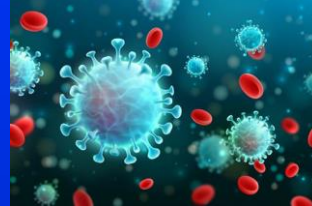


COVID-19 and Pregnancy

Questions and answers



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PARIS-DAMAS 26/10/2021

French-Syrian meeting about COVID 19



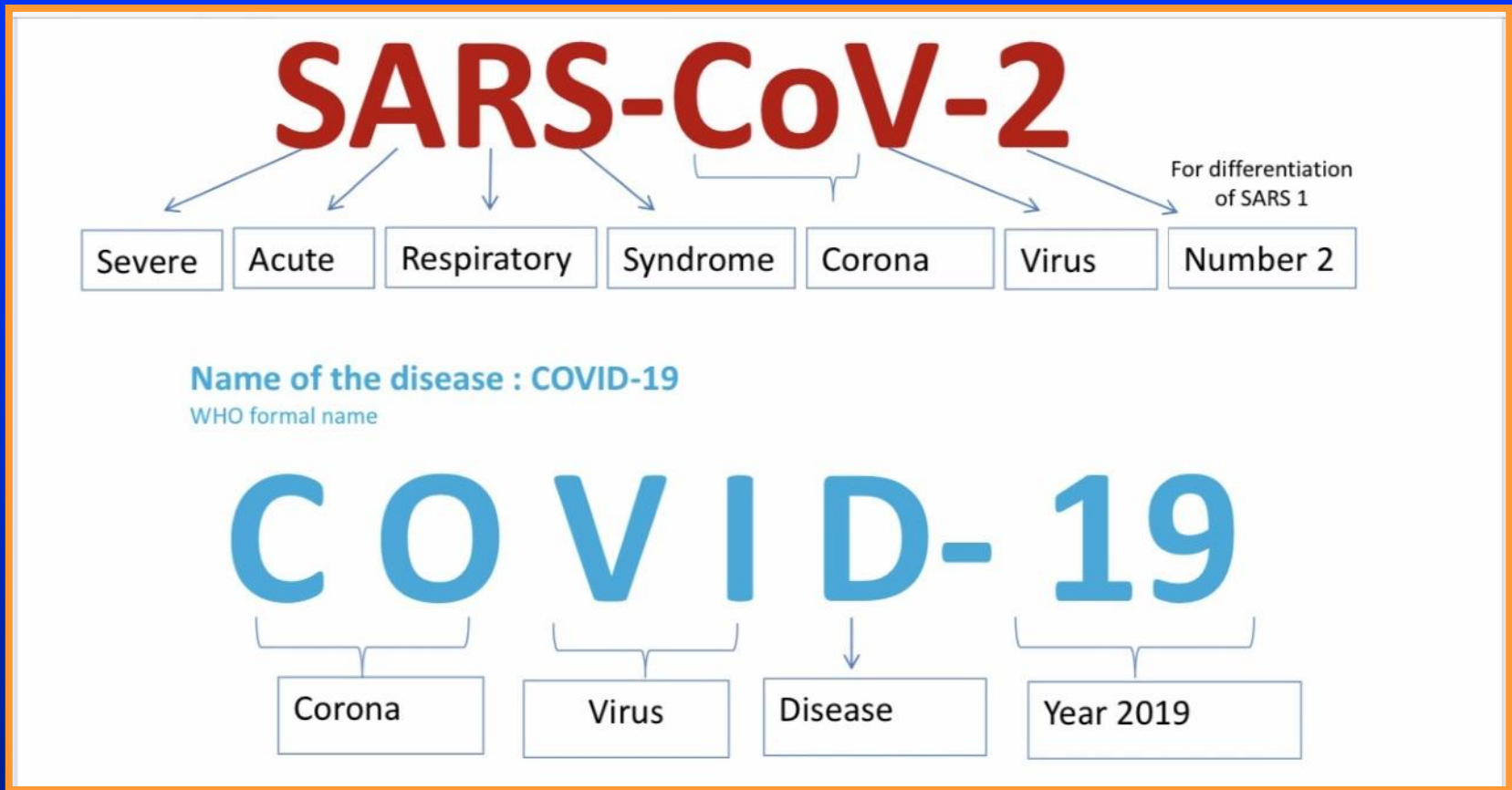
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up-to-date
18/10/2021

