

AOFOG STATEMENT ON COVID-19 (Updated on 25 March 2020)

In the short time since our previous statement, the situation with regards to COVID 19 has changed very rapidly. It has now spread to more than 190 countries throughout the world, resulting in the WHO declaring it a pandemic on the 11th March 2020.

Wuhan province in China appears to be recovering with very minimal progression due to continued strict hygienic and health precautions coupled with possible herd immunity.

To date, only limited data is available on clinical presentation and perinatal outcomes after COVID-19 during pregnancy and puerperium. The large majority of women will experience only mild to moderate cold/flu like symptoms. Cough, fever and shortness of breath are other relevant symptoms. Only one case requiring extra corporeal membranous oxygenation has been reported. Asymptomatic transmission of COVID-19 may be possible and all pregnant women with epidemiologic history of contact should be carefully monitored and quarantined / self-isolated for two weeks.

There is still no good evidence of vertical transmission from mother to child-as evidenced by negative samples in vaginal secretions, cord blood, amniotic fluid and breast milk. There is uncertain evidence to show increased maternal and perinatal mortality or morbidity.

Pregnant mothers suspected of infection should be screened with the COVID-19 viral swab test and triaged according to the WHO guidance once diagnosed positive. Involvement of a multidisciplinary team is essential in comprehensive care and management for improved outcome. Continuous fetal monitoring is advised as there is potential for increased risk of fetal hypoxia in labour. Decisions on mode of delivery should be dictated by obstetric/medical indications. All Obstetric units are encouraged to develop a standard protocol in managing suspected or infected mothers in consultation with hospital administrators, midwifery staff, infectious disease physicians and intensivists to ensure a positive outcome for both patients and healthcare providers.

Breast feeding protects against morbidity and mortality in general and should be promoted in infected mothers with standard infant feeding guidelines. The use of a face mask by the infected mother in tandem with other general hygienic measures like hand washing is strongly advised while feeding to avoid transmission. Expressed breast milk can be used for infants of mothers isolated due to the severity of the respiratory illness. As always, decisions on infant feeding should be made in consultation with the family after adequate explanation of the pros and cons.

There has been increasing concern recently of exposure of health care providers to COVID 19. Needless to say, protocols for Personal Protective Equipment (PPE) should be in place for their adequate protection and safety.

Please refer to the link below to the recent WHO publication for further information and details.

[https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected)