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# *MIDIRS* Search Pack

## P200 - Coronavirus (COVID-19) in pregnancy

## [Last updated 26 June 2020]

**20200626-72***
**Coronavirus Job Retention Scheme: Maternity Leave [written answer].**
House of Lords, (2020). Hansard , Written question HL5757, 16 June 2020.

Lord Agnew of Oulton responds to a written question from Baroness Brady to Her Majesty's Government, regarding what plans they have to carry out an equality impact assessment of women who are on maternity leave and using the Coronavirus Job Retention Scheme. (JSM) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-06-16/HL5757/

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**20200626-67***
**Management of a delivery suite during the COVID-19 epidemic.** Qi H; Chen M; Luo X; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 20 May 2020, online.

Background Since the first report of the new coronavirus (COVID-19) infection in December of 2019, it has become rapidly prevalent and been declared as a Public Health Emergency of International Concern by the World Health Organization. There are quite a few cases reported involving delivery with COVID-19 infection, but little valuable suggestion was provided about what healthcare providers of obstetrics and neonatology should do in their clinic practice for unknown status or presumed negative women. Here, we summarized the current practice of delivery management in China that successfully prevented rapid increase in adverse pregnancy outcomes and nosocomial infection in departments of obstetrics and neonatology during the pandemic of COVID-19. (Author) (Original research)

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**20200626-55***
**Postnatal care: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 60870, 17 June 2020.

Ms Nadine Dorries responds to a written question from Munira Wilson to the Secretary of Health and Social Care, regarding what assessment his Department has made of the effect of the covid-19 outbreak on the (a) physical health, (b) mental health, and (c) safety of new mothers. (JSM) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-17/60870/

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**20200626-43***
**Coronavirus disease 2019 among pregnant Chinese women: case series data on the safety of vaginal birth and breastfeeding.** Wu Y; Liu C; Dong L; et al, (2020). BJOG: An International Journal of Obstetrics and Gynaecology , 5 May 2020, online.

Objective To assess whether vaginal secretions and breast milk of women with coronavirus disease 2019 (COVID-19) contain severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Design Single centre cohort study. Setting Renmin Hospital of Wuhan University, Wuhan, Hubei province, China. Population We studied 13 SARS-CoV-2-infected pregnant women diagnosed between 31 January and 9 March 2020. Methods We collected clinical data, vaginal secretions, stool specimens and breast milk from SARS-CoV-2-infected women during different stages of pregnancy and collected neonatal throat and anal swabs. Main outcomes and measures We assessed viral presence in different biosamples. Results Of the 13 women with COVID-19, five were in their first trimester, three in their second trimester and five in their third trimester. Of the five women in their third trimester who gave birth, all delivered live newborns. Among these five deliveries, the primary adverse perinatal outcomes included premature delivery (n = 2) and neonatal pneumonia (n = 2). One of nine stool samples was positive; all 13 vaginal secretion samples, and five throat swabs and four anal swabs collected from neonates, were negative for the novel coronavirus. However, one of three samples of breast milk was positive by viral nucleic acid testing. Conclusions In this case series of 13 pregnant women with COVID-19, we observed negative viral test results in vaginal secretion specimens, suggesting that a vaginal delivery may be a safe delivery option. However, additional research is urgently needed to examine breast milk and the potential risk for viral contamination. Tweetable abstract New evidence for the safety of vaginal delivery and breastfeeding in pregnant women infected with SARS-CoV-2, positive viral result in a breast-milk sample. (Author)
(Cohort study) **Available from:** https://doi.org/10.1111/1471-0528.16276

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## 20200626-40*

## Provision of obstetrics and gynaecology services during the COVID-19 pandemic: a survey of junior doctors in the UK National Health Service.

Rimmer MP; Wattar BHA, (2020). BJOG: An International Journal of Obstetrics and Gynaecology , 27 May 2020, online.

Objective The coronavirus disease 2019 (COVID-19) pandemic is disrupting health services worldwide. We aimed to evaluate the provision of obstetrics and gynaecology services in the UK during the acute phase of the COVID-19 pandemic. Design Interview-based national survey. Setting Women's healthcare units in the National Health Service. Population Junior doctors in obstetrics and gynaecology. Methods Participants were interviewed by members of the UK Audit and Research in Obstetrics and Gynaecology trainees' collaborative between 28 March and 7 April 2020. We used a quantitative analysis for closed-ended questions and a thematic framework analysis for open comments. Results We received responses from 148/155 units (95%), most of the participants were in years 3–7 of training (121/148, 82%). Most completed specific training drills for managing obstetric and gynaecological emergencies in women with COVID-19 (89/148, 60.1%) and two-person donning and doffing of Personal Protective Equipment (PPE) (96/148, 64.9%). The majority of surveyed units implemented COVID-19-specific protocols (130/148, 87.8%), offered adequate PPE (135/148, 91.2%) and operated dedicated COVID-19 emergency theatres (105/148, 70.8%). Most units reduced face-to-face antenatal clinics (117/148, 79.1%) and suspended elective gynaecology services (131/148, 88.5%). The 2-week referral pathway for oncological gynaecology was not affected in half of the units (76/148, 51.4%), but half reported a planned reduction in oncology surgery (82/148, 55.4%). Conclusion The provision of obstetrics and gynaecology services in the UK during the acute phase of the COVID-19 pandemic seems to be in line with current guidelines, but strategic planning is needed to restore routine gynaecology services and ensure safe access to maternity care in the long term. Tweetable abstract Provision of obstetrics and gynaecology services during the acute phase of COVID-19 is in line with current guidelines, strategic planning is needed to restore routine services and ensure safe access to care in the long term. (Author) (Survey)
**Available from:** https://doi.org/10.1111/1471-0528.16313

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## 20200626-33*

## Vaginal delivery in SARS-CoV-2-infected pregnant women in Northern Italy: a retrospective analysis.

Ferrazzi E; Frigerio L; Savasi V; et al, (2020). BJOG: An International Journal of Obstetrics and Gynaecology , 27 April 2020, online.

Objective To report mode of delivery and immediate neonatal outcome in women infected with COVID-19. Design Retrospective study. Setting Twelve hospitals in northern Italy. Participants Pregnant women with COVID-19-confirmed infection who delivered. Exposure COVID 19 infection in pregnancy. Methods SARS-CoV-2-infected women who were admitted and delivered from 1 to 20 March 2020 were eligible. Data were collected from the clinical records using a standardised questionnaire on maternal general characteristics, any medical or obstetric co-morbidity, course of pregnancy, clinical signs and symptoms, treatment of COVID 19 infection, mode of delivery, neonatal data and breastfeeding. Main outcome and measures Data on mode of delivery and neonatal outcome. Results In all, 42 women with COVID-19 delivered at the participating centres; 24 (57.1%, 95% CI 41.0–72.3) delivered vaginally. An elective caesarean section was performed in 18/42 (42.9%, 95% CI 27.7–59.0) cases: in eight cases the indication was unrelated to COVID-19 infection. Pneumonia was diagnosed in 19/42 (45.2%, 95% CI 29.8–61.3) cases: of these, 7/19 (36.8%, 95% CI 16.3–61.6) required oxygen support and 4/19 (21.1%, 95% CI 6.1–45.6) were admitted to a critical care unit. Two women with COVID-19 breastfed without a mask because infection was diagnosed in the postpartum period: their newborns tested positive for SARS-Cov-2 infection. In one case, a newborn had a positive test after a vaginal operative delivery. Conclusions Although postpartum infection cannot be excluded with 100% certainty, these findings suggest that vaginal delivery is associated with a low risk of intrapartum SARS-Cov-2 transmission to the newborn. Tweetable abstract This study suggests that vaginal delivery may be associated with a low risk of intrapartum SARS-Cov-2 transmission to the newborn. (Author) (Retrospective study)
**Available from:** https://doi.org/10.1111/1471-0528.16278

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**20200625-32***

**SARS-CoV-2 Infection in Infants Less than 90 Days Old.** Mithal LB; Machut KZ; Muller WJ; et al, (2020). The Journal of Pediatrics , 17 June 2020, online.

This is a single-center US case series of 18 infants <90 days old who tested positive for SARS-CoV-2. These infants had a mild febrile illness without significant pulmonary disease. One half were hospitalized; one had bacterial urinary tract co-infection. Nasopharyngeal viral loads were notably high. Latinx ethnicity was overrepresented. (Author) (Original research)

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**20200624-69***

**Labor and Delivery Visitor Policies During the COVID-19 Pandemic: Balancing Risks and Benefits.** Arora KS; Mauch JT; Gibson KS; et al, (2020). JAMA (Journal of the American Medical Association) , vol 323, no 24, 23/30 June 2020, pp 2468-2469.

Discusses variations in labour ward visitor policies during the Covid-19 pandemic. (MB) (Commentary)

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**20200624-68***

**Prevalence of SARS-CoV-2 Among Patients Admitted for Childbirth in Southern Connecticut.** Campbell KH; Tornatore JM; Lawrence KE; et al, (2020). JAMA (Journal of the American Medical Association) , vol 323, no 24, 23/30 June 2020, pp 2520-2522.

Developing an approach to care for pregnancy and childbirth during the coronavirus disease 2019 (COVID-19) crisis is a priority to (1) provide safe care to pregnant women and newborns and (2) protect health care workers from infection. A study conducted in New York City reported a 13.5% prevalence of asymptomatic infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in women presenting for childbirth.1 On March 30, 2020, an initially asymptomatic woman admitted to the Yale New Haven Health system developed cough and fever soon after childbirth; testing confirmed SARS-CoV-2 infection. This event prompted the development of a SARS-CoV-2 screening and testing program of patients presenting for childbirth; we report the prevalence detected in the first weeks of the program. (Author) (Correspondence)
**Available from:** https://doi.org/10.1001/jama.2020.8904

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**20200624-64***

**Understanding and Addressing Sources of Anxiety Among Health Care Professionals During the COVID-19 Pandemic.** Shanafelt T; Ripp J; Trockel M, (2020). JAMA (Journal of the American Medical Association) , vol 323, no 21, 2 June 2020, pp 2133-2134.

Summarizes key considerations for supporting the health care workforce so health care professionals are equipped to provide care for their patients and communities. (Author, edited) (Commentary)
**Available from:** https://doi.org/10.1001/jama.2020.5893

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**20200624-63***

**Second-Trimester Miscarriage in a Pregnant Woman With SARS-CoV-2 Infection.** Baud D; Greub G; Favre G; et al, (2020). JAMA (Journal of the American Medical Association) , vol 323, no 21, 30 April 2020, pp 2198-2200.

Presents a case of miscarriage during the second trimester in a pregnant woman with COVID-19. (MB) (Case report)
**Available from:** https://doi.org/10.1001/jama.2020.7233

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**20200624-61***

**Healthcare information on YouTube: Pregnancy and COVID-19.** Yuksel B; Cakmak K, (2020). International Journal of Gynecology & Obstetrics , 29 May 2020, online.

Objective We aimed to analyze Turkish language videos on YouTube about Coronavirus and pregnancy. Methods YouTube was searched for the following keywords: "Coronavirus, gebelik," "Coronavirus, Hamilelik," "COVID-19, gebelik" and "COVID-19, hamilelik". All ranking data for each video was recorded, video sources and target audiences were analyzed. Videos were designated as "informative, "misleading" "personal experience" and "news update." The usefulness of the videos were analyzed by DISCERN score and the quality of the content was calculated by MICI score. Results Seventy-six videos had a total of 1.494.860 views, with 40.849 likes and 575 dislikes. The source of information in informative videos was physicians (73%), and news agencies (20%), and the majority of these targeted patients. The DISCERN score of videos was 2.9 ± 1, 1.6 ± 0.9, and 1.9 ± 0.9 respectively for respectively for the informative group, personal experience group, and news update group. The mean MICI score for informative videos was low and calculated as 5.3 ± 2.8. Conclusion YouTube videos are easily accessible sources of COVID-19 information for pregnant women. The present study demonstrated that videos about pregnancy and COVID-19 have high view rates, but are generally low in quality and trustworthiness. (Author) (Original research)
**Available from:** https://doi.org/10.1002/ijgo.13246

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## 20200624-60*

**Rheumatic diseases during pregnancy and SARS-CoV-2: An appeal for medication adherence.** Scioscia M; Praino E; Scioscia C, (2020). International Journal of Gynecology & Obstetrics , 5 June 2020, online.

The novel SARS-CoV-2 outbreak has raised concerns among patients with rheumatic diseases receiving chronic immunosuppressive therapy. Patient concerns regarding immune response to the virus have fueled non-adherence behavior. (Author) (Overview)
**Available from:** https://doi.org/10.1002/ijgo.13255

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## 20200624-59*

**Maternal mortality from COVID-19 in Mexico.** Lumbreras-Marquez MI; Campos-Zamora M; de Leon HL-D; et al, (2020). International Journal of Gynecology & Obstetrics , 30 May 2020, online.

In this study, we report a 2.3% case fatality rate among parturients with COVID-19 in Mexico. (Author)
**Available from:** https://doi.org/10.1002/ijgo.13250

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## 20200624-57*

**Psychological impact of COVID-19 quarantine measures in northeastern Italy on mothers in the immediate postpartum period.** Zanardo V; Manghina V; Giliberti L; et al, (2020). International Journal of Gynecology & Obstetrics , 31 May 2020, online.

Objective To explore whether quarantine measures and hospital containment policies among women giving birth in a COVID-19 "hotspot" area in northeastern Italy enhanced psycho-emotional distress in the immediate postpartum period. Methods We designed a non-concurrent case–control study of mothers who gave birth during a COVID-19 quarantine period between March 8 and May 3, 2020 (COVID-19 study group), with an antecedent group of matched postpartum women (control group) who delivered in the same period in 2019. Participants completed the Edinburgh Postnatal Depression Scale (EPDS) on the second day postpartum. Results The COVID-19 study group (n=91) had significantly higher mean EPDS scores compared with the control group (n=101) (8.5 ± 4.6 vs 6.34 ± 4.1; P <0.001). Furthermore, 28.6% of women in the COVID-19 group had a global EPDS score above 12. Analysis of three EPDS subscales revealed significantly higher scores among the COVID-19 group compared with the control group for anhedonia (0.60 ± 0.61 vs 0.19 ± 0.36; P <0.001) and depression (0.58 ± 0.54 vs 0.35 ± 0.45; P =0.001). Conclusions Concerns about risk of exposure to COVID-19, combined with quarantine measures adopted during the COVID-19 pandemic, adversely affected the thoughts and emotions of new mothers, worsening depressive symptoms. (Author) (Case control study)

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## 20200624-54*

**Call to action for a South American network to fight COVID-19 in pregnancy.** Costa ML; Pacagnella RC; Guida JP; et al, (2020). International Journal of Gynecology & Obstetrics , 15 May 2020, online.

A call to action for joint efforts by South American centers to tackle COVID-19 in pregnancy. (Author) (Commentary)
**Available from:** https://doi.org/10.1002/ijgo.13225

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## 20200624-50*

**Update on clinical outcomes of women with COVID-19 during pregnancy.** Zeng Y; Lin L; Yan Q; et al, (2020). International Journal of Gynecology & Obstetrics , 21 May 2020, online.

Most women with COVID-19 delivered at or beyond the late preterm period. Some who delivered prematurely had other medical indications for preterm birth. (Author) (Commentary)
**Available from:** https://doi.org/10.1002/ijgo.13236

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## 20200624-49*

**Maternal health and non-communicable disease prevention: An investment case for the post COVID-19 world and need for better health economic data.** Kapur A; Hod M, (2020). International Journal of Gynecology & Obstetrics , 13 May 2020, online.

An integrated approach to population health, disease surveillance, and preventive care will dominate the health agenda in the post COVID-19 world. Because of their huge burden and the vulnerability imposed during a health crisis, prevention and care of non-communicable diseases (NCDs) will need to be prioritized even further. Maternal and child health are inextricably linked with NCDs and their risk factors. The intergenerational impact of poor maternal nutrition and health conditions during pregnancy, particularly NCD-related pregnancy complications, can be considered as a multiplier of the ongoing pandemic of NCDs. The economic cost of poor maternal health and NCD-related pregnancy complications is likely very high, but is not adequately researched or documented in the context of long-term population health. Interventions to address NCDs in pregnancy have beneficial effects on short-term pregnancy outcomes; but even more importantly, identifying "at-risk" mothers and offspring opens up the opportunity for targeted early preventive action. Preventive actions to address obesity, hypertension, type 2 diabetes, and cardiovascular diseases have a common lifestyle approach—

identifying any one of these problems in pregnancy provides an opportunity to address them all. Cost–benefit analyses that only focus on the short-term and on one condition do not capture the full value of downstream, long-term benefits for population health. This requires urgent attention from FIGO. (Author) (Original research)
**Available from:** https://doi.org/10.1002/ijgo.13198

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## 20200624-45*

**Radiological findings and clinical characteristics of pregnant women with COVID -19 pneumonia.** Wu X; Sun R; Chen J; et al, (2020). International Journal of Gynecology & Obstetrics , vol 150, no 1, July 2020, pp 58-63.

Objective To study chest CT images and clinical characteristics of COVID -19 pneumonia in pregnant patients to examine any correlation. Methods Between December 31, 2019 and March 7, 2020, 23 hospitalized pregnant patients with confirmed COVID -19 were enrolled in the study. Clinical presentations were collected retrospectively from records, including laboratory testing, chest CT imaging, and symptoms. Descriptive analysis and correlation of patients' clinical and CT characteristics were performed. Laboratory results from time of first admission and CT absorption (defined as reduction in lesion area, decrease in density, and absorption of some solid components) were compared between symptomatic and asymptomatic patients. Results Fifteen (65.2%) patients were asymptomatic with patchy ground-glass opacity in a single lung lobe. Eight (34.8%) patients were symptomatic with multiple patchy ground-glass shadows, consolidation, and fibrous stripes. Differences in lymphocyte percentage and neutrophil granulocyte rate between first admission and CT absorption were significant (P <0.001). Median absorption time was shorter in the asymptomatic group compared with the symptomatic group (5 vs 10 days; P <0.001). Median hospitalization time between asymptomatic and symptomatic patients was 14 vs 25.5 days; P >0.001. Median absorption time and length of hospitalization for all patients was 6 days (IQR 5–8) and 17 days (IQR 13–25), respectively. Conclusion Radiological findings and clinical characteristics in pregnant women with COVID -19 were similar to those of non-pregnant women with COVID -19. Median absorption time and length of hospitalization in asymptomatic patients were significantly shorter than in symptomatic patients. Lymphocyte percentage and neutrophil granulocyte rate may be used as laboratory indicators of CT absorption. (Author) (Original research)
**Available from:** https://doi.org/10.1002/ijgo.13165

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## 20200624-44*

**Analysis of vaginal delivery outcomes among pregnant women in Wuhan, China during the COVID-19 pandemic.** Liao J; He X; Gong Q; et al, (2020). International Journal of Gynecology & Obstetrics , vol 150, no 1, July 2020, pp 53-57.

Objective To study vaginal delivery outcomes and neonatal prognosis and summarize the management of vaginal delivery during the COVID-19 pandemic. Methods A retrospective analysis of medical records and comparison of vaginal delivery outcomes between 10 pregnant women with clinical diagnosis of COVID-19 and 53 pregnant women without COVID-19 admitted to Zhongnan Hospital of Wuhan University between January 20 and March 2, 2020. Results of laboratory tests, imaging tests, and SARS-CoV-2 nucleic acid tests were also analyzed in neonates delivered by pregnant women with clinical diagnosis of COVID-19. Results There were no significant differences in gestational age, postpartum hemorrhage, and perineal resection rates between the two groups. There were no significant differences in birth weight of neonates and neonatal asphyxia rates between the two groups. Neonates delivered by pregnant women with clinical diagnosis of COVID-19 tested negative for SARS-CoV-2 infection. Conclusions Under the premise of full evaluation of vaginal delivery conditions and strict protection measures, pregnant women with ordinary type COVID-19 can try vaginal delivery without exacerbation of COVID-19 and without increasing the risk of SARS-CoV-2 infection in neonates. (Author) (Retrospective study)
**Available from:** https://doi.org/10.1002/ijgo.13188

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## 20200624-9*

**SARS-CoV-2 infection in very preterm pregnancy: Experiences from two cases.** Cooke WR; Billett A; Gleeson S; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 14 May 2020, online.

The authors present two cases of SARS-CoV-2 infection in very preterm pregnancy. The first case was a 39-year-old Afro-Caribbean woman at 28 weeks' gestation with a BMI of 42 and type 2 diabetes mellitus. The second case was a 28-year-old Asian woman at 28 weeks' gestation with gestational diabetes. In both cases the patients deteriorated within 24 hours of admission and caesarean sections were performed. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.05.025

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## 20200624-8*

**Covid-19 during pregnancy: A case series from an universally tested population from the north of Portugal.** Dória M; Peixinho C; Laranjo M; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 15 May 2020, online.

The authors present a case series from a universally tested population from Hospital Pedro Hispano in Portugal. Out of 103 pregnant women 11.7% tested positive and most were asymptomatic. There were no maternal complications and the newborns tested negative. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.05.029

**20200624-7***

**Prolonged viral persistence in COVID-19 second trimester pregnant patient.** Panichaya P; Thaweerat W; Uthaisan J, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 18 May 2020, online.

The authors report a case of a 43-year-old woman at 18 weeks' gestation who tested positive for COVID-19. The patient had mild symptoms and the fetal heart rate remained positive. The pregnancy was terminated due to a diagnosis of Down syndrome. Placental pathology revealed no morphological change related to infection. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.05.030

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**20200624-6***

**Is termination of early pregnancy indicated in women with COVID-19?.** Wu Y-T; Li C; Zhang C-J; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 19 May 2020, online.

