



Update on COVID-19 and Pregnant Health Care Personnel Guidelines

Our Infectious Disease experts reviewed the information currently available on COVID-19 and pregnancy. Their answers to some frequently asked questions are included in this document for your information. Additionally, we want to provide colleagues guidance on how these recommendations will be managed through the Nebraska Medicine benefits program.

Currently the information on COVID-19 and pregnancy is remains limited however, assessment of the expanding literature continues to further our understanding of this viral illness. The answers to the following questions are based on expert opinion, national guidance documents, and published case series. As new data emerges these recommendations may be revised. This update is supported by the American College of Obstetrics and Gynecology (ACOG) and the Society of Maternal-Fetal Medicine (SMFM).

Note: Our Infectious Disease expert continue to emphasize that caring for a COVID-19 patient requires use of PPE and standard precautions, like other infectious diseases we treat. The health system will continue to provide appropriate PPE and employee safety continues to be a top priority.

Frequently-asked Questions: COVID-19 and Pregnant Health Care Personnel

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 illnesses. While the rate of asymptomatic infection is relatively high in pregnancy, symptomatic pregnant women with COVID-19 appear to be at increased risk of more severe illness compared with nonpregnant peers similar to other respiratory viruses (MERS, SARS, influenza). Most who do develop symptoms will have relatively mild symptoms typical of younger persons infected with the virus and will not require hospitalization. Similar to non-pregnant individuals those with underlying conditions such as obesity and diabetes may be at increased risk of more severe disease. The absolute risk of severe disease due to COVID-19 is still very low and actually much lower than that of influenza.

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

There continues to be limited data regarding risks associated with infection in pregnancy. Data on the adverse effects of maternal fever is conflicting. It is recommended that a detailed ultrasound be considered at 20 weeks for women who were positive for COVID-19 in the first trimester. Pregnancy loss, including miscarriages and stillbirth, was observed in other coronavirus infections (SARS, MERS). There is not enough data to assess these outcomes with COVID-19. Disruption of medical care in pregnancy may increase risk of complications in the third trimester.

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

Rare cases of transmission of viruses with maternal viremia in the third trimester have been documented. It is felt this is a very uncommon form of transmission and likely seen only in severe maternal disease near the time of delivery. Transmission to infants due to exposure to respiratory droplets after birth remains a concern. Discussion with your health care provider regarding this risk is recommended. Current national guidelines support utilizing hand hygiene, masking and distancing from your infant if you are actively infected with COVID-19. A shared decision making model for newborn care is strongly recommended.

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

There is no evidence to support increased risk to HCP who care for COVID patients, provided they wear appropriate personal protective equipment (PPE). Appropriate use of PPE can effectively prevent transmission of COVID-19. Current Nebraska Medicine PPE guidance is in line with recommendations by the CDC and ACOG. 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 there are no restrictions on pregnant HCP participation in care for suspected or defined COVID-19 patients.

5. **Can pregnant women who are approaching the end of their pregnancy continue to work?**

It is clear that the greatest risk to healthcare workers is from contact outside of the patient care environments and that transmission from patients is exceedingly uncommon. Our experts recommend that pregnant health care personnel should utilize appropriate PPE at all times when caring for patients. Strict social isolation is recommended in the last 2 to 3 weeks of pregnancy, typically 37 weeks into the pregnancy, to decrease the risk of community acquired infection. Discontinuation of work is no longer recommended. This update is supported by the American College of Obstetrics and Gynecology (ACOG) and the Society of Maternal-Fetal Medicine (SMFM).