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Pregnancy During the Coronavirus Outbreak: What You Need to Know

OB/GYN Answers Questions About Coronavirus Risks for Pregnant Women.

There is a lot of anxiety as the novel coronavirus (COVID-19) continues to spread across the globe, especially for parents-to-be who are concerned about how the virus will impact their pregnancy.

Jordan Perlow, MD, a clinical professor in the department of Obstetrics and Gynecology at the University of Arizona College of Medicine – Phoenix, discusses what pregnant women need to know about the virus.



Are individuals who are pregnant at greater risk?

It is not known if pregnant women are at greater risk of infection from COVID-19, or if infected, have significantly worse outcomes. Fortunately, initial data does not indicate such. However, it is clear that for other viral illnesses including influenza, that pregnant women are at greater risk for more severe outcomes due to changes in the physiology of their immune systems brought on by pregnancy.

Are there extra precautions pregnant women should take?

Pregnant women should follow the same CDC guidelines to prevent the spread of COVID-19 as for non-pregnant individuals. Pregnant women should practice frequent hand washing, liberal use of hand-sanitizer, avoid touching their eyes, nose and mouth, practice social distancing of at least six feet, and cover coughs and sneezes. They should report any indications of illness to their obstetrical health care providers immediately and should not wait until a scheduled appointment, but rather notify their doctor's office and speak to an on-call physician if it's during off hours. They should be particularly aware if they develop a fever, cough, shortness of breath/difficulty breathing, diarrhea, abdominal pain, flu-like symptoms of body and muscle aches, lethargy and/or chest pain. Do not delay in reporting these findings.

Additionally, and quite importantly, women with additional underlying health conditions (some examples include diabetes, heart disease, lupus, history of organ transplant, HIV infection, dialysis, renal disease) should remain at home, as the risk for developing infection appears to be significantly greater for this population.

Should pregnant women come to their physician's office for routine prenatal exams?

We are reviewing our prenatal care schedules on a daily basis to allow for immediate postponement of any elective or non-urgent visits, and utilizing tele-health appointments where appropriate. I have

conducted several consultations by telephone which allowed care and clinical management to be provided, in the absence of face-to-face assessment, and were quite satisfactory. Laboratory testing that can be safely postponed is also being evaluated to allow patients to avoid laboratory waiting areas and potential exposure and spread of COVID-19. Guidance has just been proposed that all obstetrical patients be called to determine need for the next in-person visit. In addition, to further minimize spread of the infection, patients should not bring any others to outpatient visits unless they are an integral part of patient care.

How are you implementing tele-health into your practice?

Each patient should have her unique clinical circumstances evaluated by a health care provider with obstetrical training and a determination made as to the need for a face-to-face visit. I have advised some patients to consider obtaining home blood pressure monitoring devices, which would allow for self-blood pressure determination, which is one of the standard reasons for routine obstetrical prenatal visits. This can be performed at home quite simply and reported telephonically. In addition, patients can download fetal activity apps which allow for self-monitoring of fetal activity, which in general is a sign of fetal-wellbeing in the absence of other complications.

Patients whose appointments are postponed should be particularly aware of the critical need to report any illness, decrease in fetal activity, headache, visual complaints, abdominal pain, contractions, vaginal bleeding, leaking of amniotic fluid, visual disturbances, or other concerns as pregnancy complications can present with such symptoms and must be addressed in the most timely fashion.

I'm near my due date and believe I have the virus. What do I need to know?

Women who have tested positive should be certain that the hospital to which they are to be admitted is made aware in the most timely fashion possible of their positive test result to allow for appropriate infection prevention precautions to be established on the maternity unit. In addition, breastfeeding for mothers who are with their newborns, and breast milk pumping, is not contraindicated, but special precautions would be advised to such mothers by their health care providers while in the hospital.

What else should pregnant women know?

I would simply add what so many have already quite reasonably said: Don't panic. Follow the established guidelines for infection prevention, follow your OB health care provider's instructions, report any illness promptly and most importantly, enjoy your pregnancy and all the wonder it holds in store for your future family. The pandemic will pass.