

FAQ: Coronavirus and Pregnant Patients

Where can I get up-to-date information on COVID-19 in pregnancy?

There are several reliable sources of information on COVID-19 in pregnancy, including the following:

- [American College of Obstetricians and Gynecologists](#) (ACOG)
- [Centers for Disease Control and Prevention](#) (CDC)
- [Society for Maternal-Fetal Medicine](#) (SMFM)

Should I get pregnant during the COVID-19 pandemic?

Yes. At this time, there are no recommendations around delaying spontaneous conception (trying to get pregnant on your own). However, the American Society for Reproductive Medicine states that if you're at risk (suspected symptoms or exposure to a confirmed COVID-19 patient within 14 days) or have confirmed COVID-19, you should avoid pregnancy. There is no cause for alarm if you're already pregnant.

There are very limited and conflicting data on a possible risk of congenital malformations in the setting of fever in early pregnancy. Data from the SARS (severe acute respiratory syndrome) epidemic in 2003 and the MERS (Middle East Respiratory Syndrome) epidemic in 2012-2013 are reassuring, suggesting that there was no increased risk of fetal loss or congenital anomalies associated with infection early in pregnancy. Currently, there are inadequate data on COVID-19 and the risk of miscarriage or congenital anomalies.

I am pregnant. Do I need to take special precautions?

Pregnant women experience immunologic and physiologic changes which might make them more susceptible to viral respiratory infections. It is possible that pregnant women will be more susceptible to COVID-19 and have more severe infection; however, so far pregnant patients do not seem to be experiencing more infections or more severe symptoms than nonpregnant adults. Pregnant women should follow the same precautions as nonpregnant patients:

- Wash your hands often with soap and warm water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people outside of your home
- Do not come to work if you are sick.
- Avoid all non-essential travel
- Cover your mouth and nose with a tissue when you cough or sneeze and throw the tissue in the trash. Then wash your hands with soap and water.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home as much as possible, and if you need to go out, avoid crowded public spaces staying at least 6 feet away from all other persons.
- Wear a mask or cloth face covering when you are in public places, such as the grocery store. Please do not wear a mask with a valve, as these masks allow droplet release and do not protect others who may be nearby.

Can I get prenatal care during the COVID-19 pandemic?

Yes. As we work to protect our patients and health care workers from COVID-19 exposure, health care providers are rethinking how we can best provide care to our patients. Like many other specialties, we have converted some of the traditional prenatal visits to telehealth visits. This doesn't mean that you won't see a provider in person, but the number of in-person visits will be more

limited, especially for lower-risk patients. Ultrasounds, routine blood work (genetic testing and third-trimester labs) and nonstress testing will continue.

Your health care provider will teach you how to do kick counts to be sure your fetus is healthy and thriving. It will be helpful if you have a blood pressure cuff (arm cuff, not a wrist cuff) and a scale at home, so you can provide your blood pressure and weight during telehealth visits.

We encourage patients to think of this as an opportunity for us to innovate (and hopefully improve) the quality and delivery of our care.

I have heard of people delivering in hospitals without a support person. What will happen to me?

Provided your support person is healthy without exposure to or symptoms of COVID-19, we allow one visitor for most deliveries. Support during the birthing process is key to patient trust and experience. However, the COVID-19 pandemic has forced hospitals to make some difficult decisions in order to preserve the health of patients and health care workers. While the new restrictions may feel extreme, with limited availability of masks and other personal protective equipment, limited resources for the critically ill, and risks of exposure to coronavirus infection, hospitals have had to limit visitation in order to protect patients, health care workers and visitors.

Most hospitals are trying to take enough preventive measures that they can continue guaranteeing that one healthy support person can stay by the side of a pregnant patient through the labor and postpartum period.

Are pregnant women with COVID-19 infection at increased risk of adverse pregnancy outcomes?

