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# " YTP UPDATE 2020"

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## Effect of COVID-19 on Pregnancy

Pregnant women do not appear more likely to contract the infection than the general population. However due to changes in immune system during pregnancy , they should take precautions.COVID-19 pneumonia in pregnancy are milder and with good recovery as been reported in few cases .Pregnant women with heart disease (congenital or acquired)are at greater risk so they should take proper precautions . The coronavirus epidemic has increased the risk of perinatal anxiety and depression, even cases of domestic violence has increased. Mental health should be inquired at every visit and proper counseling should be done.

With regard to vertical transmission (transmission from mother to baby antenatally or intrapartum), emerging evidence now suggests that vertical transmission is probable, although the proportion of pregnancies affected and the significance to the neonate has yet to be determined. At present, there are no recorded cases of vaginal secretions being tested positive for COVID-19. There are currently no data suggesting an increased risk of miscarriage or early pregnancy loss in relation to COVID-19. There is no evidence currently that the virus is teratogenic. Long term data is awaited.

**COVID-19 infection is currently not an indication for Medical Termination of Pregnancy.**

## MANAGEMENT GUIDELINES FOR PREGNANT WOMAN DURING THE PANDEMIC

### Antenatal period :

Antenatal care should be tailored to minimum, at 12, 20, 28 and 36 weeks of gestation. But do not delay obstetric management in order to test for COVID19.

For women who have had symptoms of cough and fever, appointments can be deferred until 7 days after the start of symptoms. Only in case of severity and worsening of symtoms they should consult. For women who are self-quarantined because someone in their household has possible symptoms of COVID-19, appointments should be deferred for 14 days. If a woman has previously tested negative for COVID-19, and now she presents with symptoms again, COVID-19 should be suspected. She should be followed as per guideline given above. If ultrasound is required for fetal surveillance, it is recommended only after 14 days following resolution of symptoms. If ultrasound equipment is used, it should be decontaminated after use.

### Intrapartum and During Labour

Paitent should be admitted and assessed with multidisciplinary approach preferably at tertiary care centre. Maternal observations including temperature, respiratory rate & oxygen saturations should be practiced.. Patient should be monitored as per standard care during intrapartum period with continuous fetal heart rate monitoring preferably using CTG.

During labour hourly oxygen monitoring should be done with aim to keep oxygen saturation >94%..Mode of birth should not be influenced by the presence of COVID-19, unless the woman's respiratory condition demands urgent delivery. Epidural analgesia should be recommended in labour to women with suspected/confirmed COVID-19 to minimize the need for general anesthesia if urgent delivery is needed. To continue labour or need for caesarean should be decided on individual assessment. An individualized decision should be made regarding shortening the length of the second stage of labour with elective instrumental birth in a symptomatic woman who is becoming exhausted or hypoxic.

## Postnatal Management :

If mother is COVID 19 positive, transmission after birth via contact with infectious respiratory secretions is a concern .One should consider temporarily separating (e.g. separate rooms) the mother who has confirmed COVID-19 or is a PUI, from her baby until the mother's transmission-based precautions are discontinued after explaining risk and benefit of temporary separation to parents and family

The decision to discontinue temporary seperation should take into account disease severity, illness signs and symptoms, and results of laboratory testing for virus that causes COVID-19, SARS-CoV-2 of mother and neonate on case to case basis .If temporary separation not possible because of mothers wish or hospital limitation , physical barriers (e.g., a curtain between the mother and new-born) and keeping the new-born ≥6 feet away from the ill mother. Should be practiced., a mother who has confirmed COVID-19 or is a PUI should put on a facemask and practice hand hygiene1 before each feeding or other close contact with her new-born.

## Breastfeeding :

**At present, there are no recorded cases of breast milk being tested positive for COVID-19.**

If mother is suspected or confirmed COVID 19 she should be encouraged to express their breast milk to establish and maintain milk supply after practicing hand hygine and proper cleaning. After pumping ,all parts should be thoroughly washed and entire pump should be appropriately disinfected as per the manufacturer's instructions. If a mother and new-born do room-in and the mother wishes to feed at the breast, she should put on a facemask and practice hand hygiene before each feeding.

## Obstetrics management consideration

**Medical History**

For all pregnant women obtain the following information :

A detailed travel history , History of exposure to people with symptoms of COVID-19 ,Symptoms of COVID-19 , Coming from hot spot area, Immunocompromised conditions

## Information to be shared with pregnant women

Pregnant women should be informed as following ;

If you are infected with COVID-19 you are still most likely to have no symptoms or a mild illness from which you will make a full recovery. If you develop more severe symptoms or your recovery is delayed, this may be a sign that you are developing a more significant chest infection that requires enhanced care; you should contact your maternity care team immediately. There may be a need to reduce the number of antenatal visits you have.