



AOFOG statement on COVID 19 in Pregnancy

(Updated on 10th February 2022)

Several variants of the SARS-CoV-2 virus have emerged since the beginning of COVID 19 infection in Wuhan, China. The impact of infection with these variants are varying among pregnant women. However, vaccination in pregnancy has seen a reduction in the severity of complications among symptomatic COVID infected women with lesser numbers getting admitted to intensive care units. At present, it is unclear whether pregnancy will impact on the proportion of women who develop prolonged signs and symptoms after an acute SARS-CoV-2 infection, (so-called 'long COVID' or post COVID-19 condition).

The omicron variant may be associated with less severe disease than the delta variant, but it is more infectious, and it is still likely to be associated with adverse maternal and neonatal outcomes, especially in pregnant women who are unvaccinated.

- Symptomatic maternal COVID-19 is associated with an increased likelihood of iatrogenic preterm birth.
- COVID-19 may be associated with an increased incidence of small-for-gestational-age babies.
- It seems likely that neonatal morbidity for babies born to mothers with COVID-19 infection is linked to preterm birth rather than the COVID-19 infections itself.

While stillbirth remains a rare outcome, maternal COVID-19 infection is associated with an increased risk of stillbirth

Rare vaccine related side effect.

The rare syndrome of vaccine-induced thrombosis and thrombocytopenia (VITT) has been reported after the Oxford-AstraZeneca vaccine; it has also been reported after the Janssen vaccine. VITT is an unpredictable idiosyncratic vaccine reaction (not dissimilar to heparin- induced thrombocytopenia and thrombosis associated with heparin therapy) and it is not associated with any of the usual venous thromboembolism (VTE) risk factors. Although pregnancy increases the risk of coagulopathy there is no evidence that pregnant or postpartum women are at higher risk of VITT than non-pregnant women.

- The risk of VITT is therefore extremely low with a first dose of the Oxford-AstraZeneca vaccine (approximately 1:100 000),²⁴¹ and even lower with a second dose for those who were well after the first dose.
- SARS-CoV-2 antibodies in neonatal cord blood and in breast milk have been found following COVID-19 infection in pregnancy, and it may therefore be that passive immunity is conferred

- Vaccine-elicited antibodies have also been found in infant cord blood and breast milk following the administration of the COVID-19 vaccine. The degree of protection these antibodies confer to the neonate, however, is not known.

Therapeutics

- Baricitinib is being used in the treatment of severe COVID infected patients, however There is limited human data on the use of baricitinib (Janus kinase inhibitors) in pregnant women and it is not sufficient to inform drug associated risks for major birth defects or miscarriage. The decision regarding use of this therapeutic should be made between the pregnant individual and their healthcare provider while discussing whether the potential benefit justifies the potential risk to the mother and fetus.

References:

1. Coronavirus (COVID-19) infection and pregnancy. Published: 11/01/2022:

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/>

2. Therapeutics and COVID-19. Published 14 January 2022:

<https://www.who.int/publications/i/item/WHO-2019-nCoV-therapeutics-2022.1>