Discusses the impact of COVID-19 on pregnancy and fetal development. Suggests that the decision to terminate a pregnancy should be based on viral load, transmission generations, range of lung lesions, maternal age and coexisting disorders. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.05.037

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**20200623-69***

**COVID-19 infection during the third trimester of pregnancy: Current clinical dilemmas.** Fontanella F; Hannes S; Keating N; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 28 May 2020, online.

The authors present two cases of COVID-19 infection in the third trimester of pregnancy. The first case was a 38-year-old woman with gestational diabetes who was admitted with cough, dyspnoea and oxygen desaturation. The second case was a 28-year-old woman who was admitted with cough, sore throat and diarrhoea. The authors discuss the multidisciplinary considerations related to time of delivery, use of antenatal corticosteroids and thromboprophylaxis. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.05.053

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**20200623-60***

**A practical approach for the management of obstetric and infertile women during the phase two of the novel coronavirus disease 2019 (COVID -19) pandemic.** Carbone IF; Conforti A; Farina A; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 8 June 2020, online.

The authors present recommendations for the management of obstetric and infertile patients during phase two of the COVID-19 pandemic. Recommendations include a triaging procedure for antenatal care, the use of telemedicine, the continuation of fetal therapy and the resumption of fertility treatment. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.06.006

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**20200623-57***

**Effects of isolation on mood and relationships in pregnant women during the COVID-19 pandemic.** Milne SJ; Corbett GA; Hehir MP; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 8 June 2020, online.

The authors present a study on relationships and maternal mood during COVID-19. 70 women completed the questionnaire between 6 April and 28 April 2020. 4.3% reported the deterioration of relationships with partners and 44% reported low mood due to loneliness. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.06.009

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**20200623-56***

**Covid-19 in pregnant women: General data from a French National Survey.** Cohen J; Vignaux O; Jacquemard F, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 9 June 2020, online.

The authors present the results of a French national survey on pregnant women with confirmed COVID-19 who required treatment or hospitalisation. Out of 194 women 20% were admitted to hospital and 7% required oxygen therapy. Women with severe disease were older, had a higher body mass index (BMI) and were more likely to have a history of diabetes. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.06.002

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## 20200623-55*

**No Change in Cesarean Section Rate During COVID-19 Pandemic in New York City.** Malhotra Y; Miller R; Bajaj K; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 10 June 2020, online.

Discusses the caesarean section rate in New York City during the COVID-19 pandemic. Reports that SARS-CoV-2 infection did not affect mode of delivery between 8 March 2020 and 20 April 2020. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.06.010

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## 20200623-53*

**Coronavirus: Morning-after pill access 'hit by lockdown'.** Anon, (2020). BBC News , 23 June 2020.

Reports on the decline in sales and prescriptions for the morning-after pill during the COVID-19 pandemic. Suggests that limited access to emergency contraception could lead to an increase in unplanned pregnancies. (LDO) (News item)

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## 20200623-31*

**NHS: Mental Health [written answer].** House of Commons, (2020). Hansard , Written question 57909, 10 June 2020.

Helen Whately responds to a written question asked by Sir Mark Hendrick to the Secretary of State for Health and Social Care, regarding the steps his Department is taking to assess the effect of the COVID-19 outbreak on the mental health of NHS staff. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-10/57909/

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## 20200623-27*

**Mental Health Services: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 59894, 16 June 2020.

Helen Whately responds to a written question asked by Zarah Sultana to the Secretary of State for Health and Social Care, regarding the assessment his Department has made of the need for the provision of increased mental health support to (a) nurses, (b) doctors and (c) other NHS staff (i) during and (ii) after the COVID-19 outbreak. (LDO)
(Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-16/59894/
**Full URL:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-16/59894/

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## 20200623-19*

**General Practitioners: Postnatal Care [written answer].** House of Commons, (2020). Hansard , Written question 60869, 17 June 2020.

Jo Churchill responds to a written question asked by Munira Wilson to the Secretary of State for Health and Social Care, regarding the assessment his Department has made of the effect of the COVID-19 outbreak on six week postnatal health checks for new mothers at GPs surgeries. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-17/60869/

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## 20200623-16*

**General Practitioners: Postnatal Care [written answer].** House of Commons, (2020). Hansard , Written question 60871, 17 June 2020.

Jo Churchill responds to a written question asked by Munira Wilson to the Secretary of State for Health and Social Care, regarding guidance to GPs on resuming face-to-face six week postnatal health checks for new mothers. (LDO)
(Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-17/60871/

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## 20200623-11*

**Postnatal Care: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 60870, 17 June 2020.

Ms Nadine Dorries responds to a written question asked by Munira Wilson to the Secretary of State for Health and Social Care, regarding the assessment his Department has made of the effect of the COVID-19 outbreak on the (a) physical health, (b) mental health, and (c) safety of new mothers. (LDO)
(Parliamentary question)

**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-17/60870/

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## 20200623-8*

**Temporary Employment: NHS [written answer].** House of Commons, (2020). Hansard , Written question 53367, 1 June 2020.

Helen Whately responds to a written question asked by Caroline Lucas to the Secretary of State for Health and Social Care, regarding financial support available to NHS bank staff who are not eligible for universal credit and have had (a) no working hours and (b) their hours reduced since the start of the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-01/53367/

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## 20200623-7*

**Maternity Services: Immigrants [written answer].** House of Commons, (2020). Hansard , Written question 56105, 8 June 2020.

Edward Argar responds to a written question asked by Mohammad Yasin to the Secretary of State for Health and Social Care, regarding his estimate of the number of non-EU nationals who cannot (a) leave the UK during the COVID-19 outbreak and (b) afford access to NHS maternity treatment. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-08/56105/

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## 20200622-29*

**COVID-19: reflections on childbirth and neonatal care in Italy.** Varsalone FF; Dermyshi E, (2020). Infant , vol 16, no 3, May 2020, pp 101-102.

In Italy, the spread of the SARS-CoV-2 infection has hit with an uneven distribution and, fortunately, in the neonatal setting the virus affects fewer patients and with less severity. Nevertheless, the moment of childbirth has turned into a more complex event for healthcare professionals as we have to work with visors, masks and gowns. The continuously increasing number of COVID-19 cases has also given rise to the need for specific protocols to protect pregnant women and newborn babies. (Author) (Overview)

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## 20200622-26*

**The role of simulation in preparing a response to the COVID-19 pandemic.** Peterson J; Gottstein R; Ranganna R, (2020). Infant , vol 16, no 3, May 2020, pp 108-112.

In response to COVID-19, simulation has been used to embed practical skills such as donning and doffing of personal protective equipment and scenario-based logistics of proposed COVID-19 patient flows. We have developed small staff group training sessions, alongside larger scale multidisciplinary team sessions and used simulation to guide the development of our standard operating procedure. We have also created online training resources to reach a larger number of staff within the neonatal unit (NNU). In this article we share our experiences to help others develop their own ideas on the plethora of ways that simulation can aid a response to the COVID-19 outbreak and any other future advances within the NNU. (Author) (Overview)

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## 20200622-25*

**Practical considerations for the emergency delivery of babies from mothers with confirmed or suspected COVID-19.** Wells P; Taylor A; Battersby C; et al, (2020). Infant , vol 16, no 3, May 2020, pp 94-98.

Maternity and neonatal departments must be prepared for the delivery of babies from COVID-19 positive women. We describe a guideline developed at the North Middlesex University Hospital maternity unit, for multidisciplinary team members attending an emergency caesarean section of mothers with confirmed or suspected COVID-19. Anticipated staff actions and personal protective equipment were considered to optimise staff safety and reduce transmission of SARS-CoV-2. We recommend units generate individualised guidance suitable to their settings. (Author) (Overview)

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## 20200622-13*

**Maternity Services: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 59267, 12 June 2020.

Ms Nadine Dorries responds to a written question from Olivia Blake to the Secretary of State for Health and Social Care, regarding what additional (a) counselling and (b) support his Department provided to people who gave birth during the covid-19 lockdown. (JSM) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-questions-answers/?page=1&max=20&questiontype=AllQuestions&house=commons%2Clords&member=4864&keywords=coronavirus&uin=59267

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**20200622-12***

**Abortion: Drugs [written question].** House of Commons, (2020). Hansard , Written question 54273, 3 June 2020.

Helen Whately responds to a written question from Scott Benton to the Secretary of State for Health and Social Care, regarding whether it is the Government's policy that the temporary regulations to permit the use of both sets of abortion pills at home will not be extended beyond the covid-19 outbreak. (Author) (Parliamentary question)

**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-03/54273/

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**20200622-8***

**COVID-19: what are the physical and mental challenges?.** Winter GF, (2020). British Journal of Midwifery , vol 28, no 6, June 2020, pp 342-343.

George F Winter gives an overview of the impact of the coronavirus on healthcare workers and pregnant women. (Author) (Overview)

**Available from:** https://doi.org/10.12968/bjom.2020.28.6.342

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**20200622-5***

**Collateral damage of the covid-19 pandemic: a Dutch perinatal perspective.** Verweij EJ; M'hamdi HI; Steegers EAP; et al, (2020). BMJ , vol 369, no 8250, 12 June 2020, m2326.

Correspondence raising concerns about the collateral damage caused by the covid-19 pandemic. (MB) (Correspondence)

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**20200622-3***

**"Women and children last"—effects of the covid-19 pandemic on reproductive, perinatal, and paediatric health.** von Dadelszen P; Khalil A; Wolfe I; et al, (2020). BMJ , vol 369, no 8250, 10 June 2020, m2287.

Correspondence discussing the risks to children during the covid-19 pandemic. (MB) (Correspondence)

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**20200619-37***

**Critically ill pregnant patient with COVID-19 and neonatal death within two hours of birth.** Li J; Wang Y; Zeng Y; et al, (2020). International Journal of Gynecology & Obstetrics , vol 150, no 1, July 2020, pp 126-128.

COVID-19 may lead to a sharp decline in blood oxygen, can cause sudden changes in the fetal intrauterine environment, and could possibly result in neonatal death. (Author) (Original research)

**Available from:** https://doi.org/10.1002/ijgo.13189

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**20200619-36***

**Effectiveness of a COVID-19 screening questionnaire for pregnant women at admission to an obstetric unit in Milan.** Tassis B; Lunghi G; Frattaruolo MP; et al, (2020). International Journal of Gynecology & Obstetrics , vol 150, no 1, July 2020, pp 124-126.

Screening for SARS-Cov-2 at hospital admission using a specific questionnaire is less effective than nasopharyngeal swab but more sustainable, hence it can be considered in contexts with low incidence of the virus. (Author) (Original research)

**Available from:** https://doi.org/10.1002/ijgo.13191

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**20200619-35***

**COVID-19 as a risk factor for obstetric violence.** Sadler M; Leiva G; Olza I, (2020). Sexual and Reproductive Health Matters , 19 June 2020, online.

Argues that some restrictions and interventions being imposed on childbearing women during the current COVID-19 pandemic amount to obstetric violence as they are unnecessary, are not based on scientific evidence and are an abuse of human dignity. (JSM) (Commentary)

**Available from:** https://doi.org/10.1080/26410397.2020.1785379

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**20200619-34***

**Guidance for the provision of antenatal services during the COVID-19 pandemic.** Richens Y; Wilkinson M; Connor D, (2020). British Journal of Midwifery , vol 28, no 5, May 2020, pp 324-327.

Novel coronavirus, known as severe acute respiratory syndrome coronavirus 2 (SARS-COV-2), is a new strain of coronavirus causing the COVID-19 infection. The incubation period is estimated at 0–14 days (mean 5–6 days). The majority of people with COVID-19 infection have mild symptoms. Typical symptoms include a fever and cough which may progress to a severe pneumonia causing breathing difficulties. Severe symptoms are more likely in people with weakened immune systems, older people and people with long-term conditions. Pregnant women do not appear to be more susceptible to the consequences of an infection with COVID-19 than the general population. Special consideration should be given to pregnant women with concomitant medical illnesses. There is currently no evidence concerning transmission through genital fluids or breastmilk. (Author) (Overview)
**Available from:** https://doi.org/10.12968/bjom.2020.28.5.324

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## 20200619-29*

**Midwives in the midst of COVID-19.** Kerelo S, (2020). British Journal of Midwifery , vol 28, no 5, May 2020, p 288.

Midwives and healthcare professionals all over the globe are facing the pandemic head-on, utilising hand hygiene and sanitisation to prevent the virus from spreading. (Author) (Commentary)

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## 20200619-26*

**Making masks for maternity staff.** Denicke-Polcher S; Lawin-O'Brien A, (2020). British Journal of Midwifery , vol 28, no 5, May 2020, pp 284-285.

Despite self-isolation, social distancing and NHS work during the COVID-19 pandemic, Sandra Denicke-Polcher and Anna Lawin-O'Brien found a way to make a joyous difference, connecting the community with healthcare providers on the shop floor. (Author) (Commentary)

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## 20200619-25*

**In a time of uncertainty.** Casey-Hardman C, (2020). British Journal of Midwifery , vol 28, no 5, May 2020, p 280.

Corin Casey-Hardman, our consultant editor, expresses her immense gratitude to those on the frontline as we navigate COVID-19. (Author) (Commentary)

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## 20200619-23*

**Pregnancy: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 57896, 10 June 2020.

Ms Nadine Dorries responds to a written question from Sir Edward Davey to the Secretary of State for Health and Social Care, regarding what assessment he has made of the implications for his policies of the report entitled Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study published in the British Medical Journal on 8 June 2020; and if he will make a statement. (Author, edited) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-10/57896/

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## 20200619-17*

**Preserving and advocating for essential care for women during the coronavirus disease 2019 pandemic.** Robinson EF; Moulder JK; Zerden ML; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 13 May 2020, online.

The coronavirus disease 2019 pandemic has redefined “essential care,” and reproductive healthcare has become a frequently targeted and debated topic. As obstetricians and gynecologists, we stand with our patients and others as advocates for women’s reproductive health. With the medical and surgical training to provide all aspects of reproductive healthcare, obstetricians and gynecologists are indispensable and uniquely positioned to advocate for the full spectrum of care that our patients need right now. All patients have a right to these services. Contraception and abortion care remain essential, and we need to work at the local, state, and federal levels on policies that preserve these critical services. We must also support policies that will promote expansion of care, including lengthening Medicaid pregnancy and postpartum coverage. Although we continue to see patients, this is the time to engage outside clinical encounters by participating in lobbying and other advocacy efforts to preserve essential services, protecting the health, life, and welfare of our patients during the coronavirus disease 2019 pandemic. (Author) (Overview)

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## 20200619-13*

**Clinical Characteristics of 46 Pregnant Women with a SARS-CoV-2 Infection in Washington State.** Lokken EM; Walker CL; Delaney S; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 18 May 2020, online.

Background The impact of the coronavirus disease 2019 (Covid-19) on pregnant women is incompletely understood, but early data from case series suggest a variable course of illness from asymptomatic or mild disease to maternal death. It is unclear whether pregnant women manifest enhanced disease similar to

influenza viral infection or whether specific risk factors might predispose to severe disease. Objective To describe maternal disease and obstetrical outcomes associated with Covid-19 disease in pregnancy to rapidly inform clinical care. Study Design Retrospective study of pregnant patients with a laboratory-confirmed severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) infection from six hospital systems in Washington State between January 21, 2020 and April 17, 2020. Demographics, medical and obstetric history, and Covid-19 encounter data were abstracted from medical records. Results A total of 46 pregnant patients with a SARS-CoV-2 infection were identified from hospital systems capturing 40% of births in Washington State. Nearly all pregnant individuals with a SARS-CoV-2 infection were symptomatic (93.5%, n=43) and the majority were in their second or third trimester (43.5%, n=20 and 50.0%, n=23, respectively). Symptoms resolved in a median of 24 days (interquartile range 13-37). Seven women were hospitalized (16%) including one admitted to the intensive care unit. Six cases (15%) were categorized as severe Covid-19 disease with nearly all patients being either overweight or obese prior to pregnancy, asthma or other co-morbidities. Eight deliveries occurred during the study period, including a preterm birth at 33 weeks to improve pulmonary status in a woman with Class III obesity. One stillbirth occurred of unknown etiology. Conclusions Nearly 15% of pregnant patients developed severe Covid-19, which occurred primarily in overweight or obese women with underlying conditions. Obesity and Covid-19 may synergistically increase risk for a medically-indicated preterm birth to improve maternal pulmonary status in late pregnancy. Collectively, these findings support categorizing pregnant patients as a higher risk group, particularly for those with chronic co-morbidities. (Author) (Retrospective study)
**Available from:** https://doi.org/10.1016/j.ajog.2020.05.031

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## 20200618-51*

**Maternity Services: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 59268, 12 June 2020.

Ms Nadine Dorries responds to a written question asked by Olivia Blake to the Secretary of State for Health and Social Care, regarding the postnatal care procedures he has put in place for people who gave birth during the COVID-19 lockdown; and what assessment he has made of the effect of the COVID-19 outbreak on the provision of postnatal care. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-12/59268/

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## 20200618-50*

**Abortion: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 53294, 2 June 2020.

Helen Whately responds to a written question asked by Sir Edward Leigh to the Secretary of State for Health and Social Care, regarding when the Government plans to reverse the changes to the abortion regulation made on 30 March 2020. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-02/53294/

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## 20200617-13*

**Self-employment Income Support Scheme: Maternity Leave [written answer].** House of Commons, (2020). Hansard , Written question 55937, 8 June 2020.

Jesse Norman responds to a written question from Caroline Lucas to the Chancellor of the Exchequer, regarding whether he has carried out an equality impact assessment of the 10 June 2020 cut-off date for accessing the Coronavirus Job Retention Scheme in relation to women currently on maternity leave; and if he will make a statement. (JSM) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-08/55937/

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## 20200616-85*

**Coronavirus Job Retention Scheme: Maternity Leave [written answer].** House of Lords, (2020). Hansard , Written question HL5009, 2 June 2020.

Lord Callanan responds to a written question asked by Lord Jones of Cheltenham to Her Majesty's Government, regarding whether people on maternity leave beyond the period of 39 weeks' statutory maternity pay are able to return to work before the intended end of their leave and then be furloughed; if so, whether they would need to give eight weeks' notice to return to work early in order to qualify for furlough arrangements; and if not; what assessment they have made of the disparity in circumstances for these women compared to those still in receipt of maternity pay who have to give eight weeks' notice before returning to work in order to be furloughed. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-06-02/HL5009/

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## 20200616-84*

**Abortion: Drugs [written answer].** House of Lords, (2020). Hansard , Written question HL5115, 2 June 2020.

Lord Bethell responds to a written question asked by Baroness Stroud to Her Majesty's Government, regarding the risk of allowing the administration of mifepristone and misoprostol at home for an abortion following a telephone consultation. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-06-02/HL5115/

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## 20200616-83*

**Abortion: Drugs [written answer].** House of Lords, (2020). Hansard , Written question HL5116, 2 June 2020.

Lord Bethell responds to a written question asked by Baroness Stroud to Her Majesty's Government, regarding the safeguards in place to ensure that mifepristone and misoprostol are only prescribed for medical abortions at home where women are less than 10 weeks pregnant; and what plans they have to reconsider allowing such treatment to be prescribed without seeing a clinician in person. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-06-02/HL5116/

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## 20200616-82*

**Coronavirus: Pregnancy [written answer].** House of Lords, (2020). Hansard , Written question HL5117, 2 June 2020.

Lord Bethell responds to a written question asked by Baroness Stroud to Her Majesty's Government, regarding the factors considered when determining whether a pregnant women should see a clinician in person during the COVID-19 outbreak to (1) have an ultrasound to determine the gestational age of the pregnancy, and (2) have two doctors certify the grounds for a termination. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-06-02/HL5117/

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## 20200616-81*

**Universal Screening for SARS-CoV-2 in Women Admitted for Delivery.** Sutton D; Fuchs K; D'Alton M; et al, (2020). New England Journal of Medicine , 28 May 2020, online.

The authors describe their experience implementing universal testing with nasopharyngeal swabs and a quantitative polymerase-chain-reaction test to detect SARS-CoV-2 infection in women who were admitted for delivery. (MB) (Correspondence)
**Available from:** https://www.nejm.org/doi/full/10.1056/NEJMc2009316

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## 20200616-80*

**Vertical Transmission of Severe Acute Respiratory Syndrome Coronavirus 2: A Systematic Review.** Yang Z; Liu Y, (2020). American Journal of Perinatology , 13 May 2020, online.

Objective  The aim of this study is to summarize currently available evidence on vertical transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Study Design  A systematic review was conducted following the guidelines of the Preferred Reporting Items for Systematic Reviews and Meta-analysis Statement. Results  A total of 22 studies comprising 83 neonates born to mothers diagnosed with coronavirus disease 2019 were included in the present systematic review. Among these neonates, three were confirmed with SARS-CoV-2 infection at 16, 36, and 72 hours after birth, respectively, by nasopharyngeal swab real-time polymerase chain reaction (RT-PCR) tests; another six had elevated virus-specific antibody levels in serum samples collected after birth, but negative RT-PCR test results. However, without positive RT-PCR tests of amniotic fluid, placenta, or cord blood, there is a lack of virologic evidence for intrauterine vertical transmission. Conclusion There is currently no direct evidence to support intrauterine vertical transmission of SARS-CoV-2. Additional RT-PCR tests on amniotic fluid, placenta, and cord blood are needed to ascertain the possibility of intrauterine vertical transmission. For pregnant women infected during their first and second trimesters, further studies focusing on long-term outcomes are needed. (Author) (Systematic review)

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## 20200616-79*

**Exclusion of Pregnant Women from Clinical Trials during the Coronavirus Disease 2019 Pandemic: A Review of International Registries.** Smith DD; Pippen JL; Adesomo AA; et al, (2020). American Journal of Perinatology , 19 May 2020, online.

