

Search Pack P200

Coronavirus (COVID-19)

Records on all aspects of Coronavirus (COVID-19) in pregnancy, labour and the postnatal period. Also includes risk of transmission to the infant, and provision of maternal health services.

Created: 03/04/2020

P200 - Coronavirus (COVID-19) (45 articles)

20200402-63*

Abortion: Coronavirus (COVID-19) [written answer]. Scottish Parliament, (2020).
Official Report , Written question S5W-28065, 24 March 2020.

Joe FitzPatrick responds to a written question from Monica Lennon to the Scottish Government, regarding the possibility of nurses and midwives being allowed to sign-off abortion procedures during the COVID-19 crisis. (LDO) (Parliamentary question)

Available from:

<https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28065>

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<https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28065>

20200402-60*

Abortion: Coronavirus (COVID-19) [written answer]. Scottish Parliament, (2020).
Official Report , Written question S5W-28064, 24 March 2020.

Joe FitzPatrick responds to a written question from Monica Lennon to the Scottish Government, regarding the access of abortion healthcare via telemedicine during the COVID-19 crisis. (LDO) (Parliamentary question)

Available from:

<https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28064>

20200402-57*

NHS trusts begin suspending home births due to coronavirus . Davis NKS, (2020). The Guardian , 27 March 2020.

Reports that some NHS Trusts have taken guidance from professional organisations and are advising women to give birth in hospital during the current coronavirus pandemic. It is believed suspending home birth as an

option will ease pressure on resources, especially in hospitals where staff are on sick leave or self-isolating because of COVID-19. Includes comments from Birte Harlev-Lam from the Royal College of Midwives. (JSM) (News item)

Available from: <https://www.theguardian.com/world/2020/mar/27/nhs-trusts-suspending-home-births-coronavirus>

20200402-55*

Abortion: Coronavirus (COVID-19) [written answer]. Scottish Parliament, (2020). Official Report , Written question S5W-28062, 24 March 2020.

Joe FitzPatrick responds to a written question from Monica Lennon to the Scottish Government, regarding measures being put in place to ensure that all women can access abortion services during the COVID-19 crisis. (LDO) (Parliamentary question)

Available from:

<https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28062>

20200402-47*

Maternity services: Coronavirus (COVID-19) [written answer]. Scottish Parliament, (2020). Official Report , Written question S5W-27969, 16 March 2020.

Jeane Freeman responds to a written question from Jackie Baillie to the Scottish Government, regarding plans for maternity services and home births during the COVID-19 outbreak. (LDO) (Parliamentary question)

Available from:

<https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-27969>

20200402-43*

Abortion: Coronavirus (COVID-19) [written answer]. Scottish Parliament, (2020). Official Report , Written question S5W-28061, 24 March 2020.

Joe FitzPatrick responds to a written question from Monica Lennon to the Scottish Government, regarding the possibility of allowing one doctor, nurse or midwife to certify abortion procedures directly during the COVID-19 crisis. (LDO)

(Parliamentary question)

Available from:

<https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28061>

20200402-33*

Abortion: Coronavirus (COVID-19) [written answer]. Scottish Parliament, (2020). Official Report , Written question S5W-28063, 24 March 2020.

Joe FitzPatrick responds to a written question from Monica Lennon to the Scottish Government, regarding the administration of both abortion pills at home during the COVID-19 crisis. (LDO)

(Parliamentary question)

Available from:

<https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28063>

20200402-32*

Pregnancy and coronavirus: information for pregnant women and new mums. Anon, (2020). Tommy's Pregnancy Hub , 1 April 2020.

Consumer information from Tommy's presented in a question and answer format, aimed at pregnant women and new mothers, based on the latest guidance on coronavirus (COVID-19), from the Royal College of Obstetricians and Gynaecologists (RCOG).

(Consumer information)

Available from: <https://www.tommys.org/pregnancy-information/im-pregnant/pregnancy-and-coronavirus-information-pregnant-women-and-new-mums>

20200401-2*

The Abortion Act 1967 - Approval of a Class of Places . Department of Health and Social Care, (2020). London: DHSC , 30 March 2020.

