

COVID-19 Obstetrical Patient information Sheet

Please Note: Most advice for pregnant women is similar to the advice for the general population in the United States. Information is rapidly evolving. Information accumulated from MGH FAQ 1, Centers for Disease Control and Prevention 2 and ACOG COVID-19 Practice Advisory 3.

Q: Are pregnant women more susceptible to infection or at increased risk for severe illness, morbidity or mortality with COVID-19?

A: Pregnant women are more susceptible generally to severe illness in outbreaks of other related coronavirus infections (SARS-CoV, MERS-CoV) as well as influenza. Limited data from China, however, do not show a greater risk for acquisition or severity of COVID-19 in pregnant women compared to other adults. (1)

Q: Can I pass COVID-19 to my fetus during pregnancy?

A: To date there is no evidence for mother to baby infection among women diagnosed with COVID-19. Limited information is available about intrauterine transmission for other coronaviruses (MERS-CoV and SARS-CoV), but mother to baby transmission has not been reported for these infections either. Infants can acquire COVID-19 through respiratory droplet transmission (through the air), just as adults can. Adults with possible or confirmed infection who are caring for newborn infants should follow CDC guidance, including for breastfeeding.(1)

Q: Can I breastfeed if I have confirmed COVID-19 or am under investigation for COVID-19?

A. Breast milk is the best source of nutrition for most infants. However, much is unknown about COVID-19. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare providers. A mother with confirmed COVID-19 or who is a symptomatic PUI should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed breast milk to the infant. (2)

In limited case series reported to date, no evidence of virus has been found in the breast milk of women infected with COVID-19; however, it is not yet known if COVID-19 can be transmitted through breast milk (ie, infectious virus in the breast milk). (3)

Q: I am pregnant and a healthcare worker. Should I avoid caring for patients that may be infected with COVID-19?

A: There is no recommendation to specifically prohibit pregnant employees from caring for patients with suspected or confirmed COVID-19. However, pregnant healthcare personnel should follow best hand hygiene practices, standard precautions and be aware of all updated infection control guidelines for their health care facilities to keep themselves and others safe in the healthcare environment. (1)

Q: I am pregnant and planning to travel this spring/summer. Should I cancel my trips?

A: The impact of COVID-19 in the U.S. and around the globe is evolving quickly. All patients should avoid travel to areas designated with a Level 2 or Level 3 CDC travel warning. Pregnant women should consider avoiding all non-essential travel, domestically or internationally. Patients should be aware that they may be subject to travel restrictions, disruptions and limitations in movement affecting return home should exposure to COVID-19 occur. Pregnant women at particularly high risk, such as those with pulmonary comorbidities or immunosuppression, should avoid all travel. Always review the latest information and CDC advisories before embarking on any trip.(1)

Q: I was on crowded public transportation this morning near a person who was coughing. Should I be tested for coronavirus?

A: No testing is indicated in this situation. COVID-19 tests are currently only recommended for patients with respiratory symptoms and exposure risk factors, such as travel to a Level 3 areas or exposure to a confirmed patient with COVID-19. Testing guidance is likely to evolve rapidly and indications for testing are likely to expand in the next two weeks. (1)

Q: I am pregnant and concerned about going to crowded places (i.e., public transportation, a restaurant, a conference, a concert, work meetings). Should I avoid such social settings?

A: Large events and mass gatherings can contribute to the spread of COVID-19. The CDC recommends that for the next 8 weeks organizers (groups or individuals) cancel or postpone in person events that consist of 50 people or more throughout the United States. Events and meetings of any size should only be continued if they can be carried out with adherence to guidelines for protecting vulnerable populations, hand hygiene and social distancing. Visit the CDC site for steps you can take to prevent illness. (1,2)

Q: I am pregnant and have fever, cough, muscle ache, sore throat and headache. Could this be COVID-19?

A: While the data on new cases in the United States is evolving quickly, at this time, influenza and other respiratory viruses that occur commonly in winter are much more common than community-acquired COVID-19. During pregnancy, appropriate diagnosis of and treatment for influenza remains of utmost importance. Please call your doctor's office to report your symptoms. If there is a reason to think you may have been exposed to the new coronavirus, your health care provider will work with the state's public health department and the CDC to determine if you need to be tested for COVID-19. If needed, they will provide instructions to you on where testing can be arranged. (1)