Objective  Pregnant women have been historically excluded from clinical trials for nonobstetric conditions, even during prior epidemics. The objective of this review is to describe the current state of research for pregnant women during the coronavirus disease 2019 (COVID-19) pandemic. Study Design  We conducted a search of international trial registries for trials relating to the novel coronavirus. The eligibility criteria for each trial were reviewed for inclusion/exclusion of pregnant women. Relevant data were extracted and descriptive

statistics were calculated for individual and combined data. The total number of trials from each registry were compared, as well as the proportions of pregnancy-related trials within each. Results Among 621,370 trials in the World Health Organization International Clinical Trials Registry, 927 (0.15%) were COVID-19 related. Of those, the majority (52%) explicitly excluded pregnancy or failed to address pregnancy at all (46%) and only 16 (1.7%) were pregnancy specific. When categorized by region, 688 (74.2%) of COVID-19 trials were in Asia, followed by 128 (13.8%) in Europe, and 66 (7.2%) in North America. Of the COVID-19 trials which included pregnant women, only three were randomized-controlled drug trials. Conclusion Approximately 1.7% of current COVID-19 research is pregnancy related and the majority of trials either explicitly exclude or fail to address pregnancy. Only three interventional trials worldwide involved pregnant women. The knowledge gap concerning the safety and efficacy of interventions for COVID-19 created by the exclusion of pregnant women may ultimately harm them. While "ethical" concerns about fetal exposure are often cited, it is in fact unethical to habitually exclude pregnant women from research. (Author) (Review)

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## 20200616-78*

**The Relationship between Status at Presentation and Outcomes among Pregnant Women with COVID-19.** London V; McLaren Jr R; Atallah F; et al, (2020). American Journal of Perinatology , 19 May 2020, online.

Objective This study was aimed to compare maternal and pregnancy outcomes of symptomatic and asymptomatic pregnant women with novel coronavirus disease 2019 (COVID-19). Study Design This is a retrospective cohort study of pregnant women with COVID-19. Pregnant women were divided into two groups based on status at admission, symptomatic or asymptomatic. All testing was done by nasopharyngeal swab using polymerase chain reaction (PCR) for severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2). Initially, nasopharyngeal testing was performed only on women with a positive screen (symptoms or exposure) but subsequently, testing was universally performed on all women admitted to labor and delivery. Chi-square and Wilcoxon's rank-sum tests were used to compare outcomes between groups. Results Eighty-one patients were tested because of a positive screen (symptoms [n = 60] or exposure only [n = 21]) and 75 patients were universally tested (all asymptomatic). In total, there were 46 symptomatic women and 22 asymptomatic women (tested based on exposure only [n = 12] or as part of universal screening [n = 10]) with confirmed COVID-19. Of symptomatic women (n = 46), 27.3% had preterm delivery and 26.1% needed respiratory support while none of the asymptomatic women (n = 22) had preterm delivery or need of respiratory support (p = 0.007 and 0.01, respectively). Conclusion Pregnant women who presented with COVID19-related symptoms and subsequently tested positive for COVID-19 have a higher rate of preterm delivery and need for respiratory support than asymptomatic pregnant women. It is important to be particularly rigorous in caring for COVID-19 infected pregnant women who present with symptoms. (Author) (Retrospective study)

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## 20200616-75*

**COVID-19 in Pregnant Women: Case Series from One Large New York City Obstetrical Practice.** Fox NS; Melka S, (2020). American Journal of Perinatology , 21 May 2020, online.

Objective This study aimed to report a case series of pregnant women in New York City with confirmed or presumed coronavirus disease (COVID-19) infection. Study Design Beginning March 22, 2020, all pregnant women from one large obstetrical practice in New York City were contacted regularly to inquire about symptoms of COVID-19 (fever, cough, shortness of breath, malaise, anosmia), or sick contacts. A running log was kept of these patients, as well as all patients who underwent COVID-19 testing. For this report, we included every patient with suspected COVID-19 infection, which was defined as at least two symptoms, or a positive COVID-19 nasopharyngeal polymerase chain reaction test. Results From March 22, 2020 until April 30, 2020, 757 pregnant women in our practice were evaluated and 92 had known or suspected COVID-19 (12.2%, 95% confidence interval [CI]: 10.0–14.7%). Of these 92 women, 33 (36%) had positive COVID-19 test results. Only one woman required hospital admission for 5 days due to COVID-19 (1.1%, 95% CI: 0.2–5.9%). One other woman received home oxygen. No women required mechanical ventilation and there were no maternal deaths. One woman had an unexplained fetal demise at 14 weeks' gestation around the time of her COVID-19 symptoms. Twenty one of the 92 women have delivered, and all were uncomplicated. Conclusions Among 92 women with confirmed or presumed COVID-19, the overall morbidity was low. These preliminary results are encouraging for pregnant women during the COVID-19 pandemic. (Author) (Case Series)

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## 20200616-50*

**Home Birth in the Era of COVID-19: Counseling and Preparation for Pregnant Persons Living with HIV.** Premkumar A; Cassimatis I; Berhie SH; et al, (2020). American Journal of Perinatology , 4 June 2020, online.

With the coronavirus disease 2019 (COVID-19) pandemic in the United States, a majority of states have instituted "shelter-in-place" policies effectively quarantining individuals—including pregnant persons—in their homes. Given the concern for COVID-19 acquisition in health care settings, pregnant persons with high-risk pregnancies—such as persons living with HIV (PLHIV)—are increasingly investigating the option of a home birth. Although we strongly recommend hospital birth for PLHIV, we discuss our experience and recommendations for counseling and preparation of pregnant PLHIV who may be considering home birth or at risk for unintentional home birth due to the pandemic. We also discuss issues associated with implementing a risk mitigation strategy involving high-risk births occurring at home during a pandemic. (Author) (Original research)

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## 20200616-43*

## A Survey of Labor and Delivery Practices in New York City during the COVID-19 Pandemic.

Peña JA; Bianco AT; Simpson LL; et al, (2020). American Journal of Perinatology , 9 June 2020, online.

Recently, a novel coronavirus, precisely severe acute respiratory syndrome-coronavirus-2 (SARS-CoV-2), that causes the disease novel coronavirus disease 2019 (COVID-19) has been declared a worldwide pandemic. Over a million cases have been confirmed in the United States. As of May 5, 2020, New York State has had over 300,000 cases and 24,000 deaths with more than half of the cases and deaths occurring in New York City (NYC). Little is known, however, of how this virus impacts pregnancy. Given this lack of data and the risk for severe disease in this relatively immunocompromised population, further understanding of the obstetrical management of COVID-19, as well as hospital level preparation for its control, is crucial. Guidance has come from expert opinion, professional societies and public health agencies, but to date, there is no report on how obstetrical practices have adapted these recommendations to their local situations. We therefore developed an internet-based survey to elucidate the practices put into place to guide the care of obstetrical patients during the COVID-19 pandemic. We surveyed obstetrical leaders in four academic medical centers in NYC who were implementing and testing protocols at the height of the pandemic. We found that all sites made changes to their practices, and that there appeared to be agreement with screening and testing for COVID-19, as well as labor and delivery protocols, for SARS-CoV-2-positive patients. We found less consensus with respect to inpatient antepartum fetal surveillance. We hope that this experience is useful to other centers as they formulate their plans to face this pandemic. (Author) (Original research)

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## 20200616-42*

## Telehealth Uptake into Prenatal Care and Provider Attitudes during the COVID-19 Pandemic in New York City: A Quantitative and Qualitative Analysis.

Madden N; Emeruwa UN; Friedman AM; et al, (2020). American Journal of Perinatology , 9 June 2020, online.

Objective This study aimed to (1) determine to what degree prenatal care was able to be transitioned to telehealth at prenatal practices associated with two affiliated hospitals in New York City during the novel coronavirus disease 2019 (COVID-19) pandemic and (2) describe providers' experience with this transition. Study Design Trends in whether prenatal care visits were conducted in-person or via telehealth were analyzed by week for a 5-week period from March 9 to April 12 at Columbia University Irving Medical Center (CUIMC)-affiliated prenatal practices in New York City during the COVID-19 pandemic. Visits were analyzed for maternal-fetal medicine (MFM) and general obstetrical faculty practices, as well as a clinic system serving patients with public insurance. The proportion of visits that were telehealth was analyzed by visit type by week. A survey and semistructured interviews of providers were conducted evaluating resources and obstacles in the uptake of telehealth. Results During the study period, there were 4,248 visits, of which approximately one-third were performed by telehealth (n = 1,352, 31.8%). By the fifth week, 56.1% of generalist visits, 61.5% of MFM visits, and 41.5% of clinic visits were performed via telehealth. A total of 36 providers completed the survey and 11 were interviewed. Accessing technology and performing visits, documentation, and follow-up using the telehealth electronic medical record were all viewed favorably by providers. In transitioning to telehealth, operational challenges were more significant for health clinics than for MFM and generalist faculty practices with patients receiving public insurance experiencing greater difficulties and barriers to care. Additional resources on the patient and operational level were required to optimize attendance at in-person and video visits for clinic patients. Conclusion Telehealth was rapidly implemented in the setting of the COVID-19 pandemic and was viewed favorably by providers. Limited barriers to care were observed for practices serving patients with commercial insurance. However, to optimize access for patients with Medicaid, additional patient-level and operational supports were required. (Author) (Original research)

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## 20200616-22*

## Uptrend in distress and psychiatric symptomatology in pregnant women during the coronavirus disease 2019 pandemic.

Berthelot N; Lemieux R; Garon-Bissonnette J; et al, (2020). Acta Obstetricia et Gynecologica Scandinavica , 25 May 2020, online.

Introduction Prenatal maternal distress has a negative impact on the course of pregnancy, fetal development, offspring development, and later psychopathologies. The study aimed to determine the extent to which the coronavirus disease 2019 (COVID-19) pandemic may aggravate the prenatal distress and psychiatric symptomatology of pregnant women. Material and methods Two cohorts of pregnant volunteer women were evaluated, one that was recruited before the COVID-19 pandemic (n = 496) through advertisements in prenatal clinics in Quebec, Canada, from April 2018 to March 2020; the other (n = 1258) was recruited online during the pandemic from 2 April to 13 April 2020. Prenatal distress and psychiatric symptomatology were measured with the Kessler Distress Scale (K10), Post-traumatic Checklist for DSM-5 (PCL-5), Dissociative Experiences Scale (DES-II), and Positive and Negative Affect Schedule (PANAS). Results The 1754 pregnant women (Mage = 29.27, SD = 4.23) were between 4 and 41 gestational weeks (M = 24.80, SD = 9.42), were generally educated (91.3% had post-high-school training), and financially well-resourced (85.3% were above the low-income cut-off). A multivariate analysis of covariance controlling for age, gestational age, household income, education, and lifetime psychiatric disorders showed a large effect size (ES) in the difference between the two cohorts on psychiatric symptoms (Wilks' $\lambda = 0.68$, $F_{6,1400} = 108.50$, $P < .001$, partial $\eta^2 = 0.32$). According to post-hoc analyses of covariance, the COVID-19 women reported higher levels of depressive and anxiety symptoms (ES = 0.57), dissociative symptoms (ES = 0.22 and ES = 0.25), symptoms of post-traumatic stress disorder (ES = 0.19), and negative affectivity (ES = 0.96), and less positive affectivity (ES = 0.95) than the

pre-COVID-19 cohort. Women from the COVID-19 cohort were more likely than pre-COVID-19 women to present clinically significant levels of depressive and anxiety symptoms (OR = 1.94, $\chi 2[1] = 10.05$, P = .002). Multiple regression analyses indicated that pregnant women in the COVID-19 cohort having a previous psychiatric diagnosis or low income would be more prone to elevated distress and psychiatric symptoms. Conclusions Pregnant women assessed during the COVID-19 pandemic reported more distress and psychiatric symptoms than pregnant women assessed before the pandemic, mainly in the form of depression and anxiety symptoms. Given the harmful consequences of prenatal distress on mothers and offspring, the presently observed upsurge of symptoms in pregnant women calls for special means of clinical surveillance. (Author) (Cohort study)

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## 20200616-11*

**Coronavirus pay and work problems for pregnant women.** Anon, (2020). BBC News , 10 June 2020.

While many people fear for their career prospects in the pandemic, there are even more problems for some women expecting a baby. Reporter Ellie Price talks to expectant mothers struggling to work safely while shielding, facing unemployment, or possible loss of maternity pay and benefits. (Author, edited) (News item)
**Available from:** https://www.bbc.co.uk/news/av/uk-politics-52994005/coronavirus-pay-and-work-problems-for-pregnant-women

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## 20200616-10*

**Family Planning: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 58065, 10 June 2020.

Helen Whately responds to a written question asked by Alex Norris to the Secretary of State for Health and Social Care, regarding the effect of the response to the COVID-19 outbreak on access to (a) contraception services and (b) abortion services; and what progress has been made on the development of (i) remote and (ii) digital access to those services. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-10/58065/

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## 20200616-9*

**Genito-urinary Medicine: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 57330, 9 June 2020.

Jo Churchill responds to a written question asked by Alex Norris to the Secretary of State for Health and Social Care, regarding whether public health spending on (a) sexual health services, (b) women's health services and (c) contraception will be protected (i) during and (ii) after the COVID-19 pandemic. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-09/57330/

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## 20200616-7*

**Genito-urinary Medicine: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 57331, 9 June 2020.

Jo Churchill responds to a written question asked by Alex Norris to the Secretary of State for Health and Social Care, regarding the steps his Department is taking to ensure that (a) sexual health services and (b) contraceptive services are delivered to full capacity (i) during and (ii) after the COVID-19 pandemic. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-09/57331/

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## 20200616-5*

**Contraceptives: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 58064, 10 June 2020.

Jo Churchill responds to a written question asked by Alex Norris to the Secretary of State for Health and Social Care, regarding plans to ensure that women are able to access their contraception of choice during the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-10/58064/

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**20200616-4***

**How should we treat pregnant women infected with SARS-CoV-2?.** Faure-Bardon V; Salomon LJ; Leruez-Ville M; et al, (2020). BJOG: An International Journal of Obstetrics and Gynaecology , 14 May 2020, online.

Commentary on treatment options for pregnant women with COVID-19. Discusses antiviral agents, protease inhibitors and immunotherapy. (LDO) (Commentary)
**Available from:** https://doi.org/10.1111/1471-0528.16270

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**20200615-78***

**Homebirth: COVID-19 [written answer].** Scottish Parliament, (2020). Official Report , Written question SW5-29152, 19 May 2020.

Joe FitzPatrick responds to a written question from Jeremy Balfour to the Scottish Government, regarding what it is doing to support homebirths during the COVID-19 outrbreak. (JSM) (Parliamentary question)
**Available from:**
https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-29152

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**20200615-45***

**The outbreak of coronavirus disease in China: Risk perceptions, knowledge, and information sources among prenatal and postnatal women.** Lee T-Y; Zhong Y; Zhou J; et al, (2020). Women and Birth: Journal of the Australian College of Midwives , 29 May 2020, online.

Background The COVID-19 pandemic has created anxiety among members of the public, including all women over the childbirth continuum, who are considered to be at a greater risk of contracting most infectious diseases. Understanding the perspectives of health care consumers on COVID-19 will play a crucial role in the development of effective risk communication strategies. This study aimed to examine COVID-19-related risk perceptions, knowledge, and information sources among prenatal and postnatal Chinese women during the initial phase of the COVID-19 pandemic. Methods A cross-sectional survey design was adopted, and a four-section online questionnaire was used to collect data. Using a social media platform, the online survey was administered to 161 participants during the outbreak of COVID-19 in Nanjing, China, in February 2020. Results The participants perceived their risk of contracting and dying from COVID-19 to be lower than their risk of contracting influenza, however many of them were worried that they might contract COVID-19. The participants demonstrated adequate knowledge about COVID-19. The three major sources from which they obtained information about COVID-19 were doctors, nurses/midwives, and the television, and they placed a high level of confidence in these sources. There was no significant relationship between the perceived risk of contracting COVID-19 and knowledge about this disease. Conclusion The present findings offer valuable insights to healthcare professionals, including midwives, who serve on the frontline and provide care to pregnant women. Although the participants were adequately knowledgeable about COVID-19, they had misunderstood some of the recommendations of the World Health Organisation. (Author) (Cross-sectional study)
**Available from:** https://doi.org/10.1016/j.wombi.2020.05.010

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**20200615-6***

**Universal severe acute respiratory syndrome coronavirus 2 testing of pregnant women admitted for delivery in 2 Italian regions.** Gagliardi L; Danieli R; Suriano G; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 12 May 2020, online.

Research letter discussing a study of the SARS-CoV-2 infection rate among women admitted for delivery in two Italian regions. The authors estimate that 83% of infections were unreported and recommend universal testing in all pregnant women admitted for delivery to control the spread of the virus. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ajog.2020.05.017

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**20200615-3***

**Delivery For Respiratory Compromise Among Pregnant Women With COVID-19.** McLaren Jr RA; London V; Atallah F; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 23 May 2020, online.

Retrospective observational study of delivery and its impact on respiratory distress among women with COVID-19. Results show that delivery did not worsen the respiratory status of women with persistent oxygen desaturation. (LDO) (Research report)
**Available from:** https://doi.org/10.1016/j.ajog.2020.05.035

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## 20200615-2*

**How to optimize the management of gestational trophoblastic disease during the COVID era?.** Braga A; Elias KM; Horowitz NS; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 28 May 2020, online.

Discusses changes in the management of gestational trophoblastic disease in the United States and Brazil due to COVID-19. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ajog.2020.05.042

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## 20200612-14*

**NHS: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written answer 49659, 20 May 2020.

Helen Whately responds to a written question asked by Grahame Morris to the Secretary of State for Health and Social Care pursuant to the Answer of 19 May 2020 to Question 41979 on NHS: Coronavirus regarding in what format his Department holds the information requested. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-20/49659/

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## 20200612-13*

**Health and Social Services: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written answer 56021, 2 June 2020.

Ms Nadine Dorries responds to a written question asked by Dr Philippa Whitford to the Secretary of State for Health and Social Care regarding how many staff working in health and social care in England have died from covid-19. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-08/56021/

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## 20200612-12*

**NHS Bank: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written answer 53368, 2 June 2020.

Helen Whately responds to a written question asked by Caroline Lucas to the Secretary of State for Health and Social Care regarding whether his Department is collecting information on the number of (a) NHS Trusts that have (i) partially reduced and (ii) reduced to none NHS Bank staff hours and (b) NHS Bank staff who are (A) not eligible for the Coronavirus Job Retention Scheme and (B) have had their hours have had their hours (1) partially and (2) completely reduced since the start of the covid-19 outbreak. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-02/53368/

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## 20200612-10*

**Health Services: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written answer 43966, 6 May 2020.

Ms Nadine Dorries responds to a written question asked by Justin Madders to the Secretary of State for Health and Social Care pursuant to his oral contribution of 5 May 2020, Official Report, column 493 on Covid-19 Update, regarding when he plans to roll out regular covid-19 testing of asymptomatic healthcare staff to all healthcare staff. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-06/43966/

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## 20200612-9*

**Health Services: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written answer 43965, 6 May 2020.

Ms Nadine Dorries responds to a written question asked by Justin Madders to the Secretary of State for Health and Social Care with reference to Imperial College's publication of 23 April 2020 entitled Report 16: Role of testing in COVID-19, regarding whether he will make an assessment of the potential implications for his Department's policies of the finding that weekly covid-19 screening for healthcare workers, irrespective of their symptoms, is estimated to reduce their contribution to covid-19 transmission by 25 to 33 per cent. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-06/43965/

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## 20200611-28*

**Training: Coronavirus [written answer].** Scottish Parliament, (2020). Official Report , Written question S5W-29154, 19 May 2020.

Jeane Freeman responds to a written question asked by Jeremy Balfour to the Scottish Government, regarding its position on contracting and training independent midwives, maternity assistants and doulas or volunteers to help alleviate pressures on maternity units during the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:**
https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-29154

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## 20200611-27*

**Birth Partners: Coronavirus [written answer].** Scottish Parliament, (2020). Official Report , Written question S5W-29155, 19 May 2020.

Jeane Freeman responds to a written question asked by Jeremy Balfour to the Scottish Government, regarding the advice it has given to NHS boards on the attendance of birthing partners in (a) labour, (b) antenatal and (c) postnatal wards during the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:**
https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-29155

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## 20200611-26*

**Birth Choices: Coronavirus [written answer].** Scottish Parliament, (2020). Official Report , Written question S5W-29151, 19 May 2020.

Jeane Freeman responds to a written question asked by Jeremy Balfour to the Scottish Government, regarding how it is working with (a) birth practitioners and (b) medical staff to ensure that people's rights regarding how and where they give birth are upheld. (LDO) (Parliamentary question)
**Available from:**
https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-29151

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## 20200610-17*

**How to reduce the potential risk of vertical transmission of SARS-CoV-2 during vaginal delivery.** Carosso A; Cosma S; Serafini P; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 5 May 2020, online.

The risk of vertical transmission during vaginal delivery in COVID-19 pregnant patients is currently a topic of debate. Obstetric norms on vaginal birth assistance to reduce the potential risk of perinatal infection should be promoted by ensuring that the risk of contamination from maternal anus and faecal material is reduced during vaginal delivery. (Author) (Guidelines)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.04.065

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## 20200610-10*

**Laboring alone? Brief thoughts on ethics and practical answers during the coronavirus disease 2019 pandemic.** Ecker JL; Minkoff HL, (2020). American Journal of Obstetrics & Gynecology MFM , 15 May 2020, online.

Commentary on allowing partners in delivery rooms during the COVID-19 pandemic. The emotional and physical support provided by partners must be balanced with the safety of health care workers. The authors conclude that partners should be permitted where there is appropriate personal protective equipment and screening measures. (LDO) (Commentary)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100141

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## 20200610-9*

**COVID-19 Antibody Testing in Pregnancy.** Zullo F; Di Mascio D; Saccone G, (2020). American Journal of Obstetrics & Gynecology MFM , 18 May 2020, online.

