

COVID-19 and Pregnant Healthcare Workers

Currently the information on COVID-19 and pregnancy is extremely limited. The answers to the following questions are based on expert opinion, national guidance documents, and a few limited case series. As new data emerges these recommendations may be revised.

1. Are pregnant women more susceptible to infection, or at increased risk for severe illness, morbidity, or mortality with COVID-19, compared to the general public?

Pregnant women experience immunologic and physiologic changes that might make them more susceptible to viral respiratory illness. Pregnant women may also be at increased risk for complications compared to the general population as has been as observed in other coronavirus (SARS, MERS) and influenza. While the available literature is extremely limited, early reports suggest this may not be the case with COVID-19. Most infections in pregnancy have demonstrated mild symptoms typical of younger persons infected with a virus and have not required hospitalization.

2. Are pregnant women with COVID-19 at increased risk for adverse pregnancy outcomes?

At this time there is very limited data regarding risks associated with infection in pregnancy. Data on the adverse effects of maternal fever is conflicting. Pregnancy loss, including miscarriages and stillbirth, was observed in other coronavirus infections (SARS, MERS). At this time the data on pregnancy outcomes is extremely limited, but there does not seem to be an increased risk of miscarriage, early pregnancy loss, or adverse pregnancy outcomes.

3. Can pregnant women with COVID-19 pass the virus to their fetus or newborn?

Transmission of viruses can occur either transplacentally with maternal viremia or can occur from exposure to maternal body fluids such as blood, saliva, respiratory droplets or breastmilk. Vertical transmission of other coronavirus such as MERS or SARS and has not been reported. A small case series evaluating infants born to mothers with COVID-19 infection found none of the infant's tested positive for the virus. The virus has not been detected in amniotic fluid or breastmilk, but the number of women evaluated in these studies was extremely limited.

4. Are pregnant healthcare personnel (HCP) at increased risk for adverse events if they care for patients with COVID-19?

Studies of non-pregnant individuals suggest that appropriate use of personal protective equipment (PPE) can effectively prevent transmission of COVID-19. Pregnant women should adhere to all appropriate infection control practices to protect themselves from infection. As infection can be prevented by using the appropriate PPE and there does not appear to be an increased risk of adverse outcomes in pregnant women, there are no restrictions on pregnant HCP participation in care for suspected or defined COVID-19 patients.