Provides approval for medical abortion to be carried out in the home of a pregnant women who wishes to terminate her pregnancy, during this current coronavirus pandemic. This approval supersedes the approval of 27 December 2018. This approval expires on the day on which the temporary provisions of the Coronavirus Act 2020 expire, or the end of the period of 2 years beginning with the day on which it is made, whichever is earlier. (Author, edited)

(Government publication)

Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876740/300320_20_The_Abortion_Act_1967_-_Approval_of_a_Class_of_Places.pdf

20200401-1*

Coronavirus: Home abortions approved during outbreak. Connolly J, (2020). BBC News , 31 March 2020.

Reports that the Government has amended its abortion policy to allow medical abortion to take place at home to avoid women who wish to terminate their pregnancy to avoid going to a clinic during the current coronavirus pandemic. Explains that the procedure, whereby women take two pills at home, is only a temporary measure, and must only be done following a telephone or e-conversation with a doctor. (JSM)

(News item)

Available from: <https://www.bbc.co.uk/news/newsbeat-52092131>

20200331-21*

The first infant case of COVID-19 acquired from a secondary transmission in Vietnam. Le HT; Nguyen LV; Tran DM; et al, (2020). The Lancet Child & Adolescent Health , 23 March 2020, online.

Reports the first infant case of COVID-19 acquired from a secondary transmission in Vietnam. (MB)

(Case report)

Available from: [https://doi.org/10.1016/S2352-4642\(20\)30091-2](https://doi.org/10.1016/S2352-4642(20)30091-2)

20200331-14*

Guidance for antenatal screening and ultrasound in pregnancy in the evolving coronavirus (COVID-19) pandemic: Information for healthcare professionals. Jolly M; Taylor M; Fisher J; on behalf of the Royal College of Obstetricians and Gynaecologists, (2020). Royal College of Obstetricians and Gynaecologists (RCOG) , 23 March 2020, online.

Guidance on fetal anomaly screening, infectious disease in pregnancy screening and sickle cell and thalassaemia screening during the COVID-19 pandemic. (LDO)

(Guidelines)

Available from: <https://www.rcoq.org.uk/globalassets/documents/guidelines/2020-03-25-covid19-antenatal-screening.pdf>

20200331-13*

Guidance for fetal medicine units (FMUs) in the evolving coronavirus (COVID-19) pandemic: Information for healthcare professionals. Jolly M; Taylor M; Fisher J; on behalf of the Royal College of Obstetricians and Gynaecologists, (2020). Royal College of Obstetricians and Gynaecologists (RCOG) , 23 March 2020, online.

Guidance on referrals, screening and modified services for fetal medicine units (FMUs) during the COVID-19 pandemic. (LDO) (Guidelines)

Available from: <https://www.rcoq.org.uk/globalassets/documents/guidelines/2020-03-25-covid19-fetal-medicine.pdf>

20200331-11*

Self-monitoring of blood pressure in pregnancy: Information for healthcare professionals. Royal College of Obstetricians and Gynaecologists, (2020). Royal College of Obstetricians and Gynaecologists (RCOG) , 30 March 2020, online.

Guidance on the implementation of home blood pressure monitoring and which groups of women self-monitoring should be offered to. (LDO) (Guidelines)

Available from: <https://www.rcoq.org.uk/globalassets/documents/guidelines/2020-03-30-self-monitoring-of-blood-pressure-in-pregnancy.pdf>

20200331-9*

Guidance for maternal medicine in the evolving coronavirus (COVID-19) pandemic: Information for healthcare professionals. Royal College of Obstetricians and Gynaecologists, (2020). Royal College of Obstetricians and Gynaecologists (RCOG) , 30 March 2020, online.

Guidance on the adaptation of maternal medicine services during the coronavirus pandemic, and advice for healthcare professionals caring for pregnant women with suspected or confirmed COVID-19. (LDO)

(Guidelines)

Available from: <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-guidance-for-maternal-medicine-in-the-evolving-coronavirus-covid-19-pandemic.pdf>

20200331-7*

Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic.