Recommends an algorithm for outpatient and inpatient care in cases where rapid antibody testing and personnel are available. The authors draw upon their experiences of antibody testing in the Department of Obstetrics and Gynecology at University of Naples Federico II. (LDO) (Overview)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100142

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**20200610-8***

**Vertical transmission of coronavirus disease 2019: severe acute respiratory syndrome coronavirus 2 RNA on the fetal side of the placenta in pregnancies with coronavirus disease 2019–positive mothers and neonates at birth.** Patanè L; Morotti D; Giunta MR; et al, (2020). American Journal of Obstetrics & Gynecology MFM , 18 May 2020, online.

The authors present their experience with placental SARS-CoV-2 markers of infection in a series of mothers who received a diagnosis of COVID-19 in their third trimester of pregnancy. This is the first known report of positive polymerase chain reaction (PCR) results for SARS-CoV-2 in the mother, neonate and the placental tissues. (LDO) (Research report)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100145

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**20200610-7***

**Maternal Fetal Surgery During the COVID-19 Pandemic.** Crombleholme TM; Moise Jr KJ, (2020). American Journal of Obstetrics & Gynecology MFM , 18 May 2020, online.

Recommendations for maternal-fetal therapy during the COVID-19 pandemic. Includes guidance on telemedicine consultations, ultrasound surveillance, magnetic resonance imaging, open fetal surgical repair and procedures for life-threatening fetal conditions. (LDO) (Guidelines)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100144

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**20200610-6***

**Preeclampsia treatment in severe acute respiratory syndrome coronavirus 2.** Joudi N; Henkel A; Lock S; et al, (2020). American Journal of Obstetrics & Gynecology MFM , 20 May 2020, online.

Discusses the first reported case of management of severe pre-eclampsia with known maternal SARS-CoV-2 infection. Management included magnesium sulphate administration and the patient had no reported exacerbation of pulmonary symptoms. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100146

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**20200610-5***

**Universal testing of patients and their support persons for COVID-19 when presenting for admission to Labor and Delivery within the Mount Sinai Health System.** Buckley A; Bianco A; Stone J, (2020). American Journal of Obstetrics & Gynecology MFM , 22 May 2020, online.

Discusses the policy to implement universal SARS-CoV-2 testing prior to admission to labour and delivery wards in the Mount Sinai Health System. Results revealed 50 SARS-CoV-2 infections among the 307 women tested. This policy may help to protect health care workers and direct the use of personal protective equipment (PPE). (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100147

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**20200610-4***

**Perinatal outcomes in critically ill pregnant women with COVID-19.** Romagano MP; Guerrero K; Spillane N; et al, (2020). American Journal of Obstetrics & Gynecology MFM , 3 June 2020, online.

Case series of all pregnant women and their neonates requiring critical care for severe COVID-19 in two large hospitals in New Jersey. There were 1053 deliveries in the time period and 8 of the 73 symptomatic positive cases developed a critical illness. The majority of the women were Hispanic and this warrants further investigation given the emerging evidence of racial disparities in COVID-19 related deaths. (LDO) (Research report)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100151

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**20200610-3***

**NOW!: protection for obstetrical providers and patients.** Berghella V, (2020). American Journal of Obstetrics & Gynecology MFM , vol 2, no 2, suppl, May 2020, 100109.

Editorial on the impact of COVID-19 on healthcare workers and pregnant women in the United States. Recommends the implementation of strict lockdown measures using the police and military. (LDO) (Editorial)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100109

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## 20200609-34*

**Pedagogy in a pandemic – COVID-19 and virtual continuing medical education (vCME) in obstetrics and gynecology.** Kanneganti A; Lim KMX; Chan GMF; et al, (2020). Acta Obstetricia et Gynecologica Scandinavica , vol 99, no 6, June 2020, pp 692-695.

The authors share their experiences of coordinating virtual medical education programmes during the COVID-19 pandemic. The editorial discusses videoconferencing, course content, examinations and trainee mental health. (LDO) (Editorial)
**Available from:** https://doi.org/10.1111/aogs.13885

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## 20200609-33*

**Female Genital Mutilation: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 52007, 1 June 2020.

Wendy Morton responds to a written question asked by Seema Malhotra to the Secretary of State for International Development, regarding what assessment she has made of the accuracy of the estimate by the UN Population Fund that the COVID-19 pandemic could result in an additional 2 million girls worldwide being subject to female genital mutilation (FGM). (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-01/52007/

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## 20200609-20*

**Registration of Births, Deaths, Marriages and Civil Partnerships: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 49800, 20 May 2020.

Kevin Foster responds to a written question asked by Chris Elmore to the Secretary of State for the Home Department, regarding the assessment she has made of when people will be able to register births, marriages and civil partnerships during the COVID-19 lockdown. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-20/49800/

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## 20200609-17*

**NHS: Protective Clothing [written answer].** House of Commons, (2020). Hansard , Written question 41049, 28 April 2020.

Jo Churchill responds to a written question asked by Dan Jarvis to the Secretary of State for Health and Social Care, regarding what recent steps he has taken to ensure that female NHS staff have properly fitting personal protective equipment during the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-28/41049/

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## 20200609-16*

**Health Professions: Protective Clothing [written answer].** House of Commons, (2020). Hansard , Written question 39608, 24 April 2020.

Jo Churchill responds to a written question asked by Neil Coyle to the Secretary of State for Health and Social Care, regarding the steps his Department is taking to ensure professionals in primary and secondary care have access to adequate training on how to fit personal protective equipment. (LDO)
(Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-24/39608/
**Full URL:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-24/39608/

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## 20200609-14*

**Coronavirus: Protective Clothing [written answer].** House of Commons, (2020). Hansard , Written question 41421, 29 April 2020.

Jo Churchill responds to a written question asked by Caroline Lucas to the Secretary of State for Health and Social Care, regarding his assessment of whether there is adequate personal protective equipment (PPE) designed to fit the range of (a) female and (b) male sizes; what steps he is taking to ensure that all workers who require PPE have equipment that fits them properly; and if he will make a statement. (LDO)
(Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-29/41421/

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## 20200609-13*

**Abortion [written answer].** House of Commons, (2020). Hansard , Written question 52568, 1 June 2020.

Helen Whately responds to a written question asked by Scott Benton to the Secretary of State for Health and Social Care, regarding the steps his Department is taking to ensure that doctors providing medical abortion consultations via (a) video link, (b) telephone conference and (c) other electronic means will be able to certify that a woman has not passed nine weeks and six days gestation; and how that information will be recorded. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-01/52568/

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## 20200609-11*

**Maternity Services: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 52002, 1 June 2020.

Ms Nadine Dorries responds to a written question asked by Jonathan Ashworth to the Secretary of State for Health and Social Care, regarding the availability of postnatal care for new parents during the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-06-01/52002/

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## 20200609-9*

**Coronavirus: Risk higher for pregnant BAME women.** Roxby P, (2020). BBC News , 8 June 2020.

Reports on the findings of a study published in the BMJ (1) and discusses the case of Karen Mannering who tested positive for COVID-19 six months into her pregnancy. Highlights guidance published by the Royal College of Midwives (RCM) aimed at pregnant women. 1. Knight M et al. Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study. BMJ, 8 June 2020, online. (LDO) (News item)
**Available from:** https://www.bbc.co.uk/news/health-52965722

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## 20200609-8*

**BC Perinatal and Neonatal Health Care Provider Speciality Education Guidance during COVID-19 Pandemic: Took Kit.** Perinatal Services BC; Provincial Health Services Authority, (2020). Perinatal Services BC , June 2020, 22 pages.

This tool kit has been developed to support perinatal and neonatal health care provider speciality education instructors, sites, and Health Authorities in gradually resuming perinatal and neonatal health care provider (HCP) education and training activities, while adhering to BCCDC and WorkSafeBC guidelines. The BC COVID-19 epidemiology is different from many provinces and, as such, the education strategies used in British Columbia may differ from strategies being employed in other Canadian provinces or territories. (Author) (Guidelines)
**Available from:** http://www.perinatalservicesbc.ca/Documents/Resources/Alerts/Covid19-provincial-education-guidance-tool-kit.pdf

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## 20200608-15*

**Perinatal mental health during the COVID-19 pandemic.** Matvienko-Sikar K; Meedya S; Ravaldi C, (2020). Women and Birth: Journal of the Australian College of Midwives , 6 May 2020, online.

Discusses the ways in which midwives can support the perinatal mental health of women during the COVID-19 pandemic. The authors suggest that midwives should use the term 'physical distancing' instead of 'social distancing' in order to recognise the importance of social networks, and women should be encouraged to practice mindfulness and other relaxation strategies. (LDO) (Editorial)
**Available from:** https://doi.org/10.1016/j.wombi.2020.04.006

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## 20200608-3*

**COVID-19. The new normal for midwives, women and families.** Walton G, (2020). Midwifery , 28 April 2020, online.

Gill Walton highlights the innovation and resilience of maternity services in the United Kingdom during the COVID-19 pandemic. Discusses new ways of midwives engaging with pregnant women including advice phone lines and the introduction of a safe distancing queuing system using text messaging. (LDO) (Commentary)
**Available from:** https://doi.org/10.1016/j.midw.2020.102736

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**20200608-2***

**2020 International Year of Midwifery—In the midst of a pandemic.** Furuta M, (2020). Midwifery , 30 April 2020, online.

Editorial on clinical and educational challenges in Japan during the COVID-19 pandemic. Discusses antenatal services, the traditional custom of satogaeri and the suspension of midwifery training. (LDO) (Editorial)
**Available from:** https://doi.org/10.1016/j.midw.2020.102739

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**20200608-1***

**The maternity response to COVID-19: an example from one maternity unit in Taiwan.** Liao S-C; Chang Y-S; Chien L-Y; et al, (2020). Midwifery , 19 May 2020, online.

Discusses the preventative measures introduced in Taiwan at the government and hospital level to minimise the spread of COVID-19. The authors focus on a maternity unit in Taipei city which introduced designated walkways, fever screening, visitor restrictions, negative-pressure birth rooms and personal protective equipment. (LDO) (Overview)
**Available from:** https://doi.org/10.1016/j.midw.2020.102756

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**20200605-25***

**Midwifery education in COVID-19- time: Challenges and opportunities.** Luyben A; Fleming V; Vermeulen J, (2020). Midwifery , 1 June 2020, online.

Commentary on the impact of COVID-19 on undergraduate midwifery degree programmes across Europe. Discusses the closure of universities, the postponement of clinical placements and the recruitment of final year students as health care assistants. (LDO) (Commentary)
**Available from:** https://doi.org/10.1016/j.midw.2020.102776

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**20200605-22***

**The impact of covid-19 on midwives' practice in Kenya, Uganda and Tanzania: A reflective account.** Pallangyo E; Nakate MG; Maina R; et al, (2020). Midwifery , 1 June 2020, online.

Explores the COVID-19 pandemic and its impact on midwifery practice in Kenya, Uganda and Tanzania. The authors suggest that the pandemic has exacerbated the already high maternal and neonatal mortality rates in the three countries. The article discusses travel restrictions, personal protective equipment, access to contraception and antenatal care in rural areas. (LDO) (Overview)
**Available from:** https://doi.org/10.1016/j.midw.2020.102775

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**20200605-17***

**COVID-19: 2020 is the International Year of the Midwife.** Bick D, (2020). Midwifery , vol 85, June 2020, 102719.

Editorial on celebrating the International Year of the Midwife in the midst of the COVID-19 pandemic. The author suggests that midwives everywhere should be proud of the life-saving roles they are playing during this global crisis. (LDO) (Editorial)
**Available from:** https://doi.org/10.1016/j.midw.2020.102719

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**20200605-14***

**Health equality: can it ever be reached?.** Waters J, (2020). Community Practitioner , vol 93, no 3, May-June 2020, pp 34-39.

Landmark reports have shockingly revealed growing gaps between the health and life expectancy of the rich and poor in the UK. Journalist Jo Waters asks why these inequalities exist, plus if and how it's possible to help bridge the divide. (Author) (Review)

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**20200605-13***

**Voice of a Student Special: A student plea - another call to action.** Wood H, (2020). Community Practitioner , vol 93, no 3, May-June 2020, p 25.

The author, a qualified midwife and student health visitor, expresses her concern that the number of health visitors in England has dropped by 31% since 2015, and this situation has been exacerbated by the current coronavirus pandemic. Suggests that this is an opportunity to explore new ways of providing care and support to the community, at a time when it is needed more than ever. (JSM) (Professional experience)

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## 20200605-12*

**Voice of a Student Special: Training during a pandemic.** Grant C, (2020). Community Practitioner , vol 93, no 3, May-June 2020, p 24 .

The author, a qualified midwife and student health visitor, writes of the frustrations and challenges she has experienced while training during the current coronavirus crisis, and shares her hopes that this unique experience will assist her in her future practice. (JSM) (Professional experience)

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## 20200605-11*

**What am I entitled to?.** Jarrett-Thrope C, (2020). Community Practitioner , vol 93, no 3, May-June 2020, p 19.

Offers an update on staying safe during essential home visits, and what to expect if you're redeployed during the current COVID-19 pandemic. (Author, edited) (Overview)

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## 20200605-10*

**Pushing the limits.** Beach J, (2020). Community Practitioner , vol 93, no 3, May-June 2020, p 18.

Reports that during this current coronavirus pandemic, health professionals working in the community may have to work outside their scope of practice. Acknowledges that within The Code (1), there is an expectation that registrants will provide support during emergency situations, but stresses that they should not risk their own health or that of the families they work with, and should only work within their knowledge and experience. 1. Nursing and Midwifery Council. The Code: professional standards of practice and behaviour for nurses, midwives and nursing associates. 2015, London: NMC. (JSM) (Commentary)

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## 20200605-9*

**The danger indoors.** Astrup J, (2020). Community Practitioner , vol 93, no 3, May-June 2020, pp 14-17.

Explores the worrying surge in domestic abuse during the Covid-19 lockdown, the concerns for children living in households where domestic violence is taking place, and what is being done to address it. (Author, edited) (Commentary)

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## 20200605-4*

**Kawasaki-like multisystem inflammatory syndrome in children during the covid-19 pandemic in Paris, France: prospective observational study.**

Toubiana J; Poirault C; Corsia A; et al, (2020). BMJ , vol 369, no 8250, 3 June 2020, m2094.

Objectives To describe the characteristics of children and adolescents affected by an outbreak of Kawasaki-like multisystem inflammatory syndrome and to evaluate a potential temporal association with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection. Design Prospective observational study. Setting General paediatric department of a university hospital in Paris, France. Participants 21 children and adolescents (aged ≤18 years) with features of Kawasaki disease who were admitted to hospital between 27 April and 11 May 2020 and followed up until discharge by 15 May 2020. Main outcome measures The primary outcomes were clinical and biological data, imaging and echocardiographic findings, treatment, and outcomes. Nasopharyngeal swabs were prospectively tested for SARS-CoV-2 using reverse transcription-polymerase chain reaction (RT-PCR) and blood samples were tested for IgG antibodies to the virus. Results 21 children and adolescents (median age 7.9 (range 3.7-16.6) years) were admitted with features of Kawasaki disease over a 15 day period, with 12 (57%) of African ancestry. 12 (57%) presented with Kawasaki disease shock syndrome and 16 (76%) with myocarditis. 17 (81%) required intensive care support. All 21 patients had noticeable gastrointestinal symptoms during the early stage of illness and high levels of inflammatory markers. 19 (90%) had evidence of recent SARS-CoV-2 infection (positive RT-PCR result in 8/21, positive IgG antibody detection in 19/21). All 21 patients received intravenous immunoglobulin and 10 (48%) also received corticosteroids. The clinical outcome was favourable in all patients. Moderate coronary artery dilations were detected in 5 (24%) of the patients during hospital stay. By 15 May 2020, after 8 (5-17) days of hospital stay, all patients were discharged home. Conclusions The ongoing outbreak of Kawasaki-like multisystem inflammatory syndrome among children and adolescents in the Paris area might be related to SARS-CoV-2. In this study an unusually high proportion of the affected children and adolescents had gastrointestinal symptoms, Kawasaki disease shock syndrome, and were of African ancestry. (Author) (Original research)
**Available from:** https://doi.org/10.1136/bmj.m2094

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**20200605-2***

**Covid-19: Millions of women and children at risk as visits to essential services plummet.** Thornton J, (2020). BMJ , 29 May 2020, online.

Reports that the coronavirus pandemic is threatening the health of women, children and adolescents worldwide, including loss of access to contraception resulting in an estimated 7 million unwanted pregnancies. (MB) (News item)
**Available from:** https://doi.org/10.1136/bmj.m2171

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**20200604-93***

**Breastfeeding Risk from Detectable Severe Acute Respiratory Syndrome Coronavirus 2 in Breastmilk.** Zhu C; Liu W; Su H; et al, (2020). Journal of Infection , 3 June 2020, online.

Correspondence reporting on the clinical characteristics of COVID-19 pneumonia in perinatal women and evidence of SARS-CoV-2 shedding in their breastmilk. (MB) (Correspondence)
**Available from:** https://doi.org/10.1016/j.jinf.2020.06.001

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**20200604-76***

**Nursing and Midwifery Council: Fees and Charges [written answer].** House of Commons, (2020). Hansard , Written question 43703, 5 May 2020.

Helen Whately responds to a written question asked by Martyn Day to the Secretary of State for Health and Social Care, regarding if his policy will be to waive Nursing and Midwifery Council registration fees for (a) nurses and (b) midwives who are working in response to the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-05/43703/

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**20200604-69***

**Stalled vaccine programmes 'putting children's lives at risk'.** Mazumdar T, (2020). BBC News , 4 June 2020.

Reports on disruptions to vaccination programmes as a result of coronavirus in 68 countries. It is estimated that 34.8 million babies have missed routine vaccinations in South East Asia and 22.9 million have missed vaccinations in Africa. (LDO) (News item)
**Available from:** https://www.bbc.co.uk/news/health-52911972

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**20200604-57***

**Ethnic Groups: Coronavirus [written answer].** Scottish Parliament, (2020). Official Report , Written question S5W-28974, 11 May 2020.

Jeane Freeman responds to a written question asked by Monica Lennon to the Scottish Government, regarding what risk assessment has been carried out for the appropriate deployment of BAME workers in health and social care services in response to the COVID-19 pandemic. (LDO) (Parliamentary question)
**Available from:**
https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28974

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**20200603-61***

**British Nationals Abroad: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 48973, 19 May 2020.

Nigel Adams responds to a written question asked by Bill Esterson to the Secretary of State for Foreign and Commonwealth Affairs, regarding what assessment he has made of the ability of UK citizens to travel abroad during the covid-19 outbreak in order to register the birth of surrogate babies and accompany them to the UK. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-19/48973/

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**20200603-58***

**Coronavirus: Ethnic Groups [written answer].** House of Commons, (2020). Hansard , Written question 49819, 20 May 2020.

Helen Whately responds to a written question asked by Afzal Khan to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to (a) support and (b) protect BAME (i) NHS staff and (ii) other key workers during the covid-19 outbreak. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-20/49819/

## 20200603-57*

**Ethnic Groups: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 49113, 19 May 2020.

Ms Nadine Dorries responds to a written question asked by Marsha de Cordova to the Secretary of State for Health and Social Care, regarding what assessment the Government has made of the effect of covid-19 on BAME pregnant women. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-19/49113/

## 20200603-51*

**NHS and Social Services: Protective Clothing [written answer].** House of Commons, (2020). Hansard , Written question 48640, 18 May 2020.

Jo Churchill responds to a written question asked by Daisy Cooper to the Secretary of State for Health and Social Care, regarding how many and what proportion of pieces of personal protective equipment delivered to NHS and care workers via NHS supply chains since 1 January 2020 were (a) masks, (b) goggles, (c) aprons, (d) pairs of gloves, (e) gowns, (f) visors and (g) other categories by (i) surgical level or (ii) grade. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-18/48640/

## 20200603-41*

**Global interim guidance on coronavirus disease 2019 (COVID-19) during pregnancy and puerperium from FIGO and allied partners: Information for healthcare professionals.** Poon LC; Yang H; Kapur A; et al, (2020). International Journal of Gynecology & Obstetrics , vol 149, no 3, June 2020, pp 273-286.

In response to the World Health Organization (WHO) statements and international concerns regarding the coronavirus disease 2019 (COVID-19) outbreak, FIGO has issued comprehensive guidance for the management of pregnant women. (Author) (Guidelines)
**Available from:** https://doi.org/10.1002/ijgo.13156

## 20200603-31*

**Management of the first patient with confirmed COVID-19 in pregnancy in India: From guidelines to frontlines.** Sharma KA; Kumari R; Kachhawa G; et al, (2020). International Journal of Gynecology & Obstetrics , vol 150, no 1, July 2020, pp 116-118.

Successful pregnancy management in a patient with confirmed COVID-19 requires a multidisciplinary team approach and facility preparedness, especially during the pandemic. (Author) (Overview)
**Available from:** https://doi.org/10.1002/ijgo.13179

## 20200603-30*

**A systematic scoping review of COVID-19 during pregnancy and childbirth.** Elshafeey F; Magdi R; Hindi N; et al, (2020). International Journal of Gynecology & Obstetrics , vol 150, no 1, July 2020, pp 47-52.

