

Pregnant? Here's what to watch for during the pandemic

Pregnancy is a time of happy-waiting for most mothers, but the coronavirus pandemic has turned anticipation to anxiety. Worry about contracting COVID-19 tops the list, but it's certainly not the only concern.

Obstetric care, like the rest of the health system, has had to adapt to this new enemy. Those changes, along with the accompanying uncertainty, can make the most straightforward decision exponentially more complex.

Doctors' office hours have changed. Some routine prenatal visits have moved to the virtual world. And hospital policies of who gets to be with the mother during labor and delivery have been altered.

But here's the good news:

"So far, what we're seeing is that pregnant women who have COVID-19 have similar outcomes and rates of recovery as the general population," says Anna Sfakianaki, M.D., a maternal-fetal medicine specialist with the University of Miami Health System. "This has made us, to some extent, feel better in the OB community."

She adds that expectant mothers who catch the flu appear to present with more severe disease than those with the novel coronavirus, though she's quick to point out that this depends on trimester. Doctors still don't know why. So much remains unknown, and the clinical landscape changes rapidly. Since the outbreak, Dr. Sfakianaki has helped treat some OB



patients with COVID-19, and about half were asymptomatic. The remainder made full recoveries and all the babies are well. There does appear to be a higher likelihood that a woman with COVID-19 may need a cesarean delivery. UHealth obstetricians are working closely with the neonatal intensive care unit (NICU) at Jackson Memorial Hospital to prepare for emergencies. High-risk patients are also receiving counseling via telehealth visits.

The team rolled out the C.U.S.P. protocol - COVID-19 Universal Screening of Patients - which means that all patients, as well as their designated labor support person presenting for admission to Labor and Birth at JMH, are being tested for coronavirus. Because this is a developing crisis, no one knows if pregnant women are more at risk or if they experience symptoms differently. They are even unsure whether or not the virus is passed onto the fetus while in utero.

Weeks ago, the World Health Organization (WHO) reassured pregnant women that there was no evidence they were at a higher risk for severe COVID-19 symptoms. In a March statement, the American College of Obstetricians and Gynecologists did not issue specific recommendations. Still, they did warn that "pregnant women are known to be at greater risk of severe morbidity and mortality from other respiratory

infections such as influenza and SARS-CoV. As such, pregnant women should be considered an at-risk population for COVID-19.”

Initial research out of China seems to point to the assessment that expectant mothers — and their babies — are no more at risk than the general population.

A study of 38 pregnant COVID-positive women did not find that their symptoms were worse than those exhibited by the general population. No maternal deaths or transmission to the babies were reported.

As for transmissions, reports suggest that the risk an infected mother will pass the virus to her baby — what doctors call vertical transmission — is low. One study of nine COVID-positive pregnant women in their third trimester found that one baby tested positive, but tests of the placenta and umbilical cord were negative. Experts speculate that the newborn could’ve contracted the virus after being born, not in the womb.

A third study from China, published in JAMA Pediatrics in March, reported that three of 33 babies born to infected mothers tested positive after birth. Though they developed pneumonia, two full-term infants recovered within a few days.

The drawback to these studies, however, is sample sizes are small, and therefore experts are reluctant to draw hard-and-fast conclusions. Like other OBs, Dr. Sfakianaki is calling for more testing, more studies, and more data. “Right now, we just don’t have enough information,” she adds.

To address this data shortfall, Dr. Sfakianaki and her UHealth colleagues launched a trial to determine the seroprevalence (the measure of a pathogen in blood serum) of COVID-19 in the obstetric community. It will assess if vertical transmission does

indeed occur and to what extent. Internal funding from the Miller School of Medicine is providing resources to test both pregnant women and their infants for particular antibodies that show if either mother or infant — or both — currently have the virus or have had it in the past.

She worries, however, that expectant mothers may forego essential prenatal visits and tests for fear of going to their doctors' offices. They shouldn't. "In the hospital and clinic, we have a high standard for disinfection," she says. "We also try to space the visits as much as is medically safe." When warranted, UHealth OBs are coupling doctor visits with essential ultrasounds to limit the number of times a pregnant woman must venture out.

Dr. Sfakianaki suggests pregnant women should:

- **Stay inside when possible.** Get help from a partner or delivery service for groceries and other outside chores. Following the Centers for Disease Control and Prevention guidelines — washing your hands, not touching your face, social distancing — reduces the chances of contracting the virus.
- **Check with your doctor about policies for office visits.** Many are moving to telehealth appointments, particularly for healthy patients. Make sure to write down questions and concerns to share with your healthcare provider during this virtual visit.
- **Dress for the occasion** — in other words, when you must go out for, say, an ultrasound or an in-person doctor visit, wear a mask, as per CDC guidelines. When you return home from anywhere, always remove your clothes before going into the house and launder them. Wash your hands. Regularly disinfect high-traffic touch areas, such as doorknobs and countertops. Remember that touching your mask is like touching your face. Try not to do it.
- **Immediately call your doctor if you develop any COVID-like**

symptoms. Most likely, if you have mild manifestations, you will be told to rest and self-isolate at home, and take acetaminophen for fever relief. Also, testing may be arranged by drive-thru. Staying hydrated, says Dr. Sfakianaki, is essential while pregnant. Dehydration can lead to early contractions. Your doctor may refer you to the hospital if your symptoms are more urgent — a high fever or shortness of breath, for example.

- Check with the hospital and your obstetrician about the evolving **policies for visitors during childbirth.** Partners, or a designated person, can be with the mother during labor and delivery at Jackson Memorial Hospital. Those visitors are screened for potential COVID-19 symptoms, as are the mothers.

“Now more than ever, pregnant women have to be in contact with their OBs,” says Dr. Sfakianaki. “If patients need to be seen, they need to be seen, and they should know that. We’re here for them.”

Ana Veciana-Suarez, Guest Columnist



Ana is a regular contributor to the University of Miami Health System. She is a

renowned journalist and author, who has worked at The Miami Herald, The Miami News, and The Palm Beach Post. Visit her website at anavecianasuarez.com or follow @AnaVeciana on Twitter.

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