

AOFOG statement on coronavirus disease COVID-19

AOFOG views with great concern the current outbreak of COVID-19 infection since December 2019. Although the epicenter of this infection was in Wuhan city in China, the infection has since spread to many other countries in and outside of Asia. The situation is evolving and although it has resulted in mortality, the Case Fatality Rate is yet to be determined.

Historically, pregnant women have been disproportionately affected by respiratory illnesses presumably due to their immunosuppressed state. Data from the SARS epidemic of 2003 pointed to a poorer outcome among pregnant women (1). Based on limited data from COVID-19 cases, it is considered that pregnant women may be at higher risk of severe illness, morbidity, or mortality compared with the general population (1-3). However, pregnancy specific data is currently lacking and we advise continued vigilance until more data becomes available.

As there are no specific clinical signs and symptoms of COVID-19 infection, a high index of suspicion is required. We advise our pregnant women and health care providers to adhere to strict infection prevention and control measures to limit acquiring and transmission of the infection. Currently, there is no specific treatment or vaccine available for COVID-19 and suspected cases should be referred for isolation and supportive care in designated centres with specialised infection control facilities as per local guidelines.

At the present time, there is no reliable evidence of vertical transmission from the mother to the baby (4). Neonates of mothers with suspected or confirmed COVID-19 should be isolated and it would be prudent to consider expressed breast milk to avoid close contact with the mother. These decisions should be made in consultation with the family and the healthcare team.

AOFOG reiterates again the importance of primary infection control measures such as those employed during the epidemics of SARS in 2003 and MERS in 2012. We further endorse the WHO guidelines for the general safety and prevention of spread of COVID-19 which can be accessed via the link below:

[WHO/2019-nCoV/Surveillance Guidance/2020.3](#)

AOFOG will keep abreast of developments and provide our obstetric community with updates as more information becomes available.

References:

1. Schwartz DA, Graham AL. Potential Maternal and Infant Outcomes from Coronavirus 2019-nCoV (SARS-CoV-2) Infecting Pregnant Women: Lessons from SARS, MERS and other Human Coronavirus Infections. *Viruses* 2020,12, 194; doi:10.3390/v12020194.
2. Chen H, Guo J, Wang C et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. *Lancet* 2020, published online Feb12.
3. Favre G, Pomar L, Musso D, Baud D. 2019-nCoV epidemic: what about pregnancies? *Lancet* 2020; DOI: 10.1016/S0140-6736(20)30311-1.
4. Zhu H, Wang L, Fang C, Peng S, Zhang L, Chang G, et al. Clinical analysis of 10 neonates born to mothers with 2019-nCoV pneumonia. *Transl Pediatr* 2020; 9:51-60.