

AOFOG statement on COVID 19 in Pregnancy

(Updated on 10th November 2022)

There had been an increased number of maternal deaths and increased perinatal morbidity and mortality seen during the Covid 19 pandemic over the past few years.

However, Covid 19 Vaccination in pregnant and lactating women has been shown to reduce the number of hospital admissions and maternal morbidity and mortality in countries where vaccination is effective.

The National Institute of Health's Covid 19 treatment Guideline recommends against withholding COVID-19 treatments or vaccination from pregnant or lactating individuals specifically because of pregnancy or lactation.

According to data from 30 pediatric hospitals in the United States during a period of Delta and Omicron variant circulation, maternal completion of two doses of a primary mRNA COVID-19 vaccination series during pregnancy was associated with reduced risk for COVID-19 hospitalization among infants <6 months of age (vaccine efficacy 52 percent) [1].

Vaccine efficacy was lower during circulation of the Omicron variant than during the Delta-predominant period (38 versus 80 percent) and higher when the second vaccine dose was given after 20 weeks of gestation compared with before 20 weeks (69 versus 38 percent). Vaccine efficacy against admission to an ICU for COVID-19 was 70 percent, 90 percent of the infants admitted to an ICU for COVID-19 were born to mothers who were unvaccinated, and the only two infants who died were born to unvaccinated mothers.

Although most (>90 percent) infected pregnant women recover without undergoing hospitalization, rapid clinical deterioration can occur, and symptomatic pregnant women appear to be at increased risk of severe disease and death compared with symptomatic nonpregnant women of reproductive age [2].

Risk factors for severe disease and death in pregnancy include older age (especially ≥ 35 years), obesity, preexisting medical comorbidities (particularly hypertension, diabetes, or more than one comorbidity), and being unvaccinated[3]

Newborn outcome — Over 95 percent of newborns of SARS-CoV-2-positive mothers are uninfected and in good condition at birth. Some newborns of infected mothers have developed symptoms of mild infection (i.e., not requiring respiratory support), and most of these cases have been attributed to transmission from respiratory droplets postnatally when the neonates were exposed to mothers or other caregivers with COVID-19.

In general, the therapeutic management of pregnant patients with COVID-19 should be the same as for nonpregnant patients, with a few exceptions:

The use of antivirals in COVID-19 infection in pregnancy

Ritonavir-boosted nirmatrelvir (Paxlovid) should be offered to pregnant and recently pregnant patients with COVID-19 who qualify for this therapy based on the results of a risk-benefit assessment. The risk-benefit assessment for using ritonavir-boosted nirmatrelvir in pregnant patients may include factors such as medical comorbidities, body mass index, vaccination status, and the number and severity of the risk factors for severe disease. Obstetricians should be aware of potential drug-drug interactions when prescribing this agent.

Lactation is not a contraindication for the use of ritonavir-boosted nirmatrelvir.

Remdesivir should only be considered in pregnant women with COVID-19 who are not improving or who are deteriorating

Hydroxychloroquine, lopinavir/ritonavir, and azithromycin should not be used as they are ineffective for treating COVID-19 infection

The use of molnupiravir for the treatment of COVID-19 in pregnant patients, unless there are no other options and therapy, is clearly indicated. Effective birth control is recommended for people of childbearing potential while on molnupiravir. Men are recommended to use contraception while on the drug and for 3 months afterward. [4]

Covid-19 remains a major issue for women, not only the immediate impact on individuals but the wider effect on society with the increase in domestic violence, the increase in mental health issues, and the socioeconomic impact on society over the past two years.

REFERENCES

[1] *Maternal Vaccination and Risk of Hospitalization for Covid-19 among Infants.*

Source - *N Engl J Med.* 2022;387(2):109. Epub 2022 Jun 22.

[2] *Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis.*

Source - *BMJ.* 2020;370:m3320. Epub 2020 Sep 1

[3] *Gestational diabetes mellitus and COVID-19: results from the COVID-19-Related Obstetric and Neonatal Outcome Study (CRONOS).*

Source - *Am J Obstet Gynecol.* 2022;227(4): 631.e1. Epub 2022 May 14.

[4] *NIH Covid 19 treatment Guidelines Last Updated: September 26, 2022*