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.

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

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

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.


https://www.birmingham.ac.uk/research/who-collaborating-centre/pregcov/index.aspx
Care of pregnant and postnatal women with COVID-19 –

WHO interim guidance
27 May 2020
Care of pregnant/postnatal women with COVID-19

- **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

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

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 SpO2 < 92–95%
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

Clinical management of COVID-19. 27 May 2020
WHO recommendations: intrapartum care for a positive childbirth experience. 2018
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.

➢ 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

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

WHO Academy COVID-19 app available for free download from both the Apple App Store and Google Play Store

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

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