HAMID

INTRODUCTION



A virus is from the well-known family of Corona viruses, but it is a renewable virus completely different from its predecessors, and from here lies the difficulty of dealing with it in terms of the continued spread on a pandemic scale and the difficulty of making decisions about the management

PRENATAL CARE

1) Are pregnant women more susceptible to COVID-19 or at higher risk for complications of COVID-19?

- Pregnancy and childbirth generally do not increase the risk for acquiring SARS-CoV-2 infection
- Appear to worsen the clinical course of COVID-19 compared with non pregnant individuals of the same sex and age
- Most (>90 %) infected persons recover without undergoing delivery

PRENATAL CARE

2) Does COVID-19 increase the risk for pregnancy complications?

- Yes, infected women, especially those who develop pneumonia, appear to have :
 - ❖ An increased frequency of preterm birth (birth before 37 weeks of gestation)
 - ❖ Possibly cesarean delivery, (which is likely related to)
 - ❖ severe maternal illness.
- Most preterm births are iatrogenic (ie, induced labor or scheduled cesarean delivery).

PRENATAL CARE

3) Does SARS-CoV-2 cross the placenta?

- There is no definite evidence that SARS-CoV-2 crosses the placenta and infects the fetus :
 - ❖ A few cases of placental tissue or membranes positive for SARS-CoV-2 and
 - ❖ A few cases of possible in utero infection
- Some of the neonatal cases may have been positive test:
 - ❖ False-positive test results
 - ❖ Acquisition of infection soon after birth.
- Reports of COVID-19 infection in the neonate have generally described mild disease.

PRENATAL CARE

4) How can prenatal care be modified to decrease risk of contracting COVID-19?

- The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) support modifying traditional protocols for prenatal visits to:
 - ❖ Limit person-to-person contact
 - ❖ Thus help prevent spread of COVID-19.
- Modifications should be tailored for low- versus high-risk pregnancies (eg, multiple gestation, hypertension, diabetes)
- Modifications may include :
 - ❖ Telehealth in areas of active infection transmission,
 - ❖ Reducing the number of in-person visits, timing of visits,
 - ❖ Grouping tests (eg, aneuploidy, diabetes, infection screening)
 - ❖ Minimize maternal contact with others, restricting visitors during visits and tests, timing of indicated obstetric ultrasound examinations, and timing and frequency of use of nonstress tests and biophysical profiles.

PRENATAL CARE

5) Should glucocorticoids be avoided in pregnant women with COVID-19?

- No, pregnant women who meet criteria for use of glucocorticoids for maternal treatment of COVID-19 can receive standard doses of dexamethasone (6 mg/d for 10 days)
- For those who also meet criteria for use of antenatal corticosteroids for fetal lung maturity, we suggest administering the usual doses of glucocorticoids
- Corticosteroids used for respiratory disease such as asthma or other diseases can be given in the usual dose

VACCINATION / PRENATAL CARE

6) Are SARS-CoV-2 vaccines safe for pregnant women and women planning pregnancy?

- Yes. We recommend COVID-19 vaccination for pregnant women rather than deferring vaccination until after delivery.
- This recommendation is based on increasingly reassuring data regarding the safety and efficacy of COVID-19 vaccines during pregnancy
- As well as data that pregnancy itself is associated with an increased risk of severe infection
- The SARS-CoV-2 vaccines that are clinically available do not contain virus that replicates.
- Vaccination can occur at the same time as administration of a routinely administered vaccine, such as the influenza; a separation period is unnecessary.