Royal College of Obstetricians and Gynaecologists; Royal College of Midwives, (2020). Royal College of Obstetricians and Gynaecologists (RCOG) , 30 March 2020, online.

This guidance is for antenatal and postnatal services to support them during the evolving coronavirus pandemic. This document intends to outline which elements of routine antenatal and postnatal care are essential and which could be modified, given national recommendations for social distancing of pregnant women. (Publisher)
(Guidelines)

Available from: <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic-20200331.pdf>

20200330-2*

Anxiety, anger and hope as women face childbirth during coronavirus pandemic.

Kahn M; Cristoferi C, (2020). Reuters , 27 March 2020, online.

Pregnant women share their fears about giving birth and caring for their newborn during the coronavirus pandemic. (MB) (News item)

Available from: https://www.reuters.com/article/us-health-coronavirus-europe-childbirth/anxiety-anger-and-hope-as-women-face-childbirth-during-coronavirus-pandemic-idUSKBN21E1O2?feedType=RSS&feedName=healthNews&utm_source=feedburner&utm_medium=feed&utm_campaign=Feed%3A+reuters%2FhealthNews+%28Reuters+Health+News%29

20200327-12*

Solo childbirth, halted fertility treatments: women's healthcare takes hit from coronavirus.

Bernstein S; Becker A, (2020). World News , 26 March 2020.

Reports the ways in which the global Coronavirus pandemic is affecting the care of women in the United States, including; giving birth without their partner being present; restrictive access to reproductive healthcare and having to stay at home with an abusive partner. (JSM)
(News item)

Available from: <https://uk.reuters.com/article/uk-health-coronavirus-usa-women/solo-childbirth-halted-fertility-treatments-womens-healthcare-takes-hit-from-coronavirus-idUKKBN21D3NQ>

20200327-2*

Coronavirus: Pregnancy [written answer].

House of Commons, (2020). Hansard , Written question 28663, 12 March 2020.
Jo Churchill responds to a written question asked by Alison Thewliss to the Secretary of State for Health and Social Care, regarding what assessment has been made of the effect of the coronavirus on unborn babies. (MB) (Parliamentary question)

Available from: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-03-12/28663/>

20200327-1*

Coronavirus: Infant Foods [written answer].

House of Commons, (2020). Hansard , Written question 30064, 16 March 2020.

Jo Churchill responds to a written question asked by Alison Thewliss to the Secretary of State for Health and Social Care, regarding what plans he has to ensure the maintenance of the supply of infant formula during the covid-19 outbreak. (MB) (Parliamentary question)

Available from: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-03-16/30064/>

20200326-42*

COVID-19 virus infection and pregnancy: Occupational health advice for employers and pregnant women during the COVID-19 pandemic.

Royal College of Obstetricians and Gynaecologists; Royal College of Midwives, (2020). Royal College of Obstetricians and Gynaecologists (RCOG) , 26 March 2020, online.

Guidance on COVID-19 in pregnancy and recommendations for pregnant healthcare workers. (LDO)
(Briefing paper)

Available from: <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-26-covid19-occupational-health.pdf>

20200326-14*

Coronavirus infection and pregnancy. Royal College of Obstetricians and Gynaecologists, (2020). London: RCOG , 26 March 2020.

These Q&As relate to the Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 4 - 26 March 2020 and Occupational health advice for employers and pregnant women during the COVID-19 pandemic – 26 March 2020 published by the Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and Royal College of Paediatrics and Child Health, with input from the Royal College of Anaesthetists, the Obstetric Anaesthetists' Association, Public Health England and Health Protection Scotland. (Author)

(Consumer information)

Available from: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

20200326-3*

Clinical and epidemiological features of 36 children with coronavirus disease 2019 (COVID-19) in Zhejiang, China: an observational cohort study. Qiu H; Wu J; Long L; et al, (2020). The Lancet Infectious Diseases , 25 March 2020, online.

