



The Open Public Health Journal

Content list available at: <https://openpublichealthjournal.com>



LETTER

COVID-19: Unknowns in Pregnancy- What a Health Care Provider Should Know

Katayon Vakilian^{1,*}

¹Medical School, Arak University Of Medical Sciences, Arak, Iran

Abstract:

At the end of the year 2019, a new virus emerged in Wuhan, China, known as Covid 19 spread rapidly, causing an epidemic in China and then a 2020 pandemic all over the world. This review discusses COVID-19 in pregnant women and carries information that a Health Care Provider must have.

Keywords: Corona virus, Pregnancy, Reproductive health, Public health, Wuhan, Pandemic.

Article History

Received: March 21, 2020

Accepted: March 21, 2020

At the end of the year 2019, a new virus, known as Covid 19 spread rapidly in Wuhan, China, causing an epidemic in China and then a 2020 pandemic all over the world. The median incubation period for COVID-19 was reported 4 days in 1099 patients [1]. This disease, which affects both genders, male and female, also appears to affect pregnant women who need special attention rather than non-pregnant ones. The American College of Obstetrics and Gynecology states that due to physiological changes during pregnancy, including a weakened immune system, pregnant women are at greater risk of morbidity and mortality. In this context, pregnant women are advised to have telephone visits and reduce the scheduled visits in pregnancy if there are no signs of dangers such as bleeding, pain, headache, abdominal pain, and runny nose [2, 3]. Pregnant women are at greater risk of serious complications and morality of other respiratory infections such as the flu and SARS-CoV. Therefore, they need to be considered a population who are more likely to be affected by COVID-19. Adverse consequences for the baby, such as preterm labor, have been reported [3]. Pregnant women, like the general population, should observe healthcare issues: covering mouth when coughing and sneezing or using the inside of elbow, avoiding contact with people at risk, washing hands with soap and water for 20 seconds or using a hand sanitizer that contains 70% alcohol [4]. Studies showed that infection occurred in the third trimester in 18 pregnancies and the symptoms were similar to the non-pregnant patients. The most common symptoms in pregnant women were fever and cough [5].

However, the results of a study showed that the clinical symptoms were not typical, making the diagnosis challenging [6]. In the case of preterm labor and fetal lung examination, corticosteroids must be prescribed by infectious and perinatal disease specialist because corticosteroids are not recommended in infections with the corona virus, and there is no report of vertical transmission to the fetus [3, 7]. In the case of preterm labor and fetal lung examination, corticosteroids must be prescribed by infectious and perinatal specialists because corticosteroids are not recommended in infections with the corona virus and there is no report of vertical transmission to the fetus [3, 7]. A study in China found that none of the 9 births were affected by COVID-19 [5]. The newborn baby must be separated from the mother's room and kept in isolation. Due to little research on breastfeeding in mothers with COVID, it has been reported that no virus could be found in the breast milk; however, the mother is advised to use a facemask and wash hands before breastfeeding [4].

The American College of Obstetrics and Gynecology classified the mothers with COVID-19 in 3 groups of low risk, moderate risk, and high risk. If a pregnant woman with a fever of 38 degrees or above has difficulty breathing or shortness of breath, or gastrointestinal symptoms (diarrhea and vomiting) or respiratory illnesses (such as shortness of breath and dizziness due to dehydration, bloody sputum, chest pain, and vomiting), she is at high risk and must refer to the emergency department and be hospitalized and isolated. Otherwise, the pregnant woman with diseases such as heart disease, diabetes, kidney and lung diseases, and immunodeficiency disease is classified at low-risk group and hence, she must be isolated at home, have plenty of fluids and rest and do the routine pregnancy

* Address correspondence to this author at the Medical School, Arak University Of Medical Sciences, Arak, Iran, Phone: 09123249840; Email: dr.kvakilian@arakmu.ac.ir

cares with caution. If she does not have the severe symptoms but has the above-mentioned diseases, she is at moderate risk and should be kept in an outpatients ward and monitored for the severity of the disease, and the related laboratory tests such as pulse oximetry, chest X-ray, chest CT Scan (with abdominal protection) and ABG examination must be performed [3]. Little information on the symptoms of the disease in pregnancy, transmission to the fetus, and maternal and neonatal complications emphasize the need for further research in this area.

REFERENCES

- [1] World Health Organization. Director-General's remarks at the media briefing on 2019. Available from: <https://www.who.int/dg/speeches/detail/who-director-general-s-remarks-at-the-media-briefing-on-2019-ncov-on-11-february-2020>
- [2] Weige G. Coronavirus "COVID-19": Special Considerations for Pregnant Women. Women's Health Policy 172020 March; American College of Obstetricians and Gynecologists (ACOG) Practice Advisory. Novel Coronavirus 2019 2020 Mar;
- [3] CDC. Pregnancy & Breastfeeding Information about Coronavirus Disease 2019. Available from: https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov
- [4] Chen H, Guo J, Wang C, *et al*. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: A retrospective review of medical records. *Lancet* 2020; 395(10226): 809-15. [[http://dx.doi.org/10.1016/S0140-6736\(20\)30360-3](http://dx.doi.org/10.1016/S0140-6736(20)30360-3)] [PMID: 32151335]
- [5] Liu H, Liu F, Li J, Zhang T, Wang D, Lan W. Clinical and CT imaging features of the COVID-19 pneumonia: Focus on pregnant women and children. *J Infect* 27 2020 02 ; S0163-4453 (20): 30118.: 3.
- [6] Rasmussen SA, Smulian JC, Lednický JA, Wen TS, Jamieson DJ. Coronavirus Disease 2019 (COVID-19) and Pregnancy: What obstetricians need to know. *Am J Obstet Gynecol* 2020; S0002-9378 (20): 30197-6. [<http://dx.doi.org/10.1016/j.ajog.2020.02.017>] [PMID: 32105680]
- [7]

© 2020 Katayon Vakilian.

This is an open access article distributed under the terms of the Creative Commons Attribution 4.0 International Public License (CC-BY 4.0), a copy of which is available at: (<https://creativecommons.org/licenses/by/4.0/legalcode>). This license permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.