VACCINATION+PREGNANCY ?!!

- The safety and efficacy of authorized COVID-19 vaccines in pregnancy have been established
- Safety data are accumulating from post marketing surveillance and studies
- ❖ Moderna COVID-19 vaccine prior to or during gestation, no safety concerns regarding female reproduction, fetal/embryonal development, or postnatal development were demonstrated.
- ❖ Pfizer-BioNTech COVID-19 vaccine did not indicate adverse effects with respect to fertility, pregnancy, embryo/fetal development, or postnatal development.
- ❖ AstraZeneca developmental and Reproductive Toxicity (DART) animal studies for the COVID-19 vaccine .
- ❖ Janssen COVID-19 vaccine at two times the human dose prior to or during gestation concluded there were no adverse effects on female reproduction, fetal/embryonal development, or postnatal development.

According to a report presented to the European Medicines Agency (EMA)
A US Food and Drug Administration (FDA)



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Vaccine

journal homepage: www.elsevier.com/locate/vaccine



Safety of components and platforms of COVID-19 vaccines considered for use in pregnancy: A rapid review



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LABOR AND DELIVERY

7) Is maternal COVID-19 an indication for cesarean delivery?

- No, COVID-19 is not an indication to alter the route of delivery.
- Even if vertical transmission is confirmed
- This would not be an indication for cesarean delivery
 - It would increase maternal risk
 - Would be unlikely to improve newborn outcome.

LABOR AND DELIVERY

8) Should planned induction of labor or cesarean delivery of asymptomatic women be postponed during the pandemic?

- No, in asymptomatic women, inductions of labor and cesarean deliveries with appropriate medical indications should not be postponed or rescheduled

9) How should labor pain be managed in women with COVID-19?

- A neuraxial anesthetic is generally preferred to other options for management of labor pain because it provides good analgesia and thus reduces cardiopulmonary stress from pain and anxiety.

<https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics> (Accessed on July 13, 2021)

2020 May 4;369:m1672. doi: 10.1136/bmj.m1672

LABOR AND DELIVERY

10) Can an asymptomatic partner/support person attend labor and delivery?

- Practices vary by institution.
- The support person should be screened in accordance with hospital policies,
- Should not be allowed to attend the labor and birth if :
 - ❖ Any symptoms consistent with COVID-19,
 - ❖ Exposure to a confirmed case within 14 days,
 - ❖ A positive test for COVID-19 within 14 days
- Additional support persons may be allowed or can be a part of the patient's labor and delivery via video

POSTPARTUM

11) How should the baby be evaluated?

- If the mother has known COVID-19
 - ❖ The infant is a COVID-19 suspect
 - ❖ Should be tested,
 - ❖ Isolated from other healthy infants
 - ❖ Cared for according to infection control precautions for patients with confirmed or suspected COVID-19

WHO scientific brief. Definition and categorization of the timing of mother-to-child transmission of SARS-CoV-2. February 8, 2021 <https://www.who.int/publications/i/item/WHO-2019-nCoV-mother-to-child-transmission-2021.1> (Accessed on February 11, 2021).

POSTPARTUM

12) Should mothers with COVID-19 be separated from their baby?

- Generally no because the newborn's risk for acquiring SARS-CoV-2 from the mother is low
- Data suggest no difference in risk of neonatal SARS-CoV-2 infection whether the neonate is cared for in a separate room or remains in the mother's room.
- Mothers should wear a mask and practice hand hygiene during contact with their infants. At other times,
- Physical distancing >6 feet between the mother and neonate or placing the neonate in an incubator is desirable when feasible.

POSTPARTUM

13) How long should mother-baby precautions at home continue after recent infection?

➤ Previously symptomatic mothers with suspected or confirmed COVID-19 ;

- ❖ At least 10 days have passed since their symptoms first appeared (up to 20 days if they have more severe to critical illness or are severely immunocompromised).

