

## *Webinar series*

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

#### **Webinar 4: Clinical management of COVID-19 during pregnancy** **Wednesday, 9 September 2020, 13:00 hrs (IST)**

#### **Summary**

##### **Background**

The overall risk of COVID-19 among pregnant women is low compared to non-pregnant women in their reproductive age. However, pregnant women who have COVID-19 appear more likely to develop respiratory complications and requiring intensive care as compared to women who are not pregnant. Health facilities with limited preparedness for COVID-19; triaging, infection prevention practices and supplies in addition to limited access to maternal care negatively impact women's health. Hence, maintaining a high quality of maternal and reproductive health care services is most important to reduce complications and mortality due to COVID in pregnancy. In addition, pregnant and post-natal cases have experienced difficulties in accessing services due to restrictions on travel and lockdown measures or due to hesitation to attend healthcare facilities due to fear of infection. WHO guidelines on the management of COVID-19 during pregnancy, the country's experience of management of COVID-19 pregnancies, and the classification of deaths of COVID-19 complicating pregnancy were discussed during this webinar.

##### **Objective**

The objective of the webinar was to standardize the management of maternal health services during the COVID-19 pandemic and to take the most appropriate management decisions.

##### **Presentations**

1. Introduction of WHO guidelines on the management of COVID-19 during (and after) pregnancy
2. Country experience of managing COVID-19 pregnancies: India
3. How to classify deaths of COVID-19 complicating pregnancy
4. Orientation of the case report form in pregnancy (CRF-P)

##### **Audience**

Program managers from MoH, WHO focal persons, UN Agencies, Professional bodies, NGOs and other stakeholders attended the webinar.

About 2270 invitations were sent for the event, out of which 590 registered and **435 participants attended** the webinar.

## Technical resources

Coordinators	Moderator	Presenters
<b>Dr Neena Raina</b> , Senior Adviser, MCA, WHO, SEARO  <b>Dr Dileep Mavalankar</b> , Director, IIPH Gandhi Nagar	<b>Dr Anoma Jayathilaka</b> , Medical Officer, MRH WHO, SEARO	<b>Dr Mercedes Bonet</b> Perinatal Health Epidemiologist Department of Sexual and Reproductive Health and Research (SRH), WHO, Geneva  <b>Prof Sunesh Kumar</b> Head, Department of Obstetrics and Gynaecology Program Director, WHO-CC in Human Reproduction In-charge ICMR-HRRC AIIMS, New Delhi  <b>Dr Lale Say</b> Head, SRH Integration in the Health System and <b>Dr Jennifer Cresswell</b> Consultant, Department of Sexual and Reproductive Health and Research (SRH) WHO, Geneva  <b>Dr Caron Rahn Kim</b> Medical Director Prevention of Unsafe Abortion Department of Sexual and Reproductive Health and Research (SRH) WHO, Geneva

## Summary

Dr Neena Raina SA-MCA welcomed the participants and Dr Dileep Mavalankar highlighted the collaboration and details of IIPH and courses being offered. The event was moderated by Dr Anoma Jayathilaka.

### Presentation 1

*Introduction of WHO guidelines on the management of COVID-19 during (and after) pregnancy, Dr Mercedes Bonet, WHO-HQ*

**Dr Bonet** highlighted an overview of COVID 19 in pregnancy and shared that there is no known difference between the clinical manifestations of COVID-19 in pregnant and non-pregnant women of reproductive age (WRA). A comparison between pregnant women with COVID and

without COVID shows that pregnant women with COVID might be at higher risk of preterm births and their babies may require higher admission to the neonatal unit, but there is no difference in stillbirth and neonatal death rate. There is no evidence of confirmed mother-to-child transmission affecting the baby in utero or intrapartum however infection is more likely during the postpartum period from symptomatic mothers. She also shared the WHO guidelines, published in May 2020 on the care of pregnant and postnatal women with COVID-19.

## **Presentation 2**

### ***Country experience of managing COVID-19 pregnancies: India, Prof Sunesh Kumar, AIIMS, New Delhi***

**Prof Kumar** shared his experiences of managing a pregnant mother with COVID-19 in AIIMS hospital. The presentation highlighted facility preparedness, including the development of SoPs, rearranging infrastructure to cater to COVID-positive women, use of PPEs, trained personnel, and initiation of Infection Prevention and Control (IPC) from the beginning of the pandemic. In addition, he discussed evidence-generation by following up and collecting and analyzing data on COVID during pregnancy by coordinating 20 hospitals through WHO-CC.

## **Presentation 3**

### ***How to classify deaths of COVID-19 complicating pregnancy, Dr Lale Say and Dr Jennifer Cresswell, WHO-HQ***

**Dr Say** presented the classification of maternal deaths including deaths due to COVID-19 using ICD-10. ICD-MM groups was highlighted which is developed by WHO and the experts all over the world with a focus on maternal deaths.

**Dr Creswell** continued the presentation and highlighted the definition of maternal deaths and late maternal deaths as per ICD. She explained that a woman who dies from the mutual aggravation death of a pregnant or recently delivered women COVID-19 and pregnancy is considered an indirect maternal death and falls under Group 7 (indirect/non-obstetric complications) and specifically the cause is pregnancy complicated by COVID-19, the code is O98.5. She shared that there is technical guidance available on the WHO website coding of COVID 19 and pregnancy.

She further highlighted that deaths due to service disruptions it should not be described as “deaths due to COVID-19”. Instead these deaths should be categorized as excess maternal mortalities during the pandemic, as this will capture the impact of service disruptions.

## **Presentation 4**

### ***Orientation of the case report form in pregnancy (CRF-P), Dr Caron Rahn Kim, WHO-HQ***

**Dr Kim** presented the background of WHO’s COVID-19 response, Clinical Report Form (CRF) goal and objectives and its three modules. She also shared the Global WHO plan for clinical characterization and management of hospitalized cases. She concluded that CRF provides anonymized data from health facilities all around the world. The data upload to the WHO COVID-19 clinical platform which provides rapid, systematic, and standardize anonymized hospital data of hospitalized, suspected and confirm COVID 19 cases it will help to understand the clinical presentation and sequelae of COVID in pregnancy.

The Q&A session was an interactive one. Out of the many questions in the Q&A box, some important ones were captured by Dr Anoma. These were then answered by the respective panelists to whom they were addressed.

The concluding remarks were delivered by Dr Neena Raina. She emphasized that countries need to adopt evidence-based recommendations to manage pregnancy cases with COVID-19 infection. Reporting and recording/uploading data on to the global database would help understand the disease trends and their management better. She thanked all the panelists, moderator and the participants for their active contributions.