Background Clinical presentation and outcomes of COVID-19 infection during pregnancy remain limited and fragmented. Objectives To summarize the existing literature on COVID-19 infection during pregnancy and childbirth, particularly concerning clinical presentation and outcomes. Search strategy A systematic search of LitCovid, EBSCO MEDLINE, CENTRAL, CINAHL, Web of Science, and Scopus electronic databases. The references of relevant studies were also searched. Selection criteria Identified titles and abstracts were screened to select original reports and cross-checked for overlap of cases. Data collection and analysis A descriptive summary organized by aspects of clinical presentations (symptoms, imaging, and laboratory) and outcomes (maternal and perinatal). Main results We identified 33 studies reporting 385 pregnant women with COVID-19 infection: 368 (95.6%) mild; 14 (3.6%) severe; and 3 (0.8%) critical. Seventeen women were admitted to intensive care, including six who were mechanically ventilated and one maternal mortality. A total of 252 women gave birth, comprising 175 (69.4%) cesarean and 77 (30.6%) vaginal births. Outcomes for 256 newborns included four RT-PCR positive neonates, two stillbirths, and one neonatal death. Conclusion COVID-19 infection during pregnancy probably has a clinical presentation and severity resembling that in non-pregnant adults. It is probably not associated with poor maternal or perinatal outcomes. (Author) (Systematic review)
**Available from:** https://doi.org/10.1002/ijgo.13182

**20200603-29***

**Be aware of misdiagnosis—Influenza A H1N1 in a pregnant patient with suspected COVID-19.** Fang H; Xingfei P; Yingwei Q; et al, (2020). International Journal of Gynecology & Obstetrics , vol 150, no 1, July 2020, pp 119-121.

Following standard and transmission-based precautions is essential in the differential diagnosis of COVID-19 infection. (Author) (Overview)
**Available from:** https://doi.org/10.1002/ijgo.13183

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**20200603-1***

**Health and Social Services: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 49122, 19 May 2020.

Ms Nadine Dorries responds to a written question asked by Jane Stevenson to the Secretary of State for Health and Social Care, regarding what plans his Department has to roll out covid-19 antibody tests for (a) health and social care staff (b) hospital patients, and (c) care home residents. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-19/49122/

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**20200602-14***

**Detection of SARS-CoV-2 in human breastmilk.** Groß R; Conzelman C; Müller JA; et al, (2020). The Lancet , vol 365, no 10239, 21 May 2020, pp 1757-1758.

Correspondence reporting on the results of investigations into the breast milk of two nursing mothers infected with SARS-CoV-2. (MB) (Correspondence)
**Available from:** https://doi.org/10.1016/S0140-6736(20)31181-8

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**20200602-12***

**Infection Prevention and Control (IPC) Protocol for Obstetrical Procedures During COVID-19.** BC Centre for Disease Control; BC Ministry of Health, (2020). Victoria, Canada: BC Centre for Disease Control , 24 May 2020, 8 pages.

This guidance supports B.C. health authorities with ongoing obstetrical operative procedures in the context of the COVID-19 pandemic. (Publisher) (Guidelines)
**Available from:** http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCProtocolSurgicalProceduresObstetrical.pdf

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**20200602-4***

**Protect Pregnant and Lactating Women with COVID-19 Through Research, Not from Research.** Stuebe A, (2020). Breastfeeding Medicine , vol 15, no 6, June 2020, pp 423-424.

Comments on the lack of research into the safety of the drug remdesivir in pregnancy and breastfeeding. (MB) (Commentary)

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**20200601-19***

**Midwives, women and Covid-19: lessons from 1953.** Harkness M, (2020). The Practising Midwife , vol 23, no 6, June 2020, pp 32-34.

Critical analysis of our past can enable deeper understanding of our present, particularly in times of crisis. This article uses the Myles A Textbook for Midwives (1) as a framework for professional reflection on the significant challenges imposed by the Covid-19 global pandemic. 1. Myles M (1953). A Textbook for Midwives. Edinburgh: E&S Livingstone Ltd. (Author, edited) (Commentary)

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**20200601-11***

**Principles for the testing and triage of women seeking maternity care in hospital settings, during the COVID-19 pandemic: A supplementary framework for maternity healthcare professionals Version 1.** Royal College of Obstetricians and Gynaecologists, (2020). London: RCOG , 29 May 2020, 13 pages.

This is a dynamic document. It will be continually updated as national guidance evolves, new research emerges, and experience matures. This document is currently specific to maternity care in England where universal patient testing has been introduced. The principles described here would be suitable for informing the development of testing protocols across the rest of the UK. This document is intended to provide supplementary guidance for maternity services on the implementation of the NHS England operational framework in the context of maternity care. (Author, edited) (Guidelines)
**Available from:** https://www.rcog.org.uk/globalassets/documents/guidelines/2020-05-29-principles-for-the-testing-and-triage-of-women-seeking-maternity-care-in-hospital-settings-during-the-covid-19-pandemic.pdf

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## 20200528-10*

**Acute Respiratory Distress Syndrome in a Preterm Pregnant Patient With Coronavirus Disease 2019 (COVID-19).** Blauvelt CA; Chiu C; Donovan AL; et al, (2020). Obstetrics and Gynecology , 8 May 2020, online.

BACKGROUND: Data suggest that pregnant women are not at elevated risk of acquiring severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection or developing severe disease compared with nonpregnant patients. However, management of pregnant patients who are critically ill with coronavirus disease 2019 (COVID-19) infection is complicated by physiologic changes and other pregnancy considerations and requires balancing maternal and fetal well-being. CASE: We report the case of a patient at 28 weeks of gestation with acute respiratory distress syndrome (ARDS) from COVID-19 infection, whose deteriorating respiratory condition prompted delivery. Our patient's oxygenation and respiratory mechanics improved within hours of delivery, though she required prolonged mechanical ventilation until postpartum day 10. Neonatal swabs for SARS-CoV-2 and COVID-19 immunoglobulin (Ig) G and IgM were negative. CONCLUSION: We describe our multidisciplinary management of a preterm pregnant patient with ARDS from COVID-19 infection and her neonate. (Author) (Case report)

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## 20200528-9*

**Women leaders take action for women and children during COVID-19.** The Partnership for Maternal, Newborn & Child Health, (2020). New York: The Partnership for Maternal, Newborn & Child Health , 28 May 2020.

Reports on the meeting of women leaders to discuss the impact of COVID-19 on women and children. The meeting highlighted access to contraception, women working as health professionals and caregivers, and children under the age of one at risk of diseases such as diptheria, measles and polio. The leaders included Princess Sarah Zeid of Jordan and Henrietta Fore, Executive Director of UNICEF. (LDO)
(News item)
**Available from:** https://www.who.int/pmnch/media/news/2020/women-leaders-action-on-COVID-19/en/

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## 20200528-8*

**Abortion [written answer].** House of Lords, (2020). Hansard , Written question HL3441, 23 April 2020.

Lord Bethell responds to a written question asked by Baroness Stroud to Her Majesty's Government, regarding the assessment they have made of the ability of a medical professional to establish the gestation period of a child accurately via a telephone consultation before prescribing the home administration of mifepristone and misoprostol for an abortion. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-23/HL3441/

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## 20200528-7*

**Abortion: Safety [written answer].** House of Commons, (2020). Hansard , Written question 45958, 12 May 2020.

Helen Whately responds to a written question asked by Sir Edward Leigh to the Secretary of State for Health and Social Care, regarding whether his Department undertook a risk assessment before issuing the March 2020 Approval of a Class of Places enabling home abortions. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-12/45958/

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## 20200528-5*

**Coronavirus: Ethnic Groups [written answer].** House of Commons, (2020). Hansard , Written question 47392, 15 May 2020.

Ms Nadine Dorries responds to a written question asked by Catherine West to the Secretary of State for Health and Social Care, regarding the assessment his Department has made of the risk of catching COVID-19 by BME women in the third trimester of pregnancy. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-15/47392/

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## 20200528-4*

**Health Professions: Registration [written answer].** House of Commons, (2020). Hansard , Written question 43860, 6 May 2020.

Helen Whately responds to a written question asked by Barbara Keeley to the Secretary of State for Health and Social Care, regarding what discussions he has had with the (a) Health and Care Professions Council and (b) Nursing and Midwifery Council on reducing the fees paid by medical professionals for registration and replacing those fees with Government funding. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-06/43860/

## 20200528-3*

**Abortion [written answer].** House of Commons, (2020). Hansard , Written question 46181, 12 May 2020.

Helen Whately responds to a written question asked by Scott Benton to the Secretary of State for Health and Social Care, regarding the steps he is taking to ensure that women and girls seeking abortion under the March 2020 regulations to enable home abortions receive adequate support and assistance (a) when they wish to continue the pregnancy but are concerned about COVID-19 and (b) in other circumstances. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-12/46181/

## 20200528-2*

**Looking after your mental health and wellbeing during COVID-19 .** The Royal College of Midwives, (2020). London: RCM , May 2020.

We know that the current pandemic is taking its toll on mental health and wellbeing. This also applies to those working in maternity services – in a recent survey more than half of you said that your mental health is worse. To help you remember you are not alone, we've pulled together some of the common stresses you may be experiencing – and some strategies to help you cope. (Author) (Overview)
**Available from:** https://www.rcm.org.uk/media/4094/looking-after-your-mental-health-wraparound-a3.pdf?dm_i=4YCH,CCW4,3PNLW0,1DU2Z,1

## 20200528-1*

**APEC are making the following statement regarding antenatal care and preeclampsia risk following the COVID19 pandemic. .** Action on Pre-eclampsia (APEC), (2020). Evesham: APEC , May 2020. 2 pages.

A statement from Andrew Shennan , the Chair of Trustees, Action on Pre-eclampsia, on the impact of the coronavirus pandemic on pregnant women, prepared with the aim of providing answers to some of the questions being asked at this time. (JSM) (Position statement)
**Available from:** https://action-on-pre-eclampsia.org.uk/wp-content/uploads/2020/03/APEC-pre-eclampsia-statement-fluid.pdf

## 20200527-52*

**Women and children will pay for this pandemic – unless we act.** Kaljulaid K; Clark H; Varela JA; et al, (2020). Geneva: The Partnership for Maternal, Newborn & Child Health , 27 May 2020.

Suggests that, in the current coronavirus crisis, we should draw on the knowledge gleaned from past pandemics, such as the Ebola outbreak of 2014-15 in Sierra Leone, to ensure a better outcome for groups such as women, children, adolescents and vulnerable populations, who may have not been given access to sufficient resources and excluded from decision making in the past. (JSM) (Commentary)
**Available from:** https://www.who.int/pmnch/media/news/2020/paying-for-the-pandemic/en/

## 20200527-49*

**Effects of the Global COVID-19 Pandemic on Early Childhood Development: Short- and Long-Term Risks and Mitigating Program and Policy Actions.** Yoshikawa H; Wuermli AJ; Britto PR; et al, (2020). The Journal of Pediatrics , 19 May 2020, online.

In just a matter of weeks, the COVID-19 pandemic has led to huge societal public health and economic challenges worldwide. The clinical effects of COVID-19 on young children are uncertain when compared with older age groups, with lower morbidity and mortality rates and no conclusive evidence supporting transmission during pregnancy, on the one hand, 1,2 but some emerging evidence of rising rates of child hyperinflammatory shock, on the other.3 Research on the effects of prior pandemics and disasters clearly indicates that there will be both immediate and long-term adverse consequences for many children, with particular risks faced during early childhood, when brain architecture is still rapidly developing and highly sensitive to environmental adversity4. Estimates predict a rise in maternal and child mortality in low- and middle-income countries as health services for non-COVID related issues become scarce. For example, a conservative scenario of 15% reduction in coverage of life-saving essential health interventions for 6 months in low- and middle-income countries is associated with a 9.8% increase in under-5 mortality and an 8.3% increase in maternal mortality.5 Before the pandemic, 43 % of all children under 5 years of age in the world were estimated to be at risk of not achieving their developmental potential.6 Unless there is a commitment to support coordinated, multisectoral approaches in which low-and middle-income countries governments receive international support to scale up essential interventions, a much higher percentage of children are at risk of devastating physical, socioemotional, and cognitive consequences over the entire course of their lives. We review the evidence base on short- and long-term risks for children during early childhood development (ECD, defining this from prenatal to 8 years of age). We also present evidence-based mitigating program and policy actions that may reduce these risks. (Author) (Commentary)
**Available from:** https://doi.org/10.1016/j.jpeds.2020.05.020

## 20200526-35*

**Coronavirus: Maternal mental health [written answer].** Northern Ireland Assembly, (2020). Hansard , Written question AQW 4059/17-22, 11 May 2020.

The Minister of Health responds to a written question asked by Ms Órlaithí Flynn regarding (a) support for pregnant women and new mothers during the COVID-19 crisis, and (b) the stage of the business case for the perinatal mother and baby unit. (LDO) (Parliamentary question)
**Available from:**
http://data.niassembly.gov.uk/questions.asmx/GetQuestionsForWrittenAnswer_AnsweredInRange?startdate=2020/5/18&enddate=2020/5/18

## 20200526-24*

**Supporting women facing multiple disadvantage during COVID-19: Guidance for midwives.** Bicknell T; Birth Companions, (2020). London: Birth Companions , 2020. 4 pages.

This guidance for midwives working with women experiencing multiple disadvantage during the COVID-19 pandemic has been developed by Birth Companions and Consultant Midwife Tamsin Bicknell. It draws on recent research to offer insights into women's needs, and key considerations for their maternity care in these challenging times. (Author) (Guidelines)
**Available from:** https://hubble-live-assets.s3.amazonaws.com/birth-companions/redactor2_assets/files/253/Supporting_women_facing_multiple_disadvantage_during_COVID-19_Guidance_for_midwives_FINAL.pdf

## 20200525-26*

**Safety and Efficacy of Different Anesthetic Regimens for Parturients With COVID-19 Undergoing Cesarean Delivery: A Case Series of 17 Patients .** Chen R; Zhang Y; Huang L; et al, (2020). Canadian Journal of Anaesthesia , vol 67, no 6, June 2020, pp 655-633.

Purpose: To assess the management and safety of epidural or general anesthesia for Cesarean delivery in parturients with coronavirus disease (COVID-19) and their newborns, and to evaluate the standardized procedures for protecting medical staff. Methods: We retrospectively reviewed the cases of parturients diagnosed with severe acute respiratory syndrome coronavirus (SARS-CoV-2) infection disease (COVID-19). Their epidemiologic history, chest computed tomography scans, laboratory measurements, and SARS-CoV-2 nucleic acid positivity were evaluated. We also recorded the patients' demographic and clinical characteristics, anesthesia and surgery-related data, maternal and neonatal complications, as well as the health status of the involved medical staff. Results: The clinical characteristics of 17 pregnant women infected with SARS-CoV-2 were similar to those previously reported in non-pregnant adult patients. All of the 17 patients underwent Cesarean delivery with anesthesia performed according to standardized anesthesia/surgery procedures. Fourteen of the patients underwent continuous epidural anesthesia with 12 experiencing significant intraoperative hypotension. Three patients received general anesthesia with tracheal intubation because emergency surgery was needed. Three of the parturients are still recovering from their Cesarean delivery and are receiving in-hospital treatment for COVID-19. Three neonates were born prematurely. There were no deaths or serious neonatal asphyxia events. All neonatal SARS-CoV-2 nucleic acid tests were negative. No medical staff were infected throughout the patient care period. Conclusions: Both epidural and general anesthesia were safely used for Cesarean delivery in the parturients with COVID-19. Nevertheless, the incidence of hypotension during epidural anesthesia appeared excessive. Proper patient transfer, medical staff access procedures, and effective biosafety precautions are important to protect medical staff from COVID-19. (Author) (Original research)
**Available from:** https://doi.org/10.1007/s12630-020-01630-7

## 20200525-25*

**COVID-19 in Children, Pregnancy and Neonates: A Review of Epidemiologic and Clinical Features .** Zimmermann P; Curtis N, (2020). The Pediatric Infectious Disease Journal , vol 39, no 6, June 2020, pp 469-477.

The novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic has spread rapidly across the globe. In contrast to initial reports, recent studies suggest that children are just as likely as adults to become infected with the virus but have fewer symptoms and less severe disease. In this review, we summarize the epidemiologic and clinical features of children infected with SARS-CoV-2 reported in pediatric case series to date. We also summarize the perinatal outcomes of neonates born to women infected with SARS-CoV-2 in pregnancy. We found 11 case series including a total of 333 infants and children. Overall, 83% of the children had a positive contact history, mostly with family members. The incubation period varied between 2 and 25 days with a mean of 7 days. The virus could be isolated from nasopharyngeal secretions for up to 22 days and from stool for more than 30 days. Co-infections were reported in up to 79% of children (mainly mycoplasma and influenza). Up to 35% of children were asymptomatic. The most common symptoms were cough (48%; range 19%-100%), fever (42%; 11%-100%) and pharyngitis (30%; 11%-100%). Further symptoms were nasal congestion, rhinorrhea, tachypnoea, wheezing, diarrhea, vomiting, headache and fatigue. Laboratory test parameters were only minimally altered. Radiologic findings were unspecific and included unilateral or bilateral infiltrates with, in some cases, ground-glass opacities or consolidation with a

surrounding halo sign. Children rarely needed admission to intensive care units (3%), and to date, only a small number of deaths have been reported in children globally. Nine case series and 2 case reports described outcomes of maternal SARS-CoV-2 infection during pregnancy in 65 women and 67 neonates. Two mothers (3%) were admitted to intensive care unit. Fetal distress was reported in 30% of pregnancies. Thirty-seven percent of women delivered preterm. Neonatal complications included respiratory distress or pneumonia (18%), disseminated intravascular coagulation (3%), asphyxia (2%) and 2 perinatal deaths. Four neonates (3 with pneumonia) have been reported to be SARS-CoV-2 positive despite strict infection control and prevention procedures during delivery and separation of mother and neonates, meaning vertical transmission could not be excluded. (Author) (Review)
**Available from:** https://doi.org/10.1097/inf.0000000000002700

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## 20200525-22*

**Potential Maternal and Infant Outcomes From (Wuhan) Coronavirus 2019-nCoV Infecting Pregnant Women: Lessons From SARS, MERS, and Other Human Coronavirus Infections.** Schwartz DA; Graham AL, (2020). Viruses , vol 12, no 2, February 2020, Article no: 194.

In early December 2019 a cluster of cases of pneumonia of unknown cause was identified in Wuhan, a city of 11 million persons in the People's Republic of China. Further investigation revealed these cases to result from infection with a newly identified coronavirus, termed the 2019-nCoV. The infection moved rapidly through China, spread to Thailand and Japan, extended into adjacent countries through infected persons travelling by air, eventually reaching multiple countries and continents. Similar to such other coronaviruses as those causing the Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS), the new coronavirus was reported to spread via natural aerosols from human-to-human. In the early stages of this epidemic the case fatality rate is estimated to be approximately 2%, with the majority of deaths occurring in special populations. Unfortunately, there is limited experience with coronavirus infections during pregnancy, and it now appears certain that pregnant women have become infected during the present 2019-nCoV epidemic. In order to assess the potential of the Wuhan 2019-nCoV to cause maternal, fetal and neonatal morbidity and other poor obstetrical outcomes, this communication reviews the published data addressing the epidemiological and clinical effects of SARS, MERS, and other coronavirus infections on pregnant women and their infants. Recommendations are also made for the consideration of pregnant women in the design, clinical trials, and implementation of future 2019-nCoV vaccines. (Author) (Review)
**Available from:** https://doi.org/10.3390/v12020194

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## 20200525-21*

**Psychological Status of Postpartum Women Under the COVID-19 Pandemic in Japan .** Suzuki S, (2020). The Journal of Maternal-Fetal and Neonatal Medicine , 18 May 2020, online.

Under the COVID-19 (Coronavirus Disease 2019) pandemic, limitations are known to cause some psychosocial problems. We compared the results of mental screening of the postpartum women conducted during the COVID-19 epidemic with those at the same period last year. Based on the results, the worse mother-infant bonding was suspected at 1 month after birth under the COVID-19 pandemic. (Author) (Overview)
**Available from:** https://doi.org/10.1080/14767058.2020.1763949

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## 20200525-19*

**Management of the Mother-Infant Dyad With Suspected or Confirmed SARS-CoV-2 Infection in a Highly Epidemic Context.** Pietrasanta C; Pugni L; Ronchi A; et al, (2020). Journal of Neonatal-Perinatal Medicine , 20 May 2020, online.

Addresses a number of aspects of the mother-infant dyad management during SARS-CoV-2 epidemic. Networking among maternity centers and anticipatory planning is essential to organise the assistance to mothers and neonates in maternity and neonatal wards. Early identification of SARS-CoV-2 infected mothers, before delivery, allows their management through dedicated protocols and minimizes the risk of contagion for other patients and healthcare providers. Vertical transmission of SARS-CoV-2 cannot be excluded at present, and should be ruled out as soon as possible after birth. Rooming in of infected mothers and neonates, provided their good clinical conditions, is not contraindicated based on current knowledge. The choice of breastfeeding should be carefully discussed with parents based on current, evolving scientific evidence. (Author) (Overview)
**Available from:** https://doi.org/10.3233/npm-200478

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## 20200525-17*

**Can SARS-CoV-2-infected women breastfeed after viral clearance?..** Lang GJ; Zhao H, (2020). Journal of Zhejiang University.Science B , vol 21, no 5, May 2020, pp 405-407.

The recently emerged novel coronavirus pneumonia, named the coronavirus disease 2019 (COVID-19), shares several clinical characteristics with severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS), and spread rapidly throughout China in December of 2019 (Huang et al., 2020). The pathogen 2019 novel coronavirus (2019-nCoV) is now named SARS coronavirus 2 (SARS-CoV-2) and is highly infectious. As of Apr. 9, 2020, over 80 000 confirmed cases had been reported, with an estimated mortality rate of 4.0% (Chinese Center for Disease Control and Prevention, 2020). Person-to-person transmission and familial clustering have been reported (Chan et al., 2020; Nishiura et al., 2020; Phan et al., 2020). However, there is no evidence of fetal intrauterine infection in pregnant women who have been infected with SARS-CoV-2

in their third trimester (Chen et al., 2020). It is unclear whether breastfeeding transmits the virus from previously infected and recovered mothers to their babies. Here we report the clinical course of a pregnant woman with COVID-19. In order to determine whether SARS-CoV-2 can be transmitted to newborns through breastfeeding, we measured viral RNA in the patient's breastmilk samples at different time points after delivery. (Author) (Case report)
**Available from:** https://doi.org/10.1631/jzus.b2000095

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## 20200525-16*
## Near-term Pregnant Women's Attitude Toward, Concern About and Knowledge of the COVID-19 Pandemic .

Yassa M; Birol P; Yirmibes C; et al, (2020). The Journal of Maternal-Fetal and Neonatal Medicine , 19 May 2020, online.

Background: COVID-19 is a novel type of the coronavirus family with an incompletely described clinical course. Little is known about the psychological aspects, particularly for vulnerable populations including pregnant women.Objectives: To understand the attitude, concerns, and knowledge of the non-infected pregnant women toward the COVID-19 outbreak in order to constitute base data for detailed counseling and to develop targeted messages.Patients and methods: This cross-sectional survey research presented analysis of prospectively collected data yielded at a single tertiary "Coronavirus Pandemic Hospital" referral center for a ten days period following the first confirmed death due to the COVID-19 pandemic in Turkey. Non-infected women with a confirmed pregnancy over 30th gestational week were consecutively included. A patient-reported non-validated questionnaire formed by the expert committee that includes 15 specific questions was used. Non-infected, pregnant women over 30th gestational week who applied to the outpatient clinic were consecutively included. A total of 213 women were enrolled, 37 were excluded: 7 for being in the first trimester, 3 were illiterate, and 27 were Syrian refugees having difficulties in translation.Results: A total of 172 pregnant women were included. Overall, four women refused to participate to the survey (1.9%). The mean age was 27.5 ± 5.3 years. Median gestational week and parity were 35 ± 11 weeks and 1 ± 2, respectively. Pregnant women were observed to trust the authorities (65%) and the healthcare staff (92.4%), and their respect was increased (82.5%) during the outbreak. Majority of the women (87.2%) comply with the self-quarantine rules. Half of the women (52%) reported that they felt vulnerable and predominantly were concerned (80%). Approximately one-third of the women constantly keep thinking that they may get infected (35.5%) or they might get infected during/following the delivery or their baby might get infected after being born (42%). Half of the women (50%) were reported that they either had no idea about or think the breastfeeding is not safe during the outbreak. About 45% of the women were confused or had doubts about if the mode of delivery may be affected by the pandemic. Greater part of the participants does not know if COVID-19 might cause birth defects (76%) or preterm birth (64.5%). Counseling flow keys helping pregnant women to overcome misleads, regarding the COVID-19 outbreak is proposed.Conclusions: Non-infected pregnant women with a viable pregnancy at near term were observed to have positive attitude and compliance toward the COVID-19 outbreak and frontline healthcare staff; increased concern and vulnerability; and restricted knowledge about the pregnancy-related outcomes. While the clinical evidence was growing rapidly, this data may guide obstetricians and midwives to perceive what accurate information should be provided to the pregnant women. (Author) (Cross-sectional study)
**Available from:** https://doi.org/10.1080/14767058.2020.1763947

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## 20200525-14*
## Clinical Course of Coronavirus Disease-2019 (COVID-19) in Pregnancy .

Pereira A; Cruz-Melguizo S; Adrien M; et al, (2020). Acta Obstetricia et Gynecologica Scandinavica , 22 May 2020, online.

Introduction: The aim of this study is to report our clinical experience in the management of pregnant women infected with Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) during the first thirty days of the Coronavirus disease (COVID-19) pandemic. Material and methods: We reviewed clinical data from the first 60 pregnant women with COVID-19 whose care was managed at Puerta de Hierro University Hospital, Madrid, Spain from March 14th to April 14th , 2020. Demographic data, clinical findings, laboratory test results, imaging findings, treatment received, and outcomes were collected. An analysis of variance (Kruskal-Wallis test) was performed to compare the medians of laboratory parameters. Fisher's exact test was used to evaluate categorical variables. A correspondence analysis was used to explore associations between variables. Results: A total of 60 pregnant women were diagnosed with COVID-19. The most common symptoms were fever and cough (75.5%, each) followed by dyspnea (37.8%). Forty-one patients (68.6%) required hospital admission (18 due to disease worsening and 23 for delivery) of whom 21 patients (35%) underwent pharmacological treatment, including hydroxychloroquine, antivirals, antibiotics and tocilizumab. No renal or cardiac failures or maternal deaths were reported. Lymphopenia (50%), thrombocytopenia (25%), and elevated C-reactive protein (CRP) (59%) were observed in the early stages of the disease. Median CRP, D-dimer and the neutrophil/lymphocyte ratio were elevated. High CRP and D-dimer levels were the parameters most frequently associated with severe pneumonia. The Neutrophil/lymphocyte ratio was found to be the most sensitive marker for disease improvement (relative risk: 6.65; 95% CI: 4.1-5.9). During the study period, 18 of the women (78%) delivered vaginally. All newborns tested negative for SARS-CoV-2 and none of them were infected during breastfeeding. No SARS-CoV-2 was detected in placental tissue. Conclusions: Most of the pregnant COVID-19 positive patients had a favorable clinical course. However, one-third of them developed pneumonia, of whom 5% presented a critical clinical status. CRP and D-dimer levels positively correlated with severe pneumonia and the neutrophil/lymphocyte ratio decreased as the patients improved clinically. Seventy-eight percent of patients had a vaginal delivery. No vertical or horizontal transmissions were diagnosed in the neonates during labor or breastfeeding. (Author) (Review)
**Available from:** https://doi.org/10.1111/aogs.13921

## 20200525-11*

**Vaginal delivery in SARS-CoV-2 infected pregnant women in Northern Italy: a retrospective analysis.** Ferrazzi E; Frigerio L; Savasi V; et al, (2020). BJOG: An International Journal of Obstetrics and Gynaecology , 27 April 2020, online.

Objective: To report mode of delivery and immediate neonatal outcome in COVID-19 infected women. Design: This is a retrospective study. Setting: Twelve hospitals in northern Italy. Participants: Pregnant women with COVID-19 confirmed infection who delivered. Exposure: COVID 19 infection in pregnancy. Methods: SARS-CoV-2 infected women who were admitted and delivered during the period 1-20 march 2020 were eligible. Data were collected from the clinical records using a standardized questionnaire on maternal general characteristics, any medical or obstetric co-morbidity, course of pregnancy, clinical signs and symptoms, treatment of COVID 19 infection, mode of delivery, neonatal data and breastfeeding MAIN OUTCOME AND MEASURE: Data on mode of delivery and neonatal outcome RESULTS: 42 women with COVID-19 delivered at the participating centres: 24(57,1%, 95% CI= 41,0-72,3) delivered vaginally. An elective cesarean section was performed in 18/42 (42,9%, 95%CI 27,7-59,0) cases: in 8 cases the indication was unrelated to COVID-19 infection. Pneumonia was diagnosed in 19/42(45,2%, 95%CI 29,8-61,3) cases: of these 7/19(36,8%,95CI 16,3-61,6) required oxygen support and 4/19(21,1%,95%CI=6,1-45,6) were admitted to a critical care unit. Two women with COVID-19 breastfed without a mask because infection was diagnosed in the post-partum period: their new-borns tested positive for SARS-Cov-2 infection. In one case a new-born had a positive test after a vaginal operative delivery. Conclusions: Although post-partum infection cannot be excluded with 100% certainty, these findings suggest that vaginal delivery is associated with a low risk of intrapartum SARS-Cov-2 transmission to the new-born. (Author) (Original research)
**Available from:** https://doi.org/10.1111/1471-0528.16278

## 20200525-10*

**SARS-CoV-2 Infection in Pregnancy - a Review of the Current Literature and Possible Impact on Maternal and Neonatal Outcome.** Stumpfe FM; Titzmann A; Schneider MO; et al, (2020). Geburtshilfe und Frauenheilkunde , vol 80, no 4, 2020, pp 380-390.

In December 2019, cases of pneumonia of unknown cause first started to appear in Wuhan in China; subsequently, a new coronavirus was soon identified as the cause of the illness, now known as Coronavirus Disease 2019 (COVID-19). Since then, infections have been confirmed worldwide in numerous countries, with the number of cases steadily rising. The aim of the present review is to provide an overview of the new severe acute respiratory syndrome (SARS) coronavirus 2 (SARS-CoV-2) and, in particular, to deduce from it potential risks and complications for pregnant patients. For this purpose, the available literature on cases of infection in pregnancy during the SARS epidemic of 2002/2003, the MERS (Middle East respiratory syndrome) epidemic ongoing since 2012, as well as recent publications on cases infected with SARS-CoV-2 in pregnancy are reviewed and reported. Based on the literature available at the moment, it can be assumed that the clinical course of COVID-19 disease may be complicated by pregnancy which could be associated with a higher mortality rate. It may also be assumed at the moment that transmission from mother to child in utero is unlikely. Breastfeeding is possible once infection has been excluded or the disease declared cured. (Author) (Review)
**Available from:** https://www.thieme-connect.de/products/ejournals/html/10.1055/a-1134-5951?articleLanguage=en

## 20200525-9*

**The Impact of the Current SARS-CoV-2 Pandemic on Neonatal Care.** Arnaez J; Montes Mt; Herranz-Rubia N; et al, (2020). Frontiers in Pediatrics , 30 April 2020, online.

Discusses the ways in which the current coronavirus pandemic is affecting care policies in neonatology units and emphasises the importance of contact between mother and newborn baby for bonding. (JSM) (Commentary)
**Available from:** https://doi.org/10.3389/fped.2020.00247

## 20200525-8*

**Dilemmas and Priorities in the Dilemmas and Priorities in the Neonatal Intensive Care Unit Neonatal Intensive Care Unit during the COVID-19 Pandemic.** Breindahl M; Zachariassen G; Sønderby Christensen P; et al, (2020). Danish Medical Journal , vol 67, no 4, April 2020, :A205021.

Editorial discussing best practice in caring for families with suspected or confirmed COVID-19 in the NICU. (JSM) (Guidelines)
**Available from:** https://ugeskriftet.dk/files/scientific_article_files/2020-04/a205021_web.pdf

## 20200525-7*

**Current State of Knowledge About SARS-CoV-2 and COVID-19 Disease in Pregnant Women.** Gujski M; Humeniuk E; Bojar I, (2020). Medical Science Monitor:International Medical Journal of Experimental and Clinical Research , 9 May 2020, online.

During any epidemic of infectious diseases, pregnant women constitute an extremely sensitive group due to altered physiology and immune functions, and thus altered susceptibility to infection. With regard to the management of pregnant COVID-19 patients, in addition to the treatment of the infection itself, which is not that different from generally accepted principles, it is interesting to consider which obstetric procedures should be used to minimize the adverse effects on mother and child. Questions arise concerning the continuation of pregnancy, how to terminate the pregnancy, the possibility of virus transmission through the placenta, isolation of the newborn after birth, and breastfeeding. The aim of this study was to review the current state of knowledge about SARS-CoV-2 infection and COVID-19 disease in pregnant women. Because the epidemic began in China, most of the available literature comes from studies conducted there. The studies used to prepare this review article are the first non-randomized studies containing small groups of examined women. They do not provide clear indications, but show that in an epidemic situation, special care should be taken in pregnancy management, making decisions about termination of pregnancy, and handling of the newborn baby to minimize the risk of subsequent health consequences. Further analysis is needed on the incidence of COVID-19 among pregnant women and its consequences. This will allow us to develop recommendations on how to deal with patients in the future in case of repeated epidemic emergencies. (Author) (Review)
**Available from:** https://www.medscimonit.com/abstract/index/idArt/924725

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## 20200525-6*

**The care of pregnant women during the COVID-19 pandemic – response of a large health system in metropolitan New York .** Rochelson B; Nimaroff M; Combs A; et al, (2020). Journal of Perinatal Medicine , 20 May 2020, online.

The rapid progression of the coronavirus disease 2019 (COVID-19) outbreak presented extraordinary challenges to the US health care system, particularly straining resources in hard hit areas such as the New York metropolitan region. As a result, major changes in the delivery of obstetrical care were urgently needed, while maintaining patient safety on our maternity units. As the largest health system in the region, with 10 hospitals providing obstetrical services, and delivering over 30,000 babies annually, we needed to respond to this crisis in an organized, deliberate fashion. Our hospital footprint for Obstetrics was dramatically reduced to make room for the rapidly increasing numbers of COVID-19 patients, and established guidelines were quickly modified to reduce potential staff and patient exposures. New communication strategies were developed to facilitate maternity care across our hospitals, with significantly limited resources in personnel, equipment, and space. The lessons learned from these unexpected challenges offered an opportunity to reassess the delivery of obstetrical care without compromising quality and safety. These lessons may well prove valuable after the peak of the crisis has passed. (Author) (Overview)
**Available from:** https://doi.org/10.1515/jpm-2020-0175

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## 20200525-5*

**Are Covid-19-positive Mothers Dangerous for Their Term and Well Newborn Babies? Is There an Answer?.** Stanojević M, (2020). Journal of Perinatal Medicine , 13 May 2020, online.

Background: The pandemic caused by the new coronavirus SARS-CoV-2 (Covid-19) is quite a challenging experience for the world. At the moment of birth, the fetus is prepared to face the challenge of labor and the exposure to the outside world, meaning that labor and birth represent the first extrauterine major exposure to a complex microbiota. The vagina, which is a canal for reproduction, is by evolution separated (but not far) from the anus and urethra. Passing through the birthing canal is a mechanism for intergenerational transmission of vaginal and gut microorganisms for the vertical transmission of microbiota not only from our mothers and grandmothers but also from earlier ancestors. Methods: Many national and international instructions have been developed since the beginning of the Covid-19 outbreak in January 2020 in Wuhan in China. All of them pointed out hygiene measures, social distancing and avoidance of social contacts as the most important epidemiological preventive measures. Pregnancy and neonatal periods are considered as high risk for Covid-19 infection. Results: The instructions defined the care for pregnant women in the delivery room, during a hospital stay and after discharge. The controversial procedures in the care of Covid-19-suspected or -positive asymptomatic women in labor were: mode of delivery, companion during birth and labor, skin-to-skin contact, breastfeeding, and visits during a hospital stay. Conclusion: There is a hope that instruction on coping with the coronavirus (Covid-19) infection in pregnancy with all proposed interventions affecting mothers, babies and families, besides saving lives, are beneficial and efficient by exerting no harm. (Author) (Review)
**Available from:** https://doi.org/10.1515/jpm-2020-0186

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## 20200525-4*

**Importance of Inclusion of Pregnant and Breastfeeding Women in COVID-19 Therapeutic Trials.** LaCourse SM; John-Stewart G; Adams Waldorf KM, (2020). Clinical Infectious Diseases , 15 April 2020, online.

Investigators are employing unprecedented innovation in the design of clinical trials to rapidly and rigorously assess potentially promising therapies for COVID-19; this is in stark contrast to the continued near universal regressive practice of exclusion of pregnant and breastfeeding women from these trials. The few trials which allow their inclusion focus on post-exposure prophylaxis or outpatient treatment of milder disease, limiting the options available to pregnant women with severe COVID-19 to compassionate use of remdesivir, or off-label drug use of hydroxychloroquine or other therapies. These restrictions were put in place despite experience with these drugs in pregnant women. In this Viewpoint, we call attention to the need and urgency to engage pregnant women in COVID-19 treatment trials now in order to develop data-driven recommendations regarding the risks and benefits of therapies in this unique but not uncommon population. (Author) (Commentary)
**Available from:** https://doi.org/10.1093/cid/ciaa444

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## 20200525-2*

**Coronavirus Disease 2019 Among Pregnant Chinese Women: Case Series Data on the Safety of Vaginal Birth and Breastfeeding .** Wu Y; Liu C; Dong L; et al, (2020). BJOG: An International Journal of Obstetrics and Gynaecology , 5 May 2020, online.

Objective: To assess whether vaginal secretions and breast milk of COVID-19 patients contain SARS-CoV-2 virus. Design: Single center cohort study. Setting: Renmin Hospital of Wuhan University, Wuhan, Hubei province, China. Population or sample: We studied 13 COVID-19 infected pregnant women diagnosed between January 31 and March 9, 2020. Methods: We collected clinical data, vaginal secretions and stool specimens, breast milk from COVID-19 infected women during different stages of pregnancy and neonatal throat, anal swabs. Main outcome(s) and measure(s): We assessed viral presence in different biosamples. Results: Of the 13 women with COVID-19, 5 were in their first trimester, 3 in their second trimester, and 5 in their third trimester. Of the 5 women during their third trimester who gave birth, all delivered live newborns. Among these 5 deliveries, the primary adverse perinatal outcomes included premature delivery (n = 2) and neonatal pneumonia (n = 2). One of 9 stool samples was positive; and all 13 vaginal secretion samples, and 5 throat swabs and 4 anal swabs collected from newborns were negative for the novel coronavirus. However, 1 of 3 samples of breast milk was positive by viral nucleic acid testing. Conclusions: In this case series of 13 pregnant women with COVID-19, we observed negative viral test results in vaginal secretion specimens, suggesting that a vaginal delivery may be a safe delivery option. However, additional research is urgently needed to examine breast milk and the potential risk for viral contamination. (Author) (Cohort study)
**Available from:** https://doi.org/10.1111/1471-0528.16276

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## 20200522-26*

**COVID-19 screening of health-care workers in a London maternity hospital.** Khalil A; Hill R; Ladhani S; et al, (2020). The Lancet Infectious Diseases , 18 May 2020, online.

Discusses the benefits of universal testing of health care workers for COVID-19. (MB) (Correspondence)
**Available from:** https://doi.org/10.1016/S1473-3099(20)30403-5

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## 20200522-21*

**Coronavirus: NHS Staff Overtime [written answer].** Scottish Parliament, (2020). Official Report , Written question S5W-28631, 21 April 2020.

Clare Haughey responds to a written question asked by Monica Lennon to the Scottish Government, regarding whether NHS staff who undertake overtime during the COVID-19 outbreak will be paid for the additional hours or be expected to take the time back in lieu. (MB) (Parliamentary question)
**Available from:**
https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28631

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## 20200522-20*

**Coronavirus: Maternity Leave [written answer].** Scottish Parliament, (2020). Official Report , Written question S5W-28897, 5 May 2020.

Jamie Hepburn responds to a written question asked by David Stewart to the Scottish Government, regarding whether it will consider discounting any periods of maternity leave in its assessments of self-employed women in each year since 2017 for COVID-19 self-employed business support, on the basis that the period of time away from work on maternity leave will reduce the average profits over the assessment period and consequently potentially reduce the amount of financial support that women receive. (MB) (Parliamentary question)
**Available from:**
https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28897

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## 20200522-18*

**Coronavirus: Pregnant nurse died of pneumonia, Covid-19 and Caesarean.**
Anon, (2020). BBC News , 21 May 2020.

Reports that an inquest has been told a pregnant nurse who had contracted COVID-19 and pneumonia died after her baby daughter was delivered by caesarean section. States that Mary Agyeiwaa Agyapong was admitted to Luton and Dunstable University Hospital, where she worked, with shortness of breath. She was diagnosed with coronavirus in the 35th week of her pregnancy. (JSM) (News item)
**Available from:** https://www.bbc.co.uk/news/uk-england-beds-bucks-herts-52752818

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## 20200522-17*

**Immunomodulatory drugs: temporary pregnancy prevention guidance during coronavirus (COVID-19) .** Medicines and Healthcare products Regulatory Authority, (2020). London: MHRA , 21 May 2020.

Covering thalidomide, lenalidomide, and pomalidomide: temporary guidance for pregnancy prevention arrangements for patients taking them during COVID-19. It has been agreed for temporary modifications to be made to the pregnancy prevention programmes for these medicines to facilitate home pregnancy testing and remote consultations, where clinically appropriate, during the COVID-19 pandemic.(Author) (Guidelines)
**Available from:** https://www.gov.uk/guidance/immunomodulatory-drugs-temporary-pregnancy-prevention-guidance-during-coronavirus-covid-19

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## 20200522-16*

**Immunomodulatory drugs and pregnancy prevention: temporary advice for management during coronavirus (COVID-19) .** Medicines and Healthcare products Regulatory Agency, (2020). Drug Safety Update , vol 13, no 10, May 2020.

Guidance has been published about thalidomide, lenalidomide, and pomalidomide and the use of remote consultations and home pregnancy testing for patients taking them during COVID-19. (Author) (Guidelines)
**Available from:** https://www.gov.uk/drug-safety-update/immunomodulatory-drugs-and-pregnancy-prevention-temporary-advice-for-management-during-coronavirus-covid-19

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## 20200522-15*

**Valproate Pregnancy Prevention Programme: temporary advice for management during coronavirus (COVID-19) .** Medicines and Healthcare products Regulatory Agency, (2020). London: MHRA , 6 May 2020.

Guidance for specialists for initiation of valproate in female patients and for annual review and pregnancy testing to support adherence to pregnancy prevention requirements during the pandemic. (Author) (Guidelines)
**Available from:** https://www.gov.uk/guidance/valproate-pregnancy-prevention-programme-temporary-advice-for-management-during-coronavirus-covid-19

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## 20200522-10*

**Valproate Pregnancy Prevention Programme: temporary advice for management during coronavirus (COVID-19) .** Medicines and Healthcare products Regulatory Agency, (2020). Drug Safety Update , vol 13, no 10, May 2020, .

Guidance has been published to support initiation of valproate in female patients and for annual review and pregnancy testing during the coronavirus pandemic. (Author) (Guidelines)
**Available from:** https://www.gov.uk/drug-safety-update/valproate-pregnancy-prevention-programme-temporary-advice-for-management-during-coronavirus-covid-19

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## 20200522-1*

**Antenatal corticosteroid therapy and COVID-19: Pathophysiological considerations.** Sichitiu J; Fakhouri F; Desseauve D, (2020). Acta Obstetricia et Gynecologica Scandinavica , 17 May 2020, online.

Correspondence urging caution regarding the administration of antenatal corticosteroids during the early phase of COVID-19. (MB) (Correspondence)
**Available from:** https://doi.org/10.1111/aogs.13887

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## 20200521-68*

**Midwifery in the Time of COVID-19.** Aikins Murphy P, (2020). Journal of Midwifery and Women's Health , 11 May 2020, online.

Discusses the COVID-19 outbreak and its impact on midwives' ability to intimately care for women. Draws comparisons to the 1980s HIV-AIDS crisis where protective equipment was required to prevent exposure to bodily fluids. The author encourages midwives to find ways to provide continuous and compassionate care. (LDO) (Editorial)

**Available from:** https://doi.org/10.1111/jmwh.13121

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## 20200521-44*

**Severe COVID-19 during Pregnancy and Possible Vertical Transmission.** Alzamora MC; Paredes T; Caceres D; et al, (2020). American Journal of Perinatology , 18 April 2020, online.

There are few cases of pregnant women with novel corona virus 2019 (COVID-19) in the literature, most of them with a mild illness course. There is limited evidence about in utero infection and early positive neonatal testing. A 41-year-old G3P2 with a history of previous cesarean deliveries and diabetes mellitus presented with a 4-day history of malaise, low-grade fever, and progressive shortness of breath. A nasopharyngeal swab was positive for COVID-19, COVID-19 serology was negative. The patient developed respiratory failure requiring mechanical ventilation on day 5 of disease onset. The patient underwent a cesarean delivery, and neonatal isolation was implemented immediately after birth, without delayed cord clamping or skin-to-skin contact. The neonatal nasopharyngeal swab, 16 hours after delivery, was positive for severe acute respiratory syndrome–coronavirus 2 (SARS-CoV-2) real-time polymerase chain reaction (RT-PCR), and immunoglobulin (Ig)-M and IgG for SARS-CoV-2 were negative. Maternal IgM and IgG were positive on postpartum day 4 (day 9 after symptom onset). We report a severe presentation of COVID-19 during pregnancy. To our knowledge, this is the earliest reported positive PCR in the neonate, raising the concern for vertical transmission. We suggest pregnant women should be considered as a high-risk group and minimize exposures for these reasons. (Author) (Case report)

**Available from:** https://doi.10.1055/s-0040-1710050

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## 20200521-40*

**Successful Treatment of Preterm Labor in Association with Acute COVID-19 Infection.** Browne PC; Linfert JB; Perez-Jorge E, (2020). American Journal of Perinatology , 24 April 2020, online.

Novel coronavirus disease 2019 (COVID-19) infection occurring during pregnancy is associated with an increased risk of preterm delivery. This case report describes successful treatment of preterm labor during acute COVID-19 infection. Standard treatment for preterm labor may allow patients with acute COVID-19 infection to recover without the need for preterm delivery. (Author) (Case report)

**Available from:** https://doi.10.1055/s-0040-1709993

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## 20200521-36*

**Coronavirus: Shielding Groups [written answer].** Scottish Parliament, (2020). Official Report , Written question S5W-28923, 6 May 2020.

John Swinney responds to a written question asked by Miles Briggs to the Scottish Government, regarding the number of pregnant women are being asked to shield at home from the COVID-19 outbreak, also broken down by how many have (a) (i) congenital and (ii) acquired heart conditions and (b) other underlying health conditions. (LDO) (Parliamentary question)

**Available from:** https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28923

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## 20200521-34*

**Hospitals: Protective Clothing [written answer].** House of Lords, (2020). Hansard , Written question HL3638, 28 April 2020.

Lord Bethell responds to a written question asked by Lord Taylor of Warwick to Her Majesty's Government, regarding the assessment they have made of the number of NHS hospitals that are not giving personal protection equipment fit tests to staff. (LDO) (Parliamentary question)

**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-28/HL3638/

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## 20200521-33*

**NHS: Protective Clothing [written answer].** House of Lords, (2020). Hansard , Written question HL3602, 28 April 2020.

Lord Bethell responds to a written question asked by Lord Hoyle to Her Majesty's Government, on whether the NHS participated in the initiative co-ordinated by the Lancashire Resilience Forum to purchase PPE supplies. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-28/HL3602/

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## 20200521-32*

**NHS and Social Services: Protective Clothing [written answer].** House of Commons, (2020). Hansard , Written question 40983, 28 April 2020.

Jo Churchill responds to a written question asked by Sir John Hayes to the Secretary of State for Health and Social Care, regarding the steps his Department are taking to ensure an adequate supply of personal protective equipment to (a) the NHS and (b) social care facilities. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-28/40983/

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## 20200521-31*

**Registration of Births, Deaths, Marriages and Civil Partnerships: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 47465, 14 May 2020.

Kevin Foster responds to a written question asked by Munira Wilson to the Secretary of State for the Home Department, regarding her plans to tackle the backlog of appointments to register new births when birth registry offices reopen. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-14/47465/

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## 20200521-30*

**Registration of Births, Deaths, Marriages and Civil Partnerships: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 47464, 14 May 2020.

Kevin Foster responds to a written question asked by Munira Wilson to the Secretary of State for the Home Department, regarding her assessment of the potential merits of allowing new births to be registered over the phone where birth registry offices are closed as a result of the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-14/47464/

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## 20200521-25*

**Neonatal Late Onset Infection with Severe Acute Respiratory Syndrome Coronavirus 2.** Buonsenso D; Costa S; Sanguinetti M; et al, (2020). American Journal of Perinatology , 2 May 2020, online.

Objective  To date, no information on late-onset infection in newborns to mother with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) contracted in pregnancy are available. This study aimed to evaluate postdischarge SARS-CoV-2 status of newborns to mothers with COVID-19 in pregnancy that, at birth, were negative to SARS-CoV-2. Study Design  This is an observational study of neonates born to mothers with coronavirus disease 2019 (COVID-19). Results  Seven pregnant women with documented SARS-CoV-2 infection have been evaluated in our institution. One woman had a spontaneous abortion at 8 weeks of gestational age, four women recovered and are still in follow-up, and two women delivered. Two newborns were enrolled in the study. At birth and 3 days of life, newborns were negative to SARS-CoV-2. At 2-week follow-up, one newborn tested positive although asymptomatic. Conclusion  Our findings highlight the importance of follow-up of newborns to mothers with COVID-19 in pregnancy, since they remain at risk of contracting the infection in the early period of life and long-term consequences are still unknown. (Author) (Observational study)
**Available from:** https://doi.10.1055/s-0040-1710541

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## 20200521-18*

**Perinatal Mental Health Services: Coronavirus [written answer].** Scottish Parliament, (2020). Official Report , Written question S5W-28902, 6 May 2020.

Clare Haughey responds to a written question asked by Anas Sarwar to the Scottish Government, regarding the support it is providing to (a) pregnant women and (b) new mothers in response to the COVID-19 outbreak, and how services are linking up to ensure that (i) perinatal mental health is being prioritised and (ii) a message is relayed to mothers regarding how to seek any help that they might require. (LDO) (Parliamentary question)

**Available from:**
https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28902

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## 20200521-7*

**Prescriptions: Pregnancy [written answer].** House of Commons, (2020). Hansard , Written question 42039, 1 May 2020.

Jo Churchill responds to a written question asked by Seema Malhotra to the Secretary of State for Health and Social Care regarding whether he will extend the length of Maternity Exemption Certificates during the Covid-19 pandemic. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-01/42039/

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## 20200521-6*

**Maternity Leave: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 45427, 11 May 2020.

Paul Scully responds to a written question asked by Afzal Khan to the Secretary of State for Business, Energy and Industrial Strategy regarding whether he will make it his policy extend statutory maternity leave until (a) nurseries and (b) childcare facilities have re-opened. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-11/45427/

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## 20200521-4*

**Rohingya: Family Planning [written answer].** House of Lords, (2020). Hansard , Written question HL3847, 5 May 2020.

Lord Ahmad of Wimbledon responds to a written question asked by Baroness Tonge to Her Majesty's Government regarding what assessment they have made of the impact of the COVID-19 pandemic on the provision of sexual and reproductive health and rights services in the Rohingya refugee camps. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-05-05/HL3847/

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## 20200521-3*

**Rohingya: Contraceptives and Maternity Services [written answer].** House of Lords, (2020). Hansard , Written question HL3848, 5 May 2020.

Lord Ahmad of Wimbledon responds to a written question asked by Baroness Tonge to Her Majesty's Government regarding what assessment they have made of the impact of the COVID-19 pandemic on the supply of contraceptive and maternity services in the Rohingya refugee camps. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-05-05/HL3848/

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## 20200521-2*

**Hospitals: Coronavirus [written answer].** House of Lords, (2020). Hansard , Written question HL3833, 5 May 2020.

Lord Bethall responds to a written question asked by Baroness Manzoor to Her Majesty's Government, regarding how many BAME NHS staff are working directly on the COVID-19 frontline; whether such staff are provided with any specific safety information or guidance in addition to any guidance provided to all NHS staff working on the frontline; and if so, (1) what is that guidance, and (2) where such guidance is published. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-05-05/HL3833/

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## 20200521-1*

**Skin-to-Skin Care and COVID-19.** Boscia C, (2020). Pediatrics , 19 May 2020, online.

Examines the issues surrounding skin to skin care immediately after birth durng the COVID-19 pandemic. (MB) (Commentary)
**Available from:** https://doi.org/10.1542/peds.2020-1836

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## 20200520-31*

**Caring for Pregnant Patients with COVID-19: Practical Tips Getting from Policy to Practice.** London V; McLaren Jr R; Stein J; et al, (2020). American Journal of Perinatology , 18 April 2020, online.

Novel coronavirus disease 2019 (COVID-19) is a pandemic with most American cases in New York. As an institution residing in a high-prevalence zip code, with over 8,000 births annually, we have cared for over 80 COVID-19-infected pregnant women, and have encountered many challenges in applying new national standards for care. In this article, we review how to change outpatient and inpatient practices, develop, and disseminate new hospital protocols, and we highlight the psychosocial challenges for pregnant patients and their providers. (Author) (Overview)
**Available from:** https://doi.10.1055/s-0040-1710539

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## 20200519-23*

**NHS: Coronavirus [written answer].** House of Lords, (2020). Hansard , Written question HL3958, 5 May 2020.

Lord Bethell responds to a written question asked by Lord Bourne of Aberystwyth to Her Majesty's Government, regarding how they plan to reward those working in the National Health Service during the COVID-19 pandemic. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-05-05/HL3958/

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## 20200519-22*

**Perinatal aspects on the covid-19 pandemic: a practical resource for perinatal–neonatal specialists.** Mimouni F; Lakshminrusimha S; Pearlman SA; et al, (2020). Journal of Perinatology , vol 40, no 5, May 2020, pp 820–826 .

Background Little is known about the perinatal aspects of COVID-19. Objective To summarize available evidence and provide perinatologists/neonatologists with tools for managing their patients. Methods Analysis of available literature on COVID-19 using Medline and Google scholar. Results From scant data: vertical transmission from maternal infection during the third trimester probably does not occur or likely it occurs very rarely. Consequences of COVID-19 infection among women during early pregnancy remain unknown. We cannot conclude if pregnancy is a risk factor for more severe disease in women with COVID-19. Little is known about disease severity in neonates, and from very few samples, the presence of SARS-CoV-2 has not been documented in human milk. Links to websites of organizations with updated COVID-19 information are provided. Infographics summarize an approach to the pregnant woman or neonate with suspected or confirmed COVID-19. Conclusions As the pandemic continues, more data will be available that could lead to changes in current knowledge and recommendations. (Author) (Overview)
**Available from:** https://doi.org/10.1038/s41372-020-0665-6

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## 20200519-21*

**Sex and Gender Disparities in the COVID-19 Pandemic.** Gausman J; Langer A, (2020). Journal of Women's Health , vol 29, no 4, April 2020, pp 465-466 .

Commentary on the disproportionate effects of COVID-19 on women. Highlights the specific impact of the outbreak on pregnant women, including disruption to prenatal appointments, delayed responses to emergency obstetric complications and the lack of social support in the perinatal period. The authors also discuss the impact on non-pregnant women, including the increased risks of unintended pregnancy if contraceptives cannot be accessed, and the risk of disease transmission to the high percentage of female caregivers and frontline health workers. (LDO) (Commentary)
**Available from:** https://doi.org/10.1089/jwh.2020.8472

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## 20200519-20*

**Parental Leave: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 45426, 11 May 2020.

Paul Scully responds to a written question asked by Afzal Khan to the Secretary of State for Business, Energy and Industrial Strategy, regarding the support his Department provides to workers coming to the end of their statutory (a) maternity and (b) paternity entitlement on returning to work during the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-11/45426/

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## 20200519-14*

**Evidence of a significant secretory-IgA-dominant SARS-CoV-2 immune response in human milk following recovery from COVID-19.** Fox A; Marino J; Amanat F; et al, (2020). MedRXIV , 8 May 2020, online.

In this preliminary report, 15 milk samples obtained from donors previously-infected with SARS-CoV-2 as well as 10 negative control samples obtained prior to December 2019 were tested for reactivity to the Receptor Binding Domain (RBD) of the SARS-CoV-2 Spike protein by ELISAs measuring IgA, IgG, IgM, and secretory Ab. Eighty percent of samples obtained post-COVID-19 exhibited IgA reactivity, and all these samples were also positive for secretory Ab reactivity, suggesting the IgA is predominantly sIgA. COVID-19 group mean OD values of undiluted milk were significantly greater for IgA ($p<0.0001$), secretory-type Abs ($p<0.0001$), and IgG ($p=0.017$), but not for IgM, compared to pre-pandemic group mean values. Overall, these data indicate that there is strong sIgA-dominant SARS-CoV-2 immune response in human milk after infection in the majority of individuals, and that a comprehensive study of this response is highly warranted. (Author, edited) (Original research) [This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice]
**Available from:** https://doi.org/10.1101/2020.05.04.20089995

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## 20200519-11*

**Breast Milk: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 46097, 12 May 2020.

Ms Nadine Dorries responds to a written question asked by Alison Thewliss to the Secretary of State for Health and Social Care, regarding the assessment his Department has made of the potential merits of antibodies in human breast milk in the treatment of COVID-19, as reported in a study by Alisa Fox and colleagues (1). 1. Fox A et al. Evidence of a significant secretory-IgA-dominant SARS-CoV-2 immune response in human milk following recovery from COVID-19. medRxiv, 8 May 2020, online. https://doi.org/10.1101/2020.05.04.20089995. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-12/46097/

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## 20200519-10*

**Coronavirus: Protective Clothing [written answer].** House of Commons, (2020). Hansard , Written question 42862, 4 May 2020.

Jo Churchill responds to a written question asked by Dr Julian Lewis to the Secretary of State for Health and Social Care, regarding the assessment he has made of the performance of (a) reusable respirator hoods designed at Southampton University, (b) reusable surgical gowns manufactured in Derbyshire and (c) other recent developments of reusable personal protective equipment (PPE) for NHS staff; for what reason reusable items of PPE have so far only been ordered by individual NHS trusts; and if he will make it his policy to allocate resources to the acquisition of adequate supplies of reusable PPE. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-04/42862/

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## 20200519-7*

**Clinical and CT imaging features of the COVID-19 pneumonia: Focus on pregnant women and children.** Liu H; Liu F; Li J; et al, (2020). Journal of Infection , vol 80, no 5, May 2020, pp E7-E13.

Background The ongoing outbreak of COVID-19 pneumonia is globally concerning. We aimed to investigate the clinical and CT features in the pregnant women and children with this disease, which have not been well reported. Methods Clinical and CT data of 59 patients with COVID-19 from January 27 to February 14, 2020 were retrospectively reviewed, including 14 laboratory-confirmed non-pregnant adults, 16 laboratory-confirmed and 25 clinically-diagnosed pregnant women, and 4 laboratory-confirmed children. The clinical and CT features were analyzed and compared. Findings Compared with the non-pregnant adults group ($n = 14$), initial normal body temperature (9 [56%] and 16 [64%]), leukocytosis (8 [50%] and 9 [36%]) and elevated neutrophil ratio (14 [88%] and 20 [80%]), and lymphopenia (9 [56%] and 16 [64%]) were more common in the laboratory-confirmed ($n = 16$) and clinically-diagnosed ($n = 25$) pregnant groups. Totally 614 lesions were detected with predominantly peripheral and bilateral distributions in 54 (98%) and 37 (67%) patients, respectively. Pure ground-glass opacity (GGO) was the predominant presence in 94/131 (72%) lesions for the non-pregnant adults. Mixed consolidation and complete consolidation were more common in the laboratory-confirmed (70/161 [43%]) and clinically-diagnosed (153/322 [48%]) pregnant groups than 37/131 (28%) in the non-pregnant adults ($P = 0{\cdot}007$, $P < 0{\cdot}001$). GGO with reticulation was less common in 9/161 (6%) and 16/322 (5%) lesions for the two pregnant groups than 24/131 (18%) for the non-pregnant adults ($P = 0{\cdot}001$, $P < 0{\cdot}001$). The pulmonary involvement in children with COVID-19 was mild with a focal GGO or consolidation. Twenty-three patients underwent follow-up CT, revealing progression in 9/13 (69%) at 3 days whereas improvement in 8/10 (80%) at 6–9 days after initial CT scans. Interpretation Atypical clinical findings of pregnant women with COVID-19 could increase the difficulty in initial identification. Consolidation was more common in the pregnant groups. The clinically-diagnosed cases were vulnerable to more pulmonary involvement. CT was the modality of choice for early detection, severity assessment, and timely therapeutic effects evaluation for the cases with epidemic and clinical features of COVID-19 with or without laboratory confirmation. The exposure history and clinical symptoms were more helpful for screening in children versus

chest CT. (Author) (Original research)
**Available from:** https://doi.org/10.1016/j.jinf.2020.03.007

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## 20200518-30*

**Maternity Allowance [written answer].** House of Lords, (2020). Hansard , Written question HL3620, 28 April 2020.

Baroness Stedman-Scott responds to a written question asked by Baroness Lister of Burtersett to Her Majesty's Government, regarding why maternity allowance is not treated the same way as statutory maternity pay for the purposes of calculating Universal Credit; what estimate they have made of (1) the cost of doing so, and (2) the number of women claiming maternity allowance who are affected by that disparity, during the COVID-19 pandemic. (Author, edited) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-28/HL3620/

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## 20200518-29*

**Midwives' mental health hit by pandemic.** Royal College of Midwives, (2020). London: RCM , 18 May 2020.

Reports that a survey conducted by the Royal College of Midwives (RCM), has revealed that 57 per cent of midwives, maternity support workers (MSWs) and student midwives feel that the current coronavirus pandemic has adversely affected their mental health and well-being. States that more than a third of respondents (34%) felt they were not being adequately supported by their employers. Includes comments from RCM Chief Executive Officer, Gill Walton. (JSM) (Commentary)
**Available from:** https://www.rcm.org.uk/media-releases/2020/may/midwives-mental-health-hit-by-pandemic/

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## 20200518-28*

**Health Professions: Training [written answer].** House of Lords, (2020). Hansard , Written question HL3894, 5 May 2020.

Lord Bethell responds to a written question asked by Baroness Bennett of Manor Castle to Her Majesty's Government, regarding what financial and practical provision they will make for the final-year cohort of nursing, midwifery and associated health professional students who have not opted to cut short their courses to work in the NHS during the COVID-19 pandemic, but who may see those courses extend past the planned date for qualifying. (Author, edited) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-05-05/HL3894/

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## 20200518-27*

**Emergency Caesarean delivery in a patient with confirmed COVID-19 under spinal anaesthesia.** Xia H; Zhao S; Wu Z; et al, (2020). British Journal of Anaesthesia , vol 124, no 5, May 2020, pp E216-E218.

Reports the case of a 27-year old woman who was admitted to hospital at 36 weeks and 5 days' gestation due to fever. The woman, who was delivered by emergency caesarean section due to below normal oxygen saturation levels and reduced fetal movements, later tested positive for COVOD-19. (MB) (Correspondence)
**Available from:** https://doi.org/10.1016/j.bja.2020.02.016

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## 20200518-11*

**Antibodies in Infants Born to Mothers With COVID-19 Pneumonia.** Zeng H; Xu C; Fan J; et al, (2020). JAMA (Journal of the American Medical Association) , vol 323, no 18, 12 May 2020, pp 1848-1849.

This study describes results of IgM and IgG antibody testing from throat swabs of newborns born to mothers with COVID-19 pneumonia. (Author) (Correspondence)
**Available from:** https://doi.org/10.1001/jama.2020.4861

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## 20200515-11*

**Postpartum exacerbation of antenatal COVID-19 pneumonia in 3 women.** An P; Wood BJ; Li W; et al, (2020). Canadian Medical Association Journal (CMAJ) , vol 192, no 22, 1 June 2020, pp E603-E606.

KEY POINTS • Postpartum exacerbation of coronavirus disease 2019 symptoms may be sudden, within hours of delivery. • Acute clinical deterioration of the condition of women with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection who have recently given birth may be associated with changes in findings on chest computed tomography. • Delayed hospital discharge or close community follow-up should be considered for women with SARS-CoV-2 infection who have recently given birth. (Author) (Case report)
**Available from:** https://doi.org/10.1503/cmaj.200553

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## 20200515-10*

**Probable congenital SARS-CoV-2 infection in a neonate born to a woman with active SARS-CoV-2 infection.** Kirtsman M; Diambomba Y; Poutanen SM; et al, (2020). Canadian Medical Association Journal (CMAJ) , 14 May 2020, online.

KEY POINTS • Neonates born to women with confirmed or suspected severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection should have testing of the nasopharynx, placenta and cord blood as soon as possible after birth, after thorough cleaning of the neonate. • Sample timing, collection methods and types of samples should be documented to help differentiate congenital, intrapartum and postpartum acquisition of SARS-CoV-2 infection in neonates. (Author) (Case report)

**Available from:** https://doi.org/10.1503/cmaj.200821

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## 20200515-8*

**Early estimates of the indirect effects of the COVID-19 pandemic on maternal and child mortality in low-income and middle-income countries: a modelling study.** Roberton T; Carter ED; Chou VB; et al, (2020). The Lancet Global Health , 12 May 2020, online.