- ❖ At least 24 hours have passed since their last fever without the use of antipyretics.

- ❖ Their other symptoms have improved.

➤ For asymptomatic mothers identified only by obstetric screening tests :

- ❖ At least 10 days should have passed since the positive test.

POSTPARTUM

14) Can breast milk transmit SARS-CoV-2?

- There is general consensus that breastfeeding should be encouraged because of its many maternal and infant benefits.
- It is unknown whether SARS-CoV-2 can be transmitted through breast milk because very few breast milk samples have been tested.
- In a World Health Organization (WHO) study, breast milk samples from 43 mothers were negative for SARS-CoV-2 by (RT-PCR) and samples from 3 mothers tested positive,
- Specific testing for viable and infective virus was not performed.

POSTPARTUM

15) What precautions should mothers with confirmed or suspected COVID-19 take when breastfeeding?

- Droplet transmission from infected mothers to their baby could occur through close contact during breastfeeding.
- Mothers can take precautions to prevent this by performing hand and breast hygiene and using a face mask
- In a study from New York City that tested and followed 82 infants of 116 mothers who tested positive for SARS-CoV-2,
 - ❖ No infant was positive for SARS-CoV-2 postnatally, although most roomed-in with their mothers and were breastfed.
 - ❖ The infants were kept in a closed isolette while rooming-in,
 - ❖ Mothers wore surgical masks while handling their infants
 - ❖ Hand and breast washing protocols.

POSTPARTUM

16) Can pregnant and postpartum women with COVID-19 take NSAIDs and acetaminophen?

- Yes, nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen can be used for treatment of fever and pain during pregnancy and postpartum.

Vaccination / POSTPARTUM

17) Are SARS-CoV-2 vaccines safe for breastfeeding women?

- Yes. We recommend COVID-19 vaccination for breastfeeding women rather than deferring vaccination until after breastfeeding.
- Maternal COVID-19 antibodies induced by maternal vaccination can pass into breast milk and may have protective effects for the infant

18) What about Safety of antiviral drug therapy ?

- Several agents are being used and evaluated for treatment of COVID-19.
- Some of these agents are clinically available for other indications, their use for COVID-19 remains investigational.
- Very few trials of drugs for treatment of COVID-19 include pregnant people (eg, SOLIDARITY trial , RECOVERY trial)
- The use of antiviral drugs for treatment of COVID-19 is must reviewed in detail separately.
- Decisions about tocilizumab administration during pregnancy should involve shared decision-making, considering potential maternal benefit and lack of information on fetal risks.

*Public health emergency SOLIDARITY trial of treatments for COVID-19 infection in hospitalized patients. <http://www.isrctn.com/ISRCTN83971151> (Accessed on July 20, 2020)

*RECOVERY. Randomised Evaluation of COVID-19 Therapy. <https://www.recoverytrial.net/> (Accessed on July 20, 2020)

*National Health Service. Interleukin-6 inhibitors (tocilizumab or sarilumab) for hospitalised patients with COVID-19 pneumonia (adults). February 17, 2021. <https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103144> (Accessed on February 19, 2021)

19) What diet recommendations ?

Aim to have **5*** handfuls of **fruit and vegetable** from this group each day



Getting enough vitamin and minerals:

Eat with the rainbow; different colours provide different **vitamins and minerals**.

Aim to have **3** hand size items from this **Protein** group daily



Beans, pulses, fish, eggs, meat and other proteins.
Eat more beans and pulses, less red and processed meat.

