy COVID-19 app
available for *free download* from both
the [Apple App Store](#) and [Google Play Store](#)

