

Pregnancy and COVID-19

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The COVID-19 pandemic has led to vast changes in how healthcare is delivered. This has left many pregnant patients uncertain of how their care through pregnancy and delivery will be affected. Becky Taylor speaks to Emma Watson, who is currently nearing the end of her pregnancy, about pregnancy and COVID-19 to answer some common questions and concerns.

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About Emma Watson

Emma Watson has worked as the antimicrobial stewardship pharmacist at Royal Prince Alfred Hospital for 6 years. She has a Master of Pharmacy and a Bachelor of Biotechnology from the [University of Newcastle](#). She is particularly interested in [infectious diseases](#) and infection control and is passionate about the appropriate use of antimicrobials in all aspects of medicine.

Emma enjoys travelling, swimming and dragon boating and prior to falling pregnant was starting to get into running.

She recently started maternity leave and is excitedly awaiting the birth of her first child who is due this month.

About Dr Becky Taylor

Dr Becky Taylor is a 5th year Obstetrics & Gynecology trainee. Originally hailing from the UK, she trained at the University of Edinburgh where she also completed her internship and residency, before moving to Australia. Becky undertook her basic Obstetrics & Gynecology training at Royal Prince Alfred Hospital in Sydney and was working in the Solomon Islands before [COVID-19](#) forced her to return home.

When she's not knee-deep in amniotic fluid she is a keen swimmer and free diver, a terrible cook and married to an anaesthetist she met at a Cat One Caesarean.

Pregnancy and COVID-19

With Dr Becky Taylor, Obstetrics & Gynecology Registrar, and Emma Watson, Antimicrobial Stewardship Pharmacist, Royal Prince Alfred Hospital, New South Wales, Australia

Introduction

Pregnancy is a time of immense anticipation and excitement, and involves frequent interaction with the health system. The COVID-19 pandemic has led to vast changes in how healthcare is delivered, leaving many pregnant patients uncertain of how their care through pregnancy and delivery will be affected. Becky speaks to Emma Watson, who is currently nearing the end of her pregnancy, to answer some common questions and concerns.

1. What are some common concerns of patients who are pregnant during COVID-19?

- Changes in how antenatal care is provided, with the shift from face-to-face to telehealth appointments.
- Sense of missing out on important parts of the pregnancy journey, for example partners being unable to attend scans, or restriction of visitors in birthing units.
- Worry about potential effects of infection, for mother and baby.
- Concerns about the postnatal period, e.g. availability of support services and social isolation.

2. Specific effects of COVID-19 in pregnancy

- Are pregnant women more likely to become sick if infected?
 - Considered at risk, due to physiological changes of pregnancy affecting the respiratory system.
 - Concerns about increased susceptibility to severe infection result from previous respiratory pandemics. Evidence specific to COVID-19 is developing, but thus far reassuring.
- What are the risks to the foetus?
 - First trimester: evidence regarding postnatal outcomes is not available, but no increase in miscarriages has been noted.
 - Second and third trimesters:
 - COVID-19 infection may lead to increased rates of preterm birth, but it is hard to say whether this is a direct or indirect.
 - There may be an association with growth restriction where COVID-19 has led to hypoxia.
 - Postnatal: vertical transmission is theoretically possible but there are minimal cases recorded, and infected babies have mostly had very mild infections.

3. What changes should pregnant women make?

- Should pregnant women stop working due to COVID-19?
 - Pregnant women are encouraged to work from home where possible and should follow government advice regarding hand hygiene and social distancing.
 - Healthcare workers beyond 28 weeks gestation should avoid face-to-face work if possible, and should avoid working in high-risk areas.
- Should women self-isolate before their due date?
 - This should not be necessary if observing social distancing.
- What happens if a woman has a suspected or confirmed COVID-19 infection?
 - If a patient is in quarantine, has had contact with a confirmed case or is otherwise suspected of COVID-19, they should not attend routine appointments in person.
 - They should still present to the Emergency Department or delivery ward if unwell, in labour or any other concerns, but should phone ahead first to allow staff to prepare.

4. How does the COVID-19 situation affect the delivery?

- What precautions are in place?
 - Most facilities have limits of one visitor per patient, and ask that children do not visit.
 - RANZCOG recommends that healthcare workers wear masks, goggles, gowns and gloves during the second stage of labour to reduce the risk of transmission.
- Have there been any changes to the birth process?
 - Policies on the use of inhaled anaesthetics vary by location.
 - The mode of delivery (i.e. vaginal birth or caesarean section) should not be affected.

5. Are there any changes to the postnatal period?

- Can COVID-19 be transmitted by breastfeeding?

- Droplet transmission is possible due to the physical proximity of breastfeeding; there is no evidence that the virus is found in breast milk.
- The benefits of breastfeeding likely outweigh the risks, and patients who test positive are encouraged to breastfeed while wearing a mask if well enough.
- How will COVID-19 affect families leaving the hospital?
 - Early discharges are encouraged if the family is ready, but no patient should be sent home until they are ready for this.
 - Once at home, visitors should observe social distancing and new families are encouraged to limit the number of people visiting.

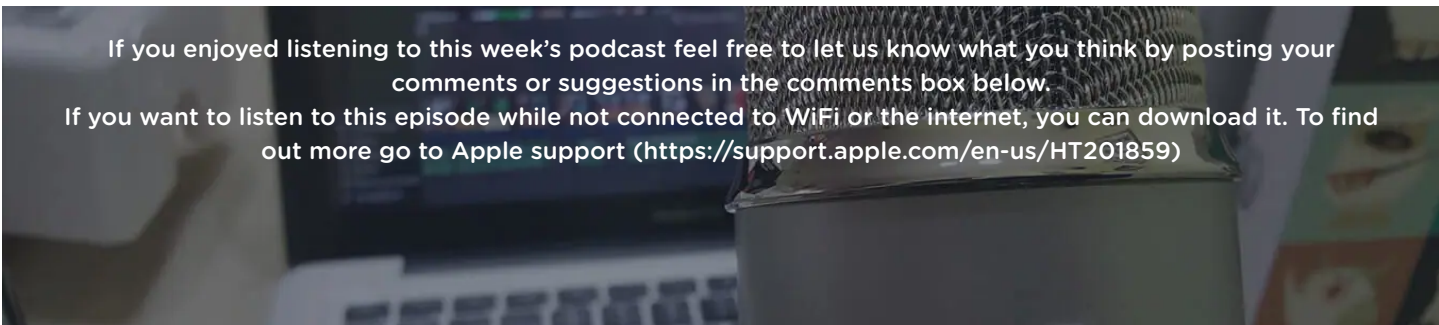
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