We do not have very much information on adverse pregnancy outcomes in pregnant women with COVID-19. Pregnancy loss, including miscarriage and stillbirth, has been observed in cases of infection with other related

coronaviruses (SARS and MERS) during pregnancy, but there is not evidence that these risks are increased with COVID-19. There are mixed data about the risk of birth defects after high maternal fever in general. There is currently no evidence regarding optimal delivery route (vaginal vs. C-section) or timing; therefore, these decisions should be made on an individual basis in partnership with your doctor.

At this time, there is no information on long-term health effects on infants either with COVID-19, or those exposed to the virus that causes COVID-19 in utero.

I am pregnant and work in health care. Should I continue working?

Talk to your supervisor and come up with a plan that works for you. The American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) both look to the CDC for guidance on this question.

Per the CDC, pregnant health care personnel (HCP) should follow risk assessment and infection control guidelines for HCP exposed to patients with suspected or confirmed COVID-19. Adherence to recommended infection prevention and control practices is an important part of protecting all HCP in health care settings. Information on COVID-19 in pregnancy is very limited; facilities may want to consider limiting exposure of pregnant HCP to patients with confirmed or suspected COVID-19, especially during higher-risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.

Can pregnant women pass the virus to their baby during pregnancy and delivery?

The virus that causes COVID-19 is thought to spread mainly by close contact with an infected person through respiratory droplets. Few cases of COVID-19 have been reported in newborns, and the majority of pregnant women with COVID-19 who have been studied have given birth to healthy babies. One

study found that among nine pregnant women with COVID-19 pneumonia, amniotic fluid, cord blood and breast milk samples all tested negative for the virus, as did throat swabs from the children following birth. Another very small study reported a few newborns who tested positive for the virus but had no adverse effects or symptoms. It is not clear when these babies got infected with the virus.

Can nursing women pass the virus to their baby during breastfeeding?

COVID-19 has not been detected in breast milk, although data are limited. The CDC currently recommends separation of mother and baby if there is concern that the mother may be positive for COVID-19. This doesn't mean that your baby can't have your breast milk. Pumping is perfectly acceptable, as long as you take appropriate hand/skin hygiene precautions. Mothers can express breast milk but should wash their hands thoroughly and disinfect the pump and bottles after use. Someone who is healthy should feed the child. If an infected mother decides to breastfeed, she should wear a face mask and wash her hands. You can refer to the CDC website for additional information on pregnancy and breastfeeding with COVID-19.

Can I get an abortion during the COVID-19 pandemic?

Yes. As hospitals make difficult decisions about canceling elective surgeries to reduce potential exposures and limit use of personal protective equipment, it's important to highlight that abortions are *not* elective procedures. Abortions are time-sensitive, and a delay in care can increase risks associated with the procedure. Certain states have tried to push legislation limiting access to abortion care in this time period.

The obstetrics and gynecologic professional organizations issued a joint statement on abortion access during the COVID-19 outbreak on March 18, 2020. This joint statement ends as follows: "The American College of Obstetricians and Gynecologists and the American Board of Obstetrics &

Gynecology, together with the American Association of Gynecologic Laparoscopists, the American Gynecological & Obstetrical Society, the American Society for Reproductive Medicine, the Society for Academic Specialists in General Obstetrics and Gynecology, the Society of Family Planning, and the Society for Maternal-Fetal Medicine, do not support COVID-19 responses that cancel or delay abortion procedures. Community-based and hospital-based clinicians should consider collaboration to ensure abortion access is not compromised during this time."

Can I get birth control during the COVID-19 pandemic?

Yes. Talk to your OB-GYN or primary care provider about their availability to see you for birth control counseling via a telehealth visit. There are many types of birth control that can be prescribed without an in-person physical examination: hormonal contraception pills, the NuvaRing or a hormone patch.

Long-acting reversible contraception like a Nexplanon or intrauterine device require an in-person visit. Talk to your doctor to see what circumstances would merit an office visit for one of these options. At times, you may want to think about the risks and benefits of going into the office (and possible exposure to COVID-19) for a visit; if you decide to wait, consider trying another option or continuing what you're currently using, and coming in at a later time when the pandemic has subsided.