

Amendment to:

«Empfehlungen SGGG gynécologie suisse: Coronavirusinfektion COVID-19, Schwangerschaft und Geburt»

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This amendment to the recently published recommendation letter of SGGG should reflect on the one hand the highly dynamic situation, on the other hand it should give a useful overview about stringent recommendation in Switzerland for clinical practice.

However, these recommendations should clearly take into account local guidelines and the impact of significant differences in supply, especially for Personal Protective Equipment (PPE).

This amendment summarizes the expert opinion of members of the AFMM and SGUMGG about important antepartum, intrapartum and postpartum considerations.

Essential antepartum issues

Before entering the clinic or office, every patient should be screened by being asked about clinical symptoms that may also include atypical symptoms, such as anosmia, ageusia and diarrhea and if possible by measuring patient's temperature. Furthermore, the Oxygen saturation (SpO₂) may also serve as an additional screening tool.

Some centers and offices send a Short Message Service (SMS) or a person of the team calls the patient 24 hours before the appointment to remind that only patients without any symptoms should attend the examinations.

In case of a low risk, certain antenatal consultations via phone call (or videoconference) may be considered. This approach may also help to reduce the number of consultations in the low risk group, whereas no reduction in the number of consultations is recommended in patients at risk.

Currently, in several parts of Switzerland, private gynecologists perform pregnancy checkups up to term to reduce the workload in the obstetrical outpatient units of hospitals.

During the antenatal checkup and during ultrasound examinations, the examiner should wear personal

protective equipment, preferably surgical masks, or FFP2 masks if there is a risk of aerosols. It would be meaningful that every patient would wear also a mask. However, this consideration is currently hampered by the insufficient supply and stock in all parts of Switzerland. Sonographers should also use gloves, beside the masks.

Is a patient COVID-19, then the patient should be transferred in a dedicated area, wearing obligatory a surgical mask. The same procedure should be performed in patients with clinical symptoms. Importantly, these pregnant patients must be screened for Sars-CoV-2 as soon as possible.

In case of a COVID-19 patient, medically indicated ultrasound examinations should be performed in a dedicated room. If possible, windows and doors should be opened after the examination. Enough time (30-60 minutes) should allow cleaning the room between two patients.

Currently, only two ultrasound examinations during pregnancy (first and second trimester screening) are recommended in low risk women by the SGUMGG and paid by the insurance companies (according to KVG). Additional examinations in these women must be medically indicated. Up to now and even during this pandemic period, non-invasive prenatal testing (NIPT) is only reimbursed, if an elevated risk after the first trimester screening above 1:1000 is objectified.

In general, both first trimester and second trimester screening ultrasound are essential and must be offered to all pregnant women. It allows classifying each pregnancy into the low or high-risk group at around 12 weeks.

Is the patient COVID-19, a scheduled ultrasound examination should be postponed, if it can be done correctly later. If this is not the case, a profound counselling should be performed.

Invasive procedures, such as amniocentesis or chorionic villus sampling should be performed only when medically indicated. To postpone an invasive procedure is recommended if clinical symptoms are present, such as fever or cough. If an invasive procedure is indicated in a COVID-19 patient, the disinfection should not be performed with Chlorhexidine alone, but with alcoholic solution (e.g. ethanol 62-71%) to effectively destroy the virus. It is currently unknown if an invasive procedure in COVID-19 pregnant women may transfer the virus to the fetus, and if so, if this affects the fetus or the pregnancy, although this risk seems low. Patients must be informed about this before performing the procedure.

The current data do not show an elevated risk of healthy pregnant women to get infected by COVID-19, nor a more severe course of the disease, compared to non-pregnant women.

Medical treatment during pregnancy- important considerations

In case of high risk for preterm delivery, fetal lung maturation by administration of betamethasone or dexamethasone should be considered between 24 and 34 weeks of gestation, depending on the obstetrical factors. However, in COVID-19 patients with severe pneumonia, a lung maturation must be discussed and decided together with infectiologist / pneumologist and the neonatologist.

The treatment with Magnesium sulfate should be performed according to the current national guidelines without a restriction.

In patients taking low dose aspirin, a discontinuation should be performed in the acute phase due to the COVID-19 associated thrombocytopenia. Afterwards the patient can restart depending on gestational age and platelet count.

Advise for Intrapartum care

The Swiss federal office for public health (BAG) does not consider delivery as an aerosol producing event. Nevertheless, the expert opinion recommends FFP2 masks if available for COVID-19 women and for those with symptoms, highly suspicious for the disease. In general, attendance of the delivery of a COVID-19 women should be limited to a quorum of senior staff members (obstetrician and midwife). In case of an emergency cesarean section (<10 min) under general anesthesia, the anesthetist as well as all members in the operation room should wear a FFP2 mask to reduce the risk of an infection during intubation, a highly aerosol producing process.

There is a broad consensus in Switzerland, that the partners can stay in the delivery room and attend the delivery. In contrast to that statement, the attendance of the partner in the operation room during C-section is dependent on each hospital's policy.

During delivery, there exists no consensus, that the second stage of labor should be restricted, to prevent from maternal breathlessness. However, an individual approach is recommended, taking the individual symptoms into account.

Important to note is that a COVID-19 is not an indication for a cesarean section unless the patient is critically ill and unstable.

After delivery, there exists no consistent practice regarding the collection of umbilical cord blood, placental tissue and amniotic fluid: Some centers collect part of the mentioned material. There is a consensus to send the placenta to the pathology for further examination and whenever possible to store umbilical cord blood for future examination.

There is also no consensus regarding newborn testing. However, most of the centers do not test healthy newborns.

Postpartum issues

There is a consensus that the newborn may remain in the dedicated, isolated room of the mother. The mother is allowed to breastfeed. However, she needs to take the precautionary measures into account, such as wearing a mask during breastfeeding, hand hygiene and distance.

To further reduce the risk of an infection and to protect health care workers and other patients in the hospital, postpartum visits should be avoided or restricted to only partners without clinical symptoms for a limited visiting time.

Regarding the length of postpartum hospital stay, there exists no stringent approach in Switzerland. However, there exists a consensus between the experts: Is a COVID-19 patient asymptomatic, she should leave the clinic as soon as medically feasible when the outpatient follow-up by midwives and pediatricians is granted.

In case of clinical symptoms, an individual approach according to severity of COVID-19 should be taken, taking into account the possibility of an acute pulmonary deterioration at day 5-10.

Final remark

As written in the recommendation of the SGGG gynécologie Suisse: Coronavirusinfektion COVID-19, Schwangerschaft und Geburt (Version published: 24.3.2020):

Due to the highly dynamic situation of the COVID-19 pandemic and limited data with regard to the antenatal, intrapartum and postpartum management and practice, these current expert recommendations may change rapidly.