

# Coronavirus or COVID-19 and pregnancy

*Patient Information Series – What you should know, what you should ask.*

**March 20, 2020:** Please note that the information provided here is based on a small number of pregnant women with this infection. New information becomes available on a daily basis. We encourage you to talk with your doctor or midwife for the most up-to-date information.

## What is COVID-19?

COVID-19 is an infection caused by a coronavirus, a virus or bug similar to many of the viruses that cause the common cold. What is different is that even though most people will not feel different than if they only had a cold, people with other health problems like lung problems or ongoing diabetes are at higher risk of getting quite sick or developing severe lung problems. People with COVID-19 will typically have fever and a cough or feel short of breath. If it gets worse, they may have significant problems breathing and need to be admitted to the hospital or the intensive care unit.

## How does it spread?

The virus causing COVID-19 spreads mostly by contact with someone who is infected and sick or contact with objects they recently touched or sneezed or coughed on. The virus can be found in the saliva or the secretions from a runny nose. The virus enters the body by becoming in contact with the mouth, the nose or the eyes.

## How can I avoid getting COVID-19?

Washing your hands regularly after being in contact with objects outside your house and avoiding touching your face with your hands are the best ways to avoid getting sick. Social distancing (staying at least 2 meters or 6 feet away from others) and staying at home as much as possible are also good ways to avoid getting sick. To prevent passing any viruses to others, people should sneeze or cough while covering their mouth with the fold of their arm (the inside part of the elbow) and not with their hand.

## Should I avoid going to the hospital or seeing my doctor or midwife?

You will have lots of appointments with doctors and midwives when you are pregnant. Those are important for your health and that of your baby and should only be missed after discussion

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with your doctor or midwife. Some visits can be done by telephone or video call and your doctor or midwife will consider whether this appropriate for you. If you experience problems in the pregnancy, you should not hesitate to contact your doctor or midwife and discuss with them the best way to receive care. When you go to the clinic or the hospital, wash your hands regularly when you touch objects, avoid touching your face with your hands and try to stay at least 2 meters or 6 feet away from other people in the waiting area. You should also wash your hands when you leave. If you have a cough, wear a mask as soon as you arrive at the hospital or the clinic and let someone know right away, or even better, before you arrive, so they can expect you and be better prepared to care for you. If you are sick with COVID-19 and you are booked for a regular visit, contact your doctor or midwife to see if it is better to keep your appointment or move it to a later date.

## **Is it dangerous for me if I get COVID-19 when pregnant?**

We have very little information about pregnant women who got sick with COVID-19. We know it is best to avoid getting sick. But from the little information we have, it seems that pregnant women do not get sicker with COVID-19 compared to women of the same age who are not pregnant. Women with other health problems, in particular lung problems, high blood pressure, diabetes or HIV are at higher risk of getting sicker. If this is the case for you, you may be watched more closely than other pregnant women if you are diagnosed with COVID-19. Most healthy pregnant women who test positive will be cared for at home, but they should be seen quickly if the symptoms start to get worse. Urgent care when getting sicker is the best way to prevent serious problems for the mother or the pregnancy. Doctors may suggest an X-ray test be done. It is sometimes essential to treat pregnant women who are getting very sick. If they know you are pregnant, they should take all necessary measures to make sure this is done as safely as possible for you and your baby. Mothers who get very sick and need to be in the hospital are at higher risk of going into labour and should be watched closely for this. Acetaminophen or paracetamol are safe medications in pregnancy if you have a fever.

## **Is it dangerous for my baby if I get COVID-19 when pregnant?**

The virus does not seem to pass from mothers to babies during the pregnancy. There are no signs that COVID-19 increases the risks of birth defects, although we know of only a few women who got the virus when this is the most dangerous and have since had their babies. A high fever around 6 weeks of pregnancy or 4 weeks after the baby is conceived may be linked with a higher risk of problems with the spine and the brain. This is not specific to COVID-19 but comes with any reason for having a fever. The risk remains very low. Around 2 women for every 1000 women

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with a fever in early pregnancy may have a baby with that kind of problem, compared to 1 woman for every 1000 pregnant women who did not have a fever early in pregnancy. An ultrasound examination at 18 to 22 weeks is recommended to check for these kinds of problems.

The biggest risk for the baby is if you get very sick and go into labour well before your due date or the doctors or midwives recommend you deliver early because the baby is not doing well as a result of how sick you are. The closer to your due date, the lesser the risks for the baby are. If you have COVID-19 and you are in labour, your body may not be able to take in as much oxygen as it would usually. This may make it more difficult for the baby to cope with labour. It is recommended, whenever possible, to have a hospital birth where the baby can be watched closely and continuously and where caesarean section is available if needed. There are no reasons at the moment to choose a caesarean section instead of a vaginal delivery when a mother has COVID-19, unless another reason exists.

Some studies with similar viruses have suggested that the baby may not grow as well after an infection similar to COVID-19. Most experts recommend at least one ultrasound 2 to 4 weeks after the end of the infection to make sure the baby is growing well. It is also recommended that regular ultrasound exams continue to be done every 2 to 4 weeks throughout the pregnancy to check on how the baby continues to grow.

## **Is it dangerous for my baby if I get COVID-19 soon after giving birth?**

It is unclear whether mothers with COVID-19 should be separated from their babies or not. Different regions will act differently based on local availability and the local situation with COVID-19. It is often suggested you stay with your baby if you are feeling well. Some circumstances may require you be separated from your baby. You should ask your doctor or midwife if this is the case for you. You should be careful to avoid passing on the virus to your baby. This is best done by washing your hands before touching the baby, avoiding touching the baby's face, avoiding coughing or sneezing on the baby or wearing a mask when caring for your baby. When not caring directly for the baby (when baby is sleeping for example), try to remain at least 2 meters or 6 feet away from the baby to decrease the risk of infection to the baby.

## **Can I breastfeed if I have COVID-19?**

A few women infected with the virus had their breastmilk tested and no sign of the virus was found in the milk. So, it appears safe to feed your breastmilk to your baby even if you have COVID-19. You should be careful to avoid passing on the virus to your baby. This is best done

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by washing your hands before touching the baby, avoiding touching the baby's face, avoiding coughing or sneezing on the baby, and wearing a mask when breastfeeding. Another good option is to pump or express by hand the breastmilk and have someone who is not sick feed it to the baby. If you pump or hand express your milk, make sure you wash your hands before doing so.

## What if someone in the house has symptoms of COVID-19 after my baby is born?

If they are very involved in the care of the baby, they should be careful to avoid passing on the virus to the baby. This is best done by washing their hands before touching the baby, avoiding coughing or sneezing on the baby, and wearing a mask when caring for the baby.

If they do not need to be close to the baby, it is best they stay at least 2 meters or 6 feet away from the baby at all times. Remember to wash your hands before caring for the baby even if you are not sick, as you may have touched objects in the house that have been in contact with the virus. You should also stay 2 meters or 6 feet away from those who are sick and wash your hands regularly to avoid getting sick. If you already had COVID-19, recent research seems to indicate that your body will be able to fight the virus without you becoming sick again. But even in this case, washing your hands before touching your baby is the best way to prevent carrying the virus to your baby from the sick person or an object they touched.

### Questions you should ask your doctor of midwife, as guidelines vary from one part of the world to the other:

- I have been exposed to someone with symptoms of COVID-19. Should I get tested?
- I have symptoms of COVID-19. Should I get tested?
- Should my family and I isolate ourselves at home?
- I got COVID-19 earlier in the pregnancy. When should I get an ultrasound to check on the baby's health?
- Should I be separated from my newborn baby while I am sick?

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