Background Since December, 2019, an outbreak of coronavirus disease 2019 (COVID-19) has spread globally. Little is known about the epidemiological and clinical features of paediatric patients with COVID-19. Methods We retrospectively retrieved data for paediatric patients (aged 0–16 years) with confirmed COVID-19 from electronic medical records in three hospitals in Zhejiang, China. We recorded patients' epidemiological and clinical features. Findings From Jan 17 to March 1, 2020, 36 children (mean age 8·3 [SD 3·5] years) were identified to be infected with severe acute respiratory syndrome coronavirus 2. The route of transmission was by close contact with family members (32 [89%]) or a history of exposure to the epidemic area (12 [33%]); eight (22%) patients had both exposures. 19 (53%) patients had moderate clinical type with pneumonia; 17 (47%) had mild clinical type and either were asymptomatic (ten [28%]) or had acute upper respiratory symptoms (seven [19%]). Common symptoms on admission were fever (13 [36%]) and dry cough (seven [19%]). Of those with fever, four (11%) had a body temperature of 38·5°C or higher, and nine (25%) had a body temperature of 37·5–38·5°C. Typical abnormal laboratory findings were elevated creatine kinase MB (11 [31%]), decreased lymphocytes (11 [31%]), leucopenia (seven [19%]), and elevated procalcitonin (six [17%]). Besides radiographic presentations, variables that were associated significantly with severity of COVID-19 were decreased lymphocytes, elevated body temperature, and high levels of procalcitonin, D-dimer, and creatine kinase MB. All children received interferon alfa by aerosolisation twice a day, 14 (39%) received lopinavir–ritonavir syrup twice a day, and six (17%) needed oxygen inhalation. Mean time in hospital was 14 (SD 3) days. By Feb 28, 2020, all patients were cured. Interpretation Although all paediatric patients in our cohort had mild or moderate type of COVID-19, the large proportion of asymptomatic children indicates the difficulty in identifying paediatric patients who do not have clear epidemiological information, leading to a dangerous situation in community-acquired infections. Funding Ningbo Clinical Research Center for Children's Health and Diseases, Ningbo Reproductive Medicine Centre, and Key Scientific and Technological Innovation Projects of Wenzhou. (Author)

(Original research)

Available from: [https://doi.org/10.1016/S1473-3099\(20\)30198-5](https://doi.org/10.1016/S1473-3099(20)30198-5)

20200325-10*

Babyscripts Lowers Prenatal In-Person Visits During COVID-19 Outbreak.

Pennic J, (2020). HiT Consultant , 24 March 2020.

Describes how Babyscripts, a virtual care platform for pregnancy and obstetrics, is helping to reduce the number of antenatal in-person visits from the average 12-14 to 4-6, during the current COVID-19 outbreak. (JSM) (News item)

Available from: <https://hitconsultant.net/2020/03/24/babyscripts-covid-19-outbreak-prenatal-in-person-visits/#.Xns2tkB2vid>

20200325-3*

Clinical features and obstetric and neonatal outcomes of pregnant patients with COVID-19 in Wuhan, China: a retrospective, single-centre, descriptive study. Yu N; Li W; Kang Q; et al, (2020). The Lancet Infectious Diseases , 24 March 2020, online.

Background In December, 2019, coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) emerged in Wuhan, China. The number of affected pregnant women is increasing, but scarce information is available about the clinical features of COVID-19 in pregnancy. This study aimed to clarify the clinical features and obstetric and neonatal outcomes of pregnant patients with COVID-19. Methods In this retrospective, single-centre study, we included all pregnant women with COVID-19 who were admitted to Tongji Hospital in Wuhan, China. Clinical features, treatments, and maternal and fetal outcomes were assessed. Findings Seven patients, admitted to Tongji Hospital from Jan 1, to Feb 8, 2020, were included in our study. The mean age of the patients was 32 years (range 29–34 years) and the mean gestational age was 39 weeks plus 1 day (range 37 weeks to 41 weeks plus 2 days). Clinical manifestations were fever (six

[86%] patients), cough (one [14%] patient), shortness of breath (one [14%] patient), and diarrhoea (one [14%] patient). All the patients had caesarean section within 3 days of clinical presentation with an average gestational age of 39 weeks plus 2 days. The final date of follow-up was Feb 12, 2020. The outcomes of the pregnant women and neonates were good. Three neonates were tested for SARS-CoV-2 and one neonate was infected with SARS-CoV-2 36 h after birth. Interpretation The maternal, fetal, and neonatal outcomes of patients who were infected in late pregnancy appeared very good, and these outcomes were achieved with intensive, active management that might be the best practice in the absence of more robust data. The clinical characteristics of these patients with COVID-19 during pregnancy were similar to those of non-pregnant adults with COVID-19 that have been reported in the literature. Funding National Natural Science Foundation of China, Hubei Provincial Natural Science Foundation of China. (Author) (Original research)

Available from: [https://doi.org/10.1016/S1473-3099\(20\)30176-6](https://doi.org/10.1016/S1473-3099(20)30176-6)

20200324-62*

MFM Guidance for COVID-19. Boelig RC; Saccone G; Bellussi F; et al, (2020). American Journal of Obstetrics & Gynecology MFM , 19 March 2020, online.

The World Health Organization (WHO) has declared COVID-19 a global pandemic. Healthcare providers should prepare internal guidelines covering all aspect of the organization in order to have their unit ready as soon as possible. This document addresses the current COVID-19 pandemic for maternal-fetal medicine (MFM) practitioners. The goals the guidelines put forth here are two fold- first to reduce patient risk through healthcare exposure, understanding that asymptomatic health systems/healthcare providers may become the most common vector for transmission, and second to reduce the public health burden of COVID-19 transmission throughout the general population. (Author, edited)

(Guidelines)

Available from: <https://doi.org/10.1016/j.ajogmf.2020.100106>

20200324-61*

Letter from the Minister of State for Care to recruitment agencies. Whately H, (2020). London: Department of Health and Social Care , 23 March 2020, 2 pages.

This letter discusses agency workers within the NHS and wider health and social care sector in the context of Covid-19. (LDO) (Correspondence)

Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874672/Letter_from_Helen_Whately.pdf

20200324-34*

Maternity Pay: Coronavirus [written answer]. House of Commons, (2020).

Hansard , Written question 31596, 18 March 2020.

Mims Davies responds to a written question asked by Emma Hardy to the Secretary of State for Work and Pensions, regarding maternity pay calculations in the context of the Covid-19 outbreak. (LDO) (Parliamentary question)

Available from: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-03-18/31596/>

20200324-33*

Pregnancy: Coronavirus [written answer]. House of Commons, (2020). Hansard , Written question 30854, 17 March 2020.

Mims Davies responds to a written question asked by Stuart C McDonald to the Secretary of State for Work and Pensions, regarding additional support available to pregnant women who lose earnings from avoiding social contact as a precaution against Covid-19. (LDO) (Parliamentary question)

Available from: <https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-03-17/30854/>

20200324-26*

Understanding the coronavirus. Duncan D; Lyall G, (2020). British Journal of Midwifery , vol 28, no 3, March 2020.

The death of a baby is one of the most profoundly traumatic experiences a family can experience. Chris Binnie from Beyond Bea Charity discusses why accepting support is better than being silent (Author) (Commentary)

20200324-3*

Covid-19 and reproductive health: What can we learn from previous epidemics?. Black B; McKay G, (2020). BMJ , 19 March 2020, online.

Benjamin Black and Gillian McKay argue that there is enough global precedence to prepare for many of the indirect consequences this pandemic will bring. (Author)

(Commentary)

Available from: <https://blogs.bmj.com/bmj/2020/03/19/covid-19-and-reproductive-health-what-can-we-learn-from-previous-epidemics/>

20200324-2*

Emma Doble: Living in a high-risk group for covid-19. Doble E, (2020). BMJ , 23 March 2020, online.

