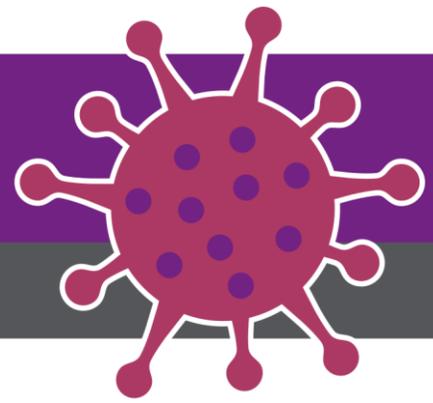


CORONAVIRUS DISEASE 2019 (COVID-19)

Pregnant Healthcare Personnel



Audience: Pregnant Healthcare Personnel

Date Issued / Revised: 3/17/2020

Version: 1.0

According to ACOG, ..."**Currently available data on COVID-19 does not indicate that pregnant women are at increased risk...** The Royal College of Obstetricians and Gynaecologists (RCOG) likewise states, " **Pregnant women do not appear to be more susceptible to the consequences of infection with COVID-19 than the general population...**" There is clear evidence that pregnant women are at increased risk for severe illness from **influenza** compared to non-**pregnant** women of reproductive age and therefore important to assure receipt of seasonal influenza vaccine [Lindley MC, et al. 2019].

- Pregnant healthcare personnel (HCP) should follow the same risk assessment and infection prevention and control practices, Droplet + Contact + Standard precautions, as any other, non-pregnant HPC when caring for patients with suspected or confirmed COVID-19. Adherence to recommended infection prevention and control practices is an important part of protecting all HCP in healthcare settings.
- Pregnant healthcare personnel can discuss concerns about COVID-19 with their supervisor, Employee Health, and Infection Prevention and Control.
- If possible and based on staffing availability, colleagues who are pregnant should review assignments with their supervisor prior to providing those types of care activities that produce a higher concentration of respiratory secretions (e.g., aerosol-generating procedures). If there are alternative personnel that can provide these, then use this option.
- If staffing levels don't permit reassignment – use the infection prevention precautions, especially Standard precautions for care of all patients as some patients do not have the usual signs and symptoms of infection, including COVID-19. Atypical presentation has been described so it is important to always keep hands clean use PPE based on the type and nature of care being provided for those who are or are not on isolation precautions.
- Additional information from the RCOG:
 - Based on present knowledge, pregnant healthcare professionals are no more personally susceptible to the virus or its complications than their non-pregnant colleagues. However, infection with COVID-19 may pose some risks to a pregnant woman's unborn baby: there is a possible risk of fetal growth restriction and a risk of premature birth for the health of the mother and baby, should the mother become seriously unwell. We therefore advise all pregnant healthcare professionals, especially those in high risk areas, to discuss their individual circumstances with their local Occupational Health (employee health) department.

- The clinical characteristics of COVID-19 in pregnant women have been similar to those reported for non-pregnant adult patients based on available research. Findings from one small group of cases suggest that there is currently no evidence for intrauterine infection caused by vertical transmission in women who develop COVID-19 pneumonia in late pregnancy [Chen H, et al. *The Lancet*, Volume 395, Issue 10226, 7–13 March 2020, Pages 760-762]
- There are currently no data suggesting an increased risk of miscarriage or early pregnancy loss in relation to COVID-19. Case reports from early pregnancy studies with SARS (2003) and MERS (2012), also caused by newly emergent coronaviruses, do not demonstrate a convincing relationship between infection and increased risk of miscarriage or second trimester loss. As there is no evidence of intrauterine fetal infection with COVID-19 it is therefore currently considered unlikely that there will be congenital effects of the virus on fetal development. There are case reports of preterm birth in women with COVID-19, but it is unclear whether the preterm birth was always iatrogenic, or whether some were spontaneous.

References:

1. **ACOG.** <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/Practice-Advisory-Novel-Coronavirus2019?IsMobileSet=false>
2. **RCOG.** <https://www.rcog.org.uk/coronavirus-pregnancy>
3. **Lindley MC, et al.** [MMWR Morb Mortal Wkly Rep.](#) 2019 Oct 11;68(40):885-892