

AOFOG Statement on COVID 19 in Pregnancy- 26th November 2020

There have been over 60 million confirmed cases of COVID-19, and the unfortunate milestone of over 1.43 million deaths globally has reached in October, 2020. Some of the AOFOG regional countries are badly affected with the pandemic and observed disturbance in provision of standard maternity care.

Evidence added on the possible increased incidence of stillbirths in women without symptoms suggestive of COVID-19 in the pandemic compared to pre pandemic periods.

- For asymptomatic women who test positive for SARS-CoV-2 on admission, continuous electronic fetal monitoring (CEFM) during labour using cardiotocography (CTG) is not recommended solely for this reason, and should only be used if it is required for another reason.
- Typical COVID-19 symptoms manifest less frequently in pregnant and recently pregnant women than non-pregnant reproductive aged women.
- Pregnant women with COVID-19 may be at increased risk of requiring intensive care than non-pregnant women
- pregnant women with COVID-19, who have pre-existing medical conditions, such as diabetes or chronic high blood pressure, or those who are older or overweight, are also more likely to suffer severe health complications due to COVID-19.
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- No known difference between the clinical manifestations of COVID-19 in pregnant and non-pregnant women of reproductive age. Rates of individual manifestations appear to be lower than in the general population. Less evidence on postpartum infection.

- Pregnant women with COVID-19 are more likely to deliver preterm and have their babies admitted to the neonatal unit. These outcomes may be influenced by iatrogenic causes. There is no evidence of confirmed mother-to-child transmission affecting the baby in utero or intrapartum.

Pregnant and postnatal women with mild COVID-19 may not require hospitalization unless there is concern for rapid deterioration or an inability to promptly return to hospital, isolation to contain virus transmission is recommended.

Women who have recovered from COVID-19 should be enabled and encouraged to receive routine antenatal and postnatal care, In accordance with national guidelines and recommendations of the health care team.

Health care providers must strengthen the existing facilities for catch up of missed ANC or PNC contacts or provision of essential elements micronutrients, immunization, contraception, birth registration

Medical interventions and mode of birth should be individualized based on obstetric indications and the woman's preferences. Delayed cord clamping is recommended.

Antenatal corticosteroid therapy for women at risk of preterm birth from 24 to 34 weeks of gestation is recommended.

In cases where the woman presents in preterm labour with mild COVID-19, the balance of benefits and harms for the woman and the preterm newborn should be discussed. This assessment may vary depending on the woman's clinical condition, her wishes and that of her family, and available health care resources. Mothers should not be separated from their infants unless the mother is too sick to care for her baby.

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Clinical management of COVID-19. 27 May 2020 WHO

<https://www.birmingham.ac.uk/research/who-collaborating-centre/pregcov/index.aspx>