Emma Doble, freelance patient editor for The BMJ. who is pregnant and has type 1 diabetes, describes what it is like being in a high risk group for covid-19. (MB) (Personal experience)

Available from: <https://blogs.bmj.com/bmj/2020/03/23/emma-doble-living-in-a-high-risk-group-for-covid-19/>

20200324-1*

Covid-19: doctors in final trimester of pregnancy should avoid direct patient contact. Rimmer A, (2020). BMJ , vol 368, no 8239, 23 March 2020, m1173.

Reports that women who are more than 28 weeks pregnant should avoid direct contact with patients, advice comes from updated guidance from the Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Midwives, and the Royal College of Paediatrics and Child Health. (MB) (News item)

Available from: <https://doi.org/10.1136/bmj.m1173>

20200323-111*

Pregnancy and Perinatal Outcomes of Women With Coronavirus Disease. Liu D; Li L; Wu X; et al, (2020). American Journal of Roentgenology , 18 March 2020, online.

OBJECTIVE. The purpose of this study was to describe the clinical manifestations and CT features of coronavirus disease (COVID-19) pneumonia in 15 pregnant women and to provide some initial evidence that can be used for guiding treatment of pregnant women with COVID-19 pneumonia. **MATERIALS AND METHODS.** We reviewed the clinical data and CT examinations of 15 consecutive pregnant women with COVID-19 pneumonia in our hospital from January 20, 2020, to February 10, 2020. A semiquantitative CT scoring system was used to estimate pulmonary involvement and the time course of changes on chest CT. Symptoms and laboratory results were analyzed, treatment experiences were summarized, and clinical outcomes were tracked. **RESULTS.** Eleven patients had successful delivery (10 cesarean deliveries and one vaginal delivery) during the study period, and four patients were still pregnant (three in the second trimester and one in the third trimester) at the end of the study period. No cases of neonatal asphyxia, neonatal death, stillbirth, or abortion were reported. The most common early finding on chest CT was ground-glass opacity (GGO). With disease progression, crazy paving pattern and consolidations were seen on CT. The abnormalities showed absorptive changes at the end of the study period for all patients. The most common onset symptoms of COVID-19 pneumonia in pregnant women were fever (13/15 patients) and cough (9/15 patients). The most common abnormal laboratory finding was lymphocytopenia (12/15 patients). CT images obtained before and after delivery showed no signs of pneumonia aggravation after delivery. The four patients who were still pregnant at the end of the study period were not treated with antiviral drugs but had achieved good recovery.

CONCLUSION. Pregnancy and childbirth did not aggravate the course of symptoms or CT features of COVID-19 pneumonia. All the cases of COVID-19 pneumonia in the pregnant women in our study were the mild type. All the women in this study—some of whom did not receive antiviral drugs—achieved good recovery from COVID-19 pneumonia. (Author) (Original research)

20200318-10*

Professional bodies' response to government coronavirus advice for pregnant women to reduce social contact. Royal College of Obstetricians and Gynaecologists; Royal College of Midwives; Royal College of Paediatrics and Child Health, (2020). Royal College of Obstetricians and Gynaecologists (RCOG) , 17 March 2020, online.

Following the new measures outlined by the Prime Minister yesterday, particularly those suggesting that pregnant women reduce social contact, the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives and the Royal College of Paediatrics and Child Health are working to reassure pregnant women and those who care for them. The three Royal Colleges, who between them care for and support women and their babies throughout pregnancy, birth and childhood, reiterate that there is currently no new evidence to suggest that pregnant women are at greater risk from coronavirus (COVID-19) than other healthy individuals, or that they can pass the infection to their baby while pregnant. Yesterday's announcement is purely a precautionary measure, to reduce the theoretical risk to the baby's growth and a risk of preterm birth should the mother become unwell. Guidance will continue to be updated. (Author) (Press release)

Available from: <https://www.rcog.org.uk/en/news/professional-bodies-response-to-government-advice-for-pregnant-women-to-self-isolate/>

20200318-9*

Coronavirus: Pregnant women 'should keep antenatal appointments'. BBC News, (2020). BBC News , 17 March 2020.

