COVID-19 and Pregnancy: Guidance for Women

(Updated on 20 November 2020)

The following Guidance is part of the AOFOG's advocacy effort to inform our women of the knowledge currently available on this topic. It is not meant to be a clinical diagnostic service and you are advised to consult your own Healthcare Professional for any specific issues. This Guidance is not definitive as the situation may vary from one country or setting to another. As this pandemic evolves, we will keep this information updated at regular intervals. The information contained here relates to the AOFOG Statements that can be accessed in the COVID-19 Corner for further information.

1. What is COVID-19?

COVID-19 is the infectious disease caused by the corona virus, SARS-CoV-2, which mainly affects the lungs.

As of 20 November 2020, more than 55.6 million people worldwide have tested positive for the COVID-19 infection and 1.34 million people have unfortunately died.

COVID-19 affects different people in different ways. Most infected people will only develop mild to moderate illness and recover without hospitalisation.

2. What are the symptoms and signs of COVID-19?

Some people have no symptoms at all. Most will have mild symptoms as listed below: Most common symptoms:

- Fever
- Dry cough
- Tiredness/ fatigue.

Other symptoms that are less common and may affect some patients include:

- Loss of taste or smell
- Nasal stuffiness/blockage
- Conjunctivitis (also known as "red eyes")
- Sore throat
- Headache
- Muscle or joint pain
- Different types of skin rash
- Nausea or vomiting
- Diarrhoea
- Chills or dizziness.

Symptoms of severe COVID-19 disease include:

Shortness of breath

- Loss of appetite
- Confusion
- Persistent pain or pressure in the chest
- High fever (above 38°C / 100.4°F).

3. Am I more likely to get COVID-19 as I'm pregnant?

There is no evidence that pregnant women are more likely to get COVID-19. However, pregnancy may sometimes make a woman less resistant to any infection so pregnant women are considered a vulnerable group. If you do develop COVID-19 in pregnancy, it may be more serious if you have pre-existing risk factors such as advanced age (>35 years), are overweight or have diabetes or high blood pressure.

4. Will COVID-19 infection affects my baby?

There is no convincing evidence that the virus passes to the baby in the womb to cause any abnormality. There have been rare reports of babies having COVID-19 after birth but this is more likely to be due to close contact after birth. More importantly, all of these babies have been well with no serious effects. Pregnant women should remain reassured that currently there is no evidence that COVID-19 will cause any harm to your baby.

5. Should I stay away from the hospital/clinic and not have my check-ups?

Regular check-ups are important to keep both you and your baby healthy. Many women are concerned that going to the hospital/clinic will expose them to a greater risk of getting COVID-19. However, health facilities now have measures in place to reduce this risk such as wearing masks, ensuring safe distancing and reducing waiting and consultation times. In some regions, it may also be possible to consult with your healthcare provider by phone or video link.

6. If I have COVID-19, will I need a caesarean section?

There is absolutely no evidence that a caesarean section will protect your baby from getting COVID-19. Caesarean sections will only be performed for the usual medical reasons.

7. If I'm admitted to the hospital for delivery, can I have a labour companion?

This is usually encouraged unless your companion has or is suspected of having COVID-19. Most delivery units will have a policy of screening birth companions for

COVID-19 and encouraging them to use a mask in the delivery room. However, some hospitals may not be able to accommodate a birth companion due to space limitations and preparation of companion.

8. Am I allowed to breastfeed my baby if I have COVID-19?

Yes. Transmission of active COVID-19 (virus that can cause infection) through breast milk and breastfeeding has not been detected to date. There is no reason to avoid or stop breastfeeding but precautions to be observed include hand washing and cleaning the breasts/nipples prior to breastfeeding as well as using a mask and avoiding sneezing/coughing directly onto the baby.

However, if you are severely ill with COVID-19 or suffer from other complications that prevent you from caring for your infant or continuing direct breastfeeding, express milk to safely provide breast milk to your infant.

9. What can I do to prevent getting a COVID-19 infection?

Pregnant women should take the same precautions to avoid COVID-19 infection as other people. You can help protect yourself by:

- Hand hygiene: Washing your hands frequently with an alcohol-based hand rub or soap and water.
- Social distancing: Maintaining at least a 1-meter distance between yourself and others and avoiding crowded spaces.
- Wearing a mask and avoid touching your eyes, nose and mouth.
- Practicing respiratory hygiene: Covering your mouth and nose with your bent elbow or tissue when you cough or sneeze; then dispose of the used tissue immediately.
- Maintaining a healthy diet and taking your supplements including Vitamin D.

10. Is there a vaccine yet?

Not yet, although many potential vaccines for COVID-19 are being studied. A few vaccines under study have shown very promising results but it will be several months before it is available for routine use.
