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How to Deal with Pregnancy During Covid-19

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ABSTRACT –

COVID-19 disease has put us all in worldwide alarming situation. The causative agent is severe acute respiratory syndrome coronavirus-2 (SARS-cov-2). COVID 19 infection in a pregnant lady can show more severe symptoms. Precautionary methods like hand washing, wearing mask, social distancing must be done. In order to avoid the contact as much as possible. Routine ANC visits should be avoided and consultation with doctor should be initiated over phone calls.

Any pregnant women positive with covid19 while in labour, obstetrics, anaesthetic or neonatal interventions should be followed as per standard practice. There is no contraindication for epidural or spinal anaesthesia. But general anaesthesia should not be done as there is high risk of transmission while during intubation. The pregnant patients who are not in labour and positive for covid19 should be given supportive and symptomatic treatment. Antiviral regimens or combinations of hydroxychloroquine with azithromycin has shown some positive results. During post delivery time, the newborn should be kept away from the positive mother for a temporary period but expressed breast milk can be given to the newborn.

KEYWORDS – COVID-19, Pregnancy, Guidelines, Community health

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INTRODUCTION –

The Global pandemic covid19 which is caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2), is a single stranded RNA enveloped virus.

Risk of infection in a pregnant women is same as that of general population but in pregnancy is a state of immunosuppression and along with other changes like physiological, respiratory and immune that's why in pregnant women more severe symptoms of covid19 infection can be seen.

DISCUSSION –

Prevention and Precaution –

Routine ANC visits for the uninfected patients can be postponed and can be telephonic or web consultation for minor complaints and doubts.

Important visits for the 12 and 19 weeks scans are needed. Women must monitor their daily fetal movement count. The next visit could be at 32 weeks pregnancy. As per ICMR, criteria for doing laboratory test are –

- 1) Pregnant women showing symptoms of having acute respiratory illness with one of the following: history of migrating in the last 2 weeks these individuals and their family living together in the same home should home quarantine for 14 days. Any person who has come in contact with any laboratory proven positive patient or any healthcare worker who has been hospitalized with symptoms of severe acute respiratory illness.
- 2) Pregnant women residing in hotspot or containment area who is in labour or those who have date of delivery in the next few days should be tested for covid19 even if asymptomatic (strategy for covid-19 testing for pregnant women in India).

Asymptomatic pregnant women should also be tested after coming into direct contact of covid19 positive individual. Tests should be done repeatedly to confirm the diagnosis. Two consecutive negative samples should be taken 24 hrs apart rules out covid19.

Serological testing as a diagnostic procedure can also be done if other procedures are not available on time. Samples for other viruses, bacterial pneumonia, chlamydia and mycoplasma pneumonia should be tested. Blood cultures should be taken to rule out secondary infections.

Management –

All patients should be treated as confirmed covid19 cases, until the results are available. There should not be any delay in the obstetric management while they are being tested. Separate setup and staff should be provided for the delivery of highly suspected to be positive and covid19 positive patients.

If any pregnant patient with confirmed covid19 status arrives, a registry should be maintained.

For Pregnant Women not in Labour –

Supportive therapy for covid19 includes rest, oxygen supplementation, fluid management and nutritional care.

Hydroxychloroquine in a dose of 600mg (200mg TDS) and azithromycin (500mg OD) for 10 days. Lopinavir-ritonavir is the first antiviral combination, lopinavir for 400mg and ritonavir for 100mg should be given TDS daily for 14 days. Steroids for fetal lung maturity between 24-34 weeks of gestation. If secondary bacterial infection persists, antibiotics which are non-teratogenic can be given.

Intensive Care –

Patient should be kept in observation. Pulse, blood pressure, respiratory rate, oxygen flow to be titrated to keep SpO₂ >94%. Fetal heart rate monitoring should be done.

For Pregnant Women in Labour –

If pulmonary involvement is there then beta-agonists should be avoided. There is no indication of termination of pregnancy in presence of covid19 as there is no risk of transmission to fetus. But in case of a critically ill patient, to relieve metabolic and pulmonary load, pregnancy can be terminated.

During labour, strict vigil to be maintained for breathlessness, tachypnoea and tachycardia or hypoxia, intensive care may be required anytime. IV fluids should not be given. Electronic fetal monitoring should be done continuously.

Second stage of labour should be cut short to prevent mother from exhaustion and to prevent mother from putting extra efforts if there is respiratory involvement. Some theories recommend immediate cord clamping whereas some say delayed cord clamping is better.

Neonatal resuscitation table should be kept away (at least 2 metres) from delivery table.

Epidural or spinal anaesthesia minimizes the need of general anaesthesia if urgent delivery is needed.

Postnatal Care –

There is a major risk of transmission through contact with maternal infectious respiratory secretions. Newborn should be kept away temporarily from the covid19 positive mothers. If there is no one other than mother to take care of newborn then, mother should put on a facemask which should remain intact and do hand hygiene before each feed and other close contact with the newborn.

During temporary separation, breastfeed should be initiated through expressing of breastmilk using breast pump. All precautions should be taken so that breast milk do not get contaminated.

CONCLUSION –

Suitable management should be provided in order to give support to pregnant covid19 patient with adequate protection for healthcare workers.

Clinical recommendation should be derived from the current practice rather than from previous epidemics.

Pregnancy is a high risk group for this infection and all the precautions should be taken to prevent the spread to newborn.

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CONFLICTS OF INTEREST –

There is no conflict of events with these topics.

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