Pregnant women are being urged to attend antenatal appointments as normal after the government said they should be shielded from coronavirus. The Royal College of Midwives said the appointments were "essential to ensure the wellbeing of pregnant women and their babies". The government says limited evidence suggests there are no coronavirus-related complications in pregnancy. But pregnant women are being advised to limit their social contact. Further guidance for pregnant women from three Royal Colleges is due to be published shortly. (Author)

(News item)

Available from: <https://www.bbc.co.uk/news/uk-51925455>

20200318-5*

Infants Born to Mothers With a New Coronavirus (COVID-19). Chen Y; Peng H; Wang L; et al, (2020). *Frontiers in Pediatrics* , 16 March 2020, online.

A novel viral respiratory disease caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is responsible for an epidemic of the coronavirus disease 2019 (COVID-19) in cases in China and worldwide. Four full-term, singleton infants were born to pregnant women who tested positive for COVID-19 in the city of Wuhan, the capital of Hubei province, China, where the disease was first identified. Of the three infants, for who consent to be diagnostically tested was provided, none tested positive for the virus. None of the infants developed serious clinical symptoms such as fever, cough, diarrhea, or abnormal radiologic or hematologic evidence, and all four infants were alive at the time of hospital discharge. Two infants had rashes of unknown etiology at birth, and one had facial ulcerations. One infant had tachypnea and was supported by non-invasive mechanical ventilation for 3 days. One had rashes at birth but was discharged without parental consent for a diagnostic test. This case report describes the clinical course of four live born infants, born to pregnant women with the COVID-19 infection. (13 references) (Author) (Case report)

Available from: <https://doi.org/10.3389/fped.2020.00104>

20200311-48*

Coronavirus (COVID-19) infection in pregnancy: Information for healthcare professionals [Last updated 26 March 2020]. Royal College of Obstetricians and Gynaecologists; Royal College of Midwives; Royal College of Paediatrics and Child Health; et al, (2020). Royal College of Obstetricians and Gynaecologists (RCOG) , 9 March 2020, online.

Guidance for healthcare professionals on Coronavirus (COVID-19) infection in pregnancy, published by the RCOG, Royal College of Midwives, Royal College of Paediatrics and Child Health, Public Health England and Health Protection Scotland. The guidance, which will be updated on a regular basis, covers: epidemiology; transmission; effect of COVID-19 on pregnant women; effect of COVID-19 on the fetus; travel advice for pregnant women; advice for women who may have been exposed; diagnosis; advice for women who have been advised to self-isolate; management of pregnant women with confirmed COVID-19; postnatal management: neonatal care and infant feeding; admissions flowchart; information for women and their families (18 references) (Publisher)

(Briefing paper)

Available from: <https://www.rcoq.org.uk/globalassets/documents/guidelines/2020-03-26-covid19-pregnancy-guidance.pdf>

20200310-9*

Guidelines for pregnant women with suspected SARS-CoV-2 infection. Favre G; Pomar L; Qi X; et al, (2020). *The Lancet Infectious Diseases* , 3 March 2020, online.

Proposes a management algorithm for health-care providers caring for pregnant women at risk of SARS-Cov-2 infection. (6 references) (MB) (Correspondence)

Available from: [https://doi.org/10.1016/S1473-3099\(20\)30157-2](https://doi.org/10.1016/S1473-3099(20)30157-2)

20200309-71*

Breastfeeding and Respiratory Antivirals: Coronavirus and Influenza.

Anderson PO, (2020). *Breastfeeding Medicine* , vol 15, no 3, March 2020, p 128.

Provides an overview of the options for antiviral drugs to treat influenza and coronavirus and their safety for use in women who are breastfeeding. (MB)

(Overview)

Available from: <https://doi.org/10.1089/bfm.2020.29149.poa>

20200213-7*

Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. Chen H; Guo J; Want C; et al, (2020). The Lancet , 12 February 2020, online.