Aim to have **3** thumb size items from this **Dairy*** group daily



***If you want to gain weight choose the full fat and full sugar versions.**



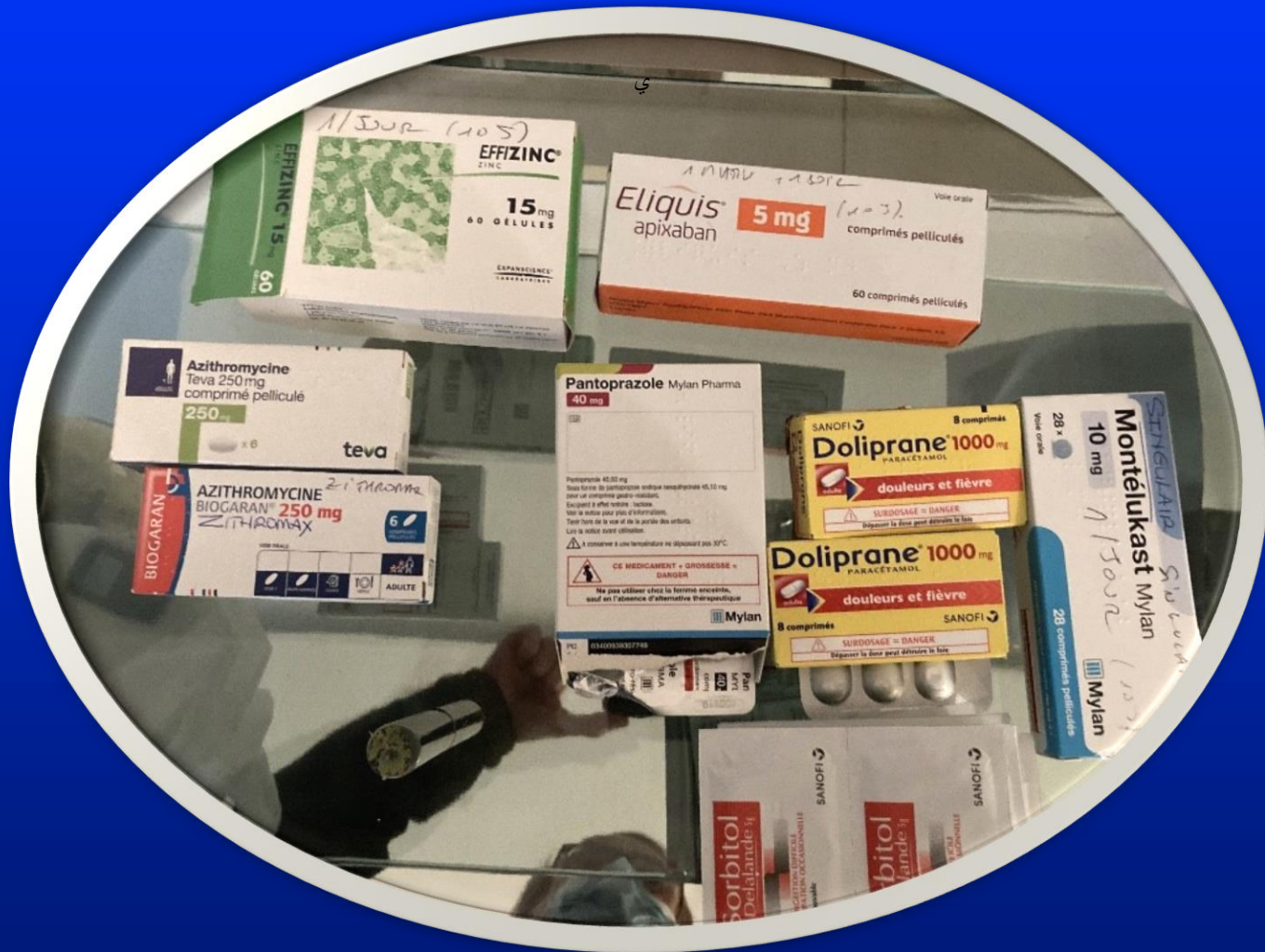
20) What about Smoking and COVID-19?

- Smoking tobacco products increase your risk of infection due to the harm caused to your immune system and lungs.
- Smoking is linked with poorer outcomes in COVID-19.
- Its never too late to stop.
- By stopping you can see benefits within some days



Conclusion

Be careful





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