Background Previous studies on the pneumonia outbreak caused by the 2019 novel coronavirus disease (COVID-19) were based on information from the general population. Limited data are available for pregnant women with COVID-19 pneumonia. This study aimed to evaluate the clinical characteristics of COVID-19 in pregnancy and the intrauterine vertical transmission potential of COVID-19 infection. Methods Clinical records, laboratory results, and chest CT scans were retrospectively reviewed for nine pregnant women with laboratory-confirmed COVID-19 pneumonia (ie, with maternal throat swab samples that were positive for severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]) who were admitted to Zhongnan Hospital of Wuhan University, Wuhan, China, from Jan 20 to Jan 31, 2020. Evidence of intrauterine vertical transmission was assessed by testing for the presence of SARS-CoV-2 in amniotic fluid, cord blood, and neonatal throat swab samples. Breastmilk samples were also collected and tested from patients after the first lactation. Findings All nine patients had a caesarean section in their third trimester. Seven patients presented with a fever. Other symptoms, including cough (in four of nine patients), myalgia (in three), sore throat (in two), and malaise (in two), were also observed. Fetal distress was monitored in two cases. Five of nine patients had lymphopenia ($<1.0 \times 10^9$ cells per L). Three patients had increased aminotransferase concentrations. None of the patients developed severe COVID-19 pneumonia or died, as of Feb 4, 2020. Nine livebirths were recorded. No neonatal asphyxia was observed in newborn babies. All nine livebirths had a 1-min Apgar score of 8–9 and a 5-min Apgar score of 9–10. Amniotic fluid, cord blood, neonatal throat swab, and breastmilk samples from six patients were tested for SARS-CoV-2, and all samples tested negative for the virus. Interpretation The clinical characteristics of COVID-19 pneumonia in pregnant women were similar to those reported for non-pregnant adult patients who developed COVID-19 pneumonia. Findings from this small group of cases suggest that there is currently no evidence for intrauterine infection caused by vertical transmission in women who develop COVID-19 pneumonia in late pregnancy. Funding Hubei Science and Technology Plan, Wuhan University Medical Development Plan. (19 references) (Author)

(Original research)

Available from: [https://doi.org/10.1016/S0140-6736\(20\)30360-3](https://doi.org/10.1016/S0140-6736(20)30360-3)

20200210-29*

A contingency plan for the management of the 2019 novel coronavirus outbreak in neonatal intensive care units. Wang J; Qi H; Bao L; et al, (2020). The Lancet Child & Adolescent Health , 7 February 2020, online.

The authors present a contingency plan for the 2019-nCoV outbreak in NICUs, focussing mainly on diagnostic and discharge criteria, treatment, prevention, and control strategies. (MB) (Commentary)

Available from: [https://doi.org/10.1016/S2352-4642\(20\)30040-7](https://doi.org/10.1016/S2352-4642(20)30040-7)

20200210-26*

2019-nCoV epidemic: what about pregnancies?. Favre G; Pomar L; Musso D; et al, (2020). The Lancet , vol 395, no 10224, 22 February 2020, p E40.

Correspondence commenting on the pathogenic potential of novel coronavirus (2019-nCoV) in pregnancy. (5 references) (MB) (Correspondence)

20200206-32*

Coronavirus: Newborn becomes youngest person diagnosed with virus.

Anon, (2020). BBC News , 6 February 2020.

Reports that a 30-hour-old baby in China has been diagnosed with coronavirus, the youngest case recorded so far. States that the baby's mother had tested positive for the illness while still pregnant. It is not known if the baby became infected in the womb or after birth. (JSM)

(News item)

Available from: <https://www.bbc.co.uk/news/world-asia-china-51395655>

20200305-163*

'No evidence' coronavirus can be passed to child late in pregnancy. Ford S, (2019). Nursing Times , 17 February 2020 .

There is currently no evidence that the novel coronavirus disease causes severe adverse outcomes in neonates or that it can pass to the child while in the womb, according to preliminary studies. (Author)

(News item)

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Created: 03/04/2020