Background While the COVID-19 pandemic will increase mortality due to the virus, it is also likely to increase mortality indirectly. In this study, we estimate the additional maternal and under-5 child deaths resulting from the potential disruption of health systems and decreased access to food. Methods We modelled three scenarios in which the coverage of essential maternal and child health interventions is reduced by 9·8–51·9% and the prevalence of wasting is increased by 10–50%. Although our scenarios are hypothetical, we sought to reflect real-world possibilities, given emerging reports of the supply-side and demand-side effects of the pandemic. We used the Lives Saved Tool to estimate the additional maternal and under-5 child deaths under each scenario, in 118 low-income and middle-income countries. We estimated additional deaths for a single month and extrapolated for 3 months, 6 months, and 12 months. Findings Our least severe scenario (coverage reductions of 9·8–18·5% and wasting increase of 10%) over 6 months would result in 253 500 additional child deaths and 12 200 additional maternal deaths. Our most severe scenario (coverage reductions of 39·3–51·9% and wasting increase of 50%) over 6 months would result in 1 157 000 additional child deaths and 56 700 additional maternal deaths. These additional deaths would represent an increase of 9·8–44·7% in under-5 child deaths per month, and an 8·3–38·6% increase in maternal deaths per month, across the 118 countries. Across our three scenarios, the reduced coverage of four childbirth interventions (parenteral administration of uterotonics, antibiotics, and anticonvulsants, and clean birth environments) would account for approximately 60% of additional maternal deaths. The increase in wasting prevalence would account for 18–23% of additional child deaths and reduced coverage of antibiotics for pneumonia and neonatal sepsis and of oral rehydration solution for diarrhoea would together account for around 41% of additional child deaths. Interpretation Our estimates are based on tentative assumptions and represent a wide range of outcomes. Nonetheless, they show that, if routine health care is disrupted and access to food is decreased (as a result of unavoidable shocks, health system collapse, or intentional choices made in responding to the pandemic), the increase in child and maternal deaths will be devastating. We hope these numbers add context as policy makers establish guidelines and allocate resources in the days and months to come. Funding Bill & Melinda Gates Foundation, Global Affairs Canada. (Author) (Original research)

**Available from:** https://doi.org/10.1016/S2214-109X(20)30229-1

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## 20200515-7*

**Consider pregnancy in COVID-19 therapeutic drug and vaccine trials.** Whitehead CL; Walker SP, (2020). The Lancet , vol 395, no 10237, 23 May 2020, p E92.

Correspondence urging researchers to afford pregnant women the same autonomy offered to other adults to decide about participation in clinical trials. (MB) (Correspondence)

**Available from:** https://doi.org/10.1016/S0140-6736(20)31029-1

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## 20200515-2*

**Delivery Room Preparedness and Early Neonatal Outcomes During COVID19 Pandemic in New York City.** Perlman J; Oxford C; Chang C; et al, (2020). Pediatrics , 14 May 2020, online.

Since the initial report of a novel Coronavirus SARS-CoV-2 in Wuhan in December 2019 there has been widespread dissemination of disease worldwide. The impact on the neonatal population has been reported almost exclusively from China. The study goal is to characterize for the first time in the United States, the delivery room (DR) management and early course of infants born to COVID19 positive mothers, during three weeks at the peak of the pandemic in NYC, and to describe the challenges and approaches developed to meet these excessive needs. (Author) (Original research)

**Available from:** https://doi.org/10.1542/peds.2020-1567

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## 20200515-1*

**Caring for Newborns Born to Mothers with COVID-19: More Questions than Answers.** Gupta M; Zupancic JAF; Pursley DM, (2020). Pediatrics , 14 May 2020, online.

No abstract available (Correspondence)
**Available from:** https://doi.org/10.1542/peds.2020-001842

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## 20200514-73*

**Coronavirus: Planning your birth.** NHS England, (2020). London: NHS England , May 2020. 2 pages.

Consumer information emphasising that maternity services are still open during the current coronavirus pandemic, and encouraging women to contact their midwife or maternity services if they are at all concerned about their own health or the health of their baby. Advises women to document their birth plans and choices, as this will help guide the maternity professionals in providing women with the best birth experience possible. (JSM) (Consumer information)
**Available from:** https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/05/C0441-maternity-leaflets-cv19-planning-your-birth.pdf

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## 20200514-71*

**NHS: Conditions of Employment [written answer].** House of Commons, (2020). Hansard , Written question 42176, 1 May 2020.

Helen Whately responds to a written question asked by Mike Amesbury to the Secretary of State for Health and Social Care, regarding whether the £60,000 guarantee on death in service benefits for frontline health and care staff during the COVID-19 outbreak will be paid in addition to the death in service benefit for members of the NHS pension scheme. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-01/42176/

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## 20200514-70*

**Maternity Pay: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 43681, 5 May 2020.

Steve Barclay responds to a written question asked by Mhairi Black to the Chancellor of the Exchequer, regarding his assessment of the potential merits of extending maternity pay for people affected by the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-05/43681/

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## 20200514-69*

**Protective Clothing [written answer].** House of Commons, (2020). Hansard , Written question 39008, 22 April 2020.

Jo Churchill responds to a written question asked by Justin Madders to the Secretary of State for Health and Social Care, regarding what recent discussions he has had with (a) Public Health England and (b) professional bodies on ensuring that guidance on personal protective equipment is in the best interests of (i) staff and (ii) patient safety. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-22/39008/

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## 20200514-67*

**Coronavirus disease 2019 during pregnancy: a systematic review of reported cases.** Gatta AND; Rizzo R; Pilu G; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 17 April 2020, online.

Objective This study aimed to conduct a systematic review of the clinical outcomes reported for pregnant patients with coronavirus disease 2019. Data Sources The PubMed, CINAHL, and Scopus databases were searched using a combination of key words such as "Coronavirus and/or pregnancy," "COVID and/or pregnancy," "COVID disease and/or pregnancy," and "COVID pneumonia and/or pregnancy." There was no restriction of language to allow collection of as many cases as possible. Study Eligibility Criteria All studies of pregnant women who received a coronavirus disease 2019 diagnosis using acid nucleic test, with reported data about pregnancy, and, in case of delivery, reported outcomes, were included. Study Appraisal and Synthesis Methods All the studies included have been evaluated according to the tool for evaluating the methodological quality of case reports and case series described by Murad et al. Results Six studies that involved 51 pregnant women were eligible for the systematic review. At the time of the report, 3 pregnancies were ongoing; of the remaining 48 pregnant women, 46 gave birth by cesarean delivery, and 2 gave birth vaginally; in this study, 1 stillbirth and 1 neonatal death were reported. Conclusion Although vertical transmission of severe acute respiratory syndrome coronavirus 2 infection has been excluded thus far and the outcome for mothers and neonates has been generally good, the high rate of preterm delivery by cesarean delivery is a reason for

concern. Cesarean delivery was typically an elective surgical intervention, and it is reasonable to question whether cesarean delivery for pregnant patients with coronavirus disease 2019 was warranted. Coronavirus disease 2019 associated with respiratory insufficiency in late pregnancies certainly creates a complex clinical scenario. (Author) (Systematic review)
**Available from:** https://doi.org/10.1016/j.ajog.2020.04.013

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## 20200514-65*

## Coronavirus disease 2019 (COVID-19) in pregnant women: A report based on 116 cases.

Yan J; Guo J; Fan C; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 23 April 2020, online.

Background The coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), is a global public health emergency. Data on the effect of COVID-19 in pregnancy are limited to small case series. Objectives To evaluate the clinical characteristics and outcomes in pregnancy and the vertical transmission potential of SARS-CoV-2 infection. Study Desigh Clinical records were retrospectively reviewed for 116 pregnant women with COVID-19 pneumonia from 25 hospitals in China between January 20 and March 24, 2020. Evidence of vertical transmission was assessed by testing for SARS-CoV-2 in amniotic fluid, cord blood, and neonatal pharyngeal swab samples. Results The median gestational age on admission was 38+0 (IQR 36+0-39+1) weeks. The most common symptoms were fever (50.9%, 59/116) and cough (28.4%, 33/116); 23.3% (27/116) patients presented without symptoms. Abnormal radiologic findings were found in 96.3% (104/108) of cases. There were eight cases (6.9%, 8/116) of severe pneumonia but no maternal deaths. One of eight patients (1/8) that presented in the first- and early-second-trimester had a missed spontaneous abortion. Twenty-one of 99 patients (21.2%, 21/99) that had delivered had preterm birth, including six with preterm premature ruptured of membranes. The rate of spontaneous preterm birth before 37 weeks was 6.1% (6/99). There was one case of severe neonatal asphyxia that resulted in neonatal death. Eighty-six of the 100 neonates that had testing for SARS-CoV-2 had negative results, of these ten neonates had paired amniotic fluid and cord blood samples that were tested negative for SARS-CoV-2. Conclusions SARS-CoV-2 infection during pregnancy is not associated with an increased risk of spontaneous abortion and spontaneous preterm birth. There is no evidence of vertical transmission of SARS-CoV-2 infection when the infection manifests during the third-trimester of pregnancy. (Author) (Case report)
**Available from:** https://doi.org/10.1016/j.ajog.2020.04.014

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## 20200514-63*

## Maternal Death Due to COVID-19 Disease.

Hantoushzadeh S; Shamshirsaz AA; Aleyasin a; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 28 April 2020, online.

Background Despite 2.5 million infections and 169,000 deaths worldwide (current as of April 20, 2020), no maternal deaths and only a few pregnant women afflicted with severe respiratory morbidity had been reported to be related to COVID-19 disease. Given the disproportionate burden of severe and mortal respiratory disease previously documented among pregnant women following other related coronavirus outbreaks (SARS-CoV in 2003 and MERS-CoV) and influenza pandemics over the last century, the absence of reported maternal morbidity and mortality with COVID-19 disease is unexpected. Objectives To describe maternal and perinatal outcomes and death in a case series of pregnant women with COVID-19 disease. Study design We describe here a multi-institution adjudicated case series from Iran which includes 9 pregnant women diagnosed with severe COVID-19 disease during their latter 2nd or 3rd trimester. All 9 pregnant women were diagnosed with SARS-CoV-2 infection by rRT-PCR nucleic acid testing (NAT). Outcomes of these women were compared to their familial/household members with exposure to the affected patient on or after their symptom onset. All data were reported at death or after a minimum of 14 days from date of admission with COVID-19 disease. Results Among 9 pregnant women with severe COVID-19 disease, at the time of reporting 7 of 9 died, 1 of 9 remains critically ill and ventilator-dependent, and 1 of 9 recovered after prolonged hospitalization. We obtained self-verified familial/household cohort data in all 9 cases, and in each and every instance the maternal outcomes were more severe when compared to other high and low-risk familial/household members (n=33 members for comparison). Conclusion We report herein maternal deaths due to COVID-19 disease. Until rigorously collected surveillance data emerges, it is prudent to be aware of the potential for maternal death among pregnant women diagnosed with COVID-19 disease in their latter trimester(s). (Author)
(Case Series)
**Available from:** https://doi.org/10.1016/j.ajog.2020.04.030

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## 20200514-62*

## The Diagnosis of Pneumonia in a Pregnant Woman with COVID-19 Using Maternal Lung Ultrasound.

Inchingolo R; Smargiassi A; Moro F; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 28 April 2020, online.

Lung ultrasound examination has been demonstrated to be an accurate imaging method to detect pulmonary and pleural conditions. During pregnancy, there is a need for a rapid assessment of the maternal lung in patients suspected to have COVID-19. We report our experience on lung ultrasound examination in the diagnosis of Sars-Cov-2 pneumonia in a pregnant woman. Typical ultrasound features of this pulmonary pathology, including diffuse hyperechoic vertical artifacts with thickened pleural line and “white lung” with patchy distribution, were observed. We suggest point of care lung ultrasound examination as a diagnostic imaging tool in pregnant women with suspected COVID-19. (Author) (Overview)
**Available from:** https://doi.org/10.1016/j.ajog.2020.04.020

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## 20200514-56*

**Perinatal depressive and anxiety symptoms of pregnant women along with COVID-19 outbreak in China.** Wu Y; Zhang C; Liu H; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 10 May 2020, online.

Background On January 20, 2020, a new coronavirus epidemic with "human-to-human" transmission was officially announced by the Chinese government, which caused significant public panic in China. Pregnant women may be particularly vulnerable and in special need for preventative mental health strategies. Thus far, no reports exist to investigate the mental health response of pregnant women to the COVID-19 outbreak. Objective The aim of the present study is to examine the impact of COVID-19 outbreak on the prevalence of depressive and anxiety symptoms and the corresponding risk factors among pregnant women across China. Study Design A multi-center cross-sectional study was initiated in early December 2019 to identify mental health concerns in pregnancy using the Edinburgh Postnatal Depression Scale (EPDS). This study provided a unique opportunity to compare the mental status of pregnant women before and after the announcement of the COVID-19 epidemic. A total of 4124 pregnant women during their third trimester from 25 hospitals in 10 provinces across China were examined in this cross-sectional study from January 1 to February 9, 2020. Of these women, 1285 were assessed after January 20, 2020 when the coronavirus epidemic was publically announced and 2839 were assessed before this pivotal time point. The internationally recommended EPDS was used to assess maternal depression and anxiety symptoms. Prevalence rates and risk factors were compared between the pre and post study groups. Results Pregnant women assessed after the declaration of COVID-19 epidemic had significantly higher rates of depressive symptoms (26.0% vs 29.6%, P=0.02) than women assess pre-epidemic announcement. These women were also more likely to endorse thoughts of self-harm (P=0.005). The depressive rates were positively associated with the number of newly-confirmed COVID-19 cases (P=0.003), suspected infections (P=0.004), and death cases per day (P=0.001). Pregnant women who were underweight pre-pregnancy, primiparous, < 35 years old, employed full-time, middle income, and had appropriate living space were at increased risk to develop depressive and anxiety symptoms during the outbreak. Conclusion Major life-threatening public health events such as the COVID-19 outbreak may increase the risk for mental illness among pregnant women including thoughts of self-harm. Strategies targeting maternal stress and isolation such as effective risk communication and the provision of psychological first aid may be particularly useful to prevent negative outcomes for women and their fetuses. (Author) (Cross-sectional study)

**Available from:** https://doi.org/10.1016/j.ajog.2020.05.009

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## 20200514-53*

**Lung Ultrasound in the Covid-19 Pandemic: A Practical Guide for Obstetricians and Gynecologists.** Dashraath P; Wong JLJ; Lim MXK; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 10 May 2020, online.

The current COVID-19 pandemic is a challenge to every health system over the globe. Unfortunately, it is likely that this emergency will not disappear soon. No health system, with its present resources and work flow is ready to deal with a full-blown wave of this pandemic. Rapid acquisition of specific new skills may be fundamental in delivering appropriate health care for our patients. COVID-19 infection is classically diagnosed by real time reverse transcription polymerase chain reaction and radiological investigations (X-ray or high-resolution computerized tomography). These techniques are not without limitations. Ultrasound has been suggested as a reliable and accurate tool for assessing the lungs in patients with suspected pneumonia. Obstetricians and gynecologists are usually familiar with the use of ultrasound. Lung ultrasound can show specific signs of interstitial pneumonia, which is characteristic of COVID-19 pulmonary infection. We believe that extensive and rapid training of healthcare providers on the application of ultrasound in the detection of characteristic pulmonary signs of COVID-19 infection, in addition to proper care and handling of their ultrasound machines, is feasible and may be critical in order to provide appropriate management especially of the obstetric patient in the coming period. We present a systematic approach to lung examination, simplified to encourage its adoption by obstetricians and gynecologists, together with an example of a recent pregnant woman with COVID-19 infection, in which lung ultrasound was useful in the management. (Author) (Correspondence)

**Available from:** https://doi.org/10.1016/j.ajog.2020.05.014

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## 20200514-51*

**NHS and Social Services: Protective Clothing [written answer].** House of Commons, (2020). Hansard , Written question 39789, 24 April 2020.

Jo Churchill responds to a written question asked by Alex Sobel to the Secretary of State for Health and Social Care, regarding whether his Department will issue guidance to front line NHS and care workers on the reuse of personal protective equipment. (LDO) (Parliamentary question)

**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-24/39789/

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## 20200514-50*

**Prisons: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 42965, 4 May 2020.

Lucy Frazer responds to a written question asked by Ms Lyn Brown to the Secretary of State for Justice, regarding his estimate of the number and proportion of pregnant prison staff by each grade who are (a) working from home, (b) furloughed and (c) attending the workplace during the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-04/42965/

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## 20200514-9*

**Is there evidence of intra-uterine vertical transmission potential of COVID-19 infection in samples tested by quantitative RT-PCR?.** Cheruiyot I; Henry BM; Lippi G, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , vol 249, June 2020, pp 100-101.

Systematic review of COVID-19 in pregnant women and the risk of intrauterine vertical transmission. The findings suggest that there is currently no evidence of mother-to-child transmission in the third trimester. The potential of transmission in the first and second trimesters is still unknown. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.04.034

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## 20200514-8*

**Oligohydramnion in COVID19.** Aliji N; Aliu F, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , vol 249, June 2020, p 102.

Discusses the case of a 27-year-old woman at 34 weeks' gestation who presented with oligohydramnios and symptoms of COVID-19. The patient underwent a caesarean section due to fetal distress. The mother later tested positive and the premature infant tested negative for the virus. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.04.047

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## 20200514-7*

**Obstetric network reorganization during the COVID-19 pandemic: Suggestions from an Italian regional model.** Giannubilo SR; Giannella L; Carpini GD; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , vol 249, June 2020, pp 103-105.

Discusses the obstetric network model used in Italy during the COVID-19 outbreak. The model includes separate hospital entrances and exits, local protocols for the triage of pregnant women with symptoms, single occupancy rooms, the use of personal protective equipment, restricted numbers of visitors, surgical masks during breastfeeding, the swabbing of all neonates born to positive or high suspicion mothers, and the discharge of asymptomatic women two days after delivery. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.04.062

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## 20200514-6*

**Re: Novel Coronavirus COVID-19 in late pregnancy: Outcomes of first nine cases in an inner city London hospital.** Govind A; Essien S; Kartikeyan A; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 6 May 2020, online.

Discusses the cases of nine mothers with COVID-19 who delivered at an inner-city London hospital. Three women delivered by emergency caesarean section, six women underwent elective caesarean section and one woman delivered vaginally. Only one of the nine infants tested positive for the virus. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.05.004

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## 20200514-5*

**COVID-19 during pregnancy: Potential risk for neurodevelopmental disorders in neonates?.** Martins-Filho PR; Tanajura DM; Santos Jr HP; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 10 May 2020, online.

The authors hypothesise that cytokine storms and hyperinflammation found in pregnant women with SARS-CoV-2 may increase the risk for neurodevelopmental disorders in neonates. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.05.015

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## 20200514-4*

**Vaginal delivery in a woman infected with SARS-CoV-2 – the first case reported in Portugal.** Polónia-Valente R; Moucho M; Tavares M; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 10 May 2020, online.

Discusses the case of a 31-year-old woman at 38 weeks' gestation who was admitted at the obstetrical emergency department and tested positive for SARS-CoV-2. The patient was in the latent phase of labour and complained of mild uterine contractions. An operative vaginal delivery and fetal vacuum extraction were subsequently performed in order to shorten the second stage of labour. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.05.007

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## 20200514-3*

**Prone positioning and high-flow oxygen improved respiratory function in a 25-week pregnant woman with COVID-19.** Vibert F; Kretz M; Thuet V; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , 13 May 2020, online.

Discusses the case of a 21-year-old pregnant woman at 23 weeks' gestation with COVID-19 symptoms. The patient was effectively managed with prone positioning and high-flow oxygen without the need for sedation or invasive ventilation. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.05.022

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## 20200514-1*

**Unfavorable outcomes in pregnant patients with COVID-19 outside Wuhan, China.** Huang W; Zhao Z; He Z; et al, (2020). Journal of Infection , 13 May 2020, online.

Correspondence reporting on 8 cases of SARS-CoV-2 infection during late pregnancy that resulted in severe maternal and neonatal complications. (MB) (Correspondence)
**Available from:** https://doi.org/10.1016/j.jinf.2020.05.014

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## 20200513-97*

**Reflections on COVID-19.** Lowe NK, (2020). JOGNN: Journal of Obstetric, Gynecologic and Neonatal Nursing , vol 49, no 3, May 2020, pp 223-224.

Editorial reflecting on the changes we have undergone to our personal and professional lives since the COVID-19 pandemic began. Raises concerns that some New York hospitals were not allowing women in labour to have one support person with them, despite research stressing the importance of support in labour to patient care, even during the coronavirus crisis. Explains how hospital policies such as these have been overturned by an executive order issued by New York's Governor, Andrew Cuomo, on March 27 2020, which stipulates that all public and private hospitals in New York must comply with the latest guidance from the New York State Department of Health, that all women must be allowed to have a partner with them in the labour and delivery room. (JSM) (Editorial)
**Available from:** https://doi.org/10.1016/j.jogn.2020.04.002

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## 20200513-90*

**NHS: Protective Clothing [written answer].** House of Lords, (2020). Hansard , Written question HL3348, 21 April 2020.

Lord Bethell responds to a written question asked by Lord Taylor of Warwick to Her Majesty's Government regarding what steps they are taking to ensure that NHS staff and key workers have personal protective equipment and suitable reserves of equipment; and when they estimate new equipment will be delivered to such workers. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3348/

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## 20200513-32*

**False-Negative COVID-19 Testing: Considerations in Obstetrical Care.** Kelly JC; Dombrowski M; O'neil-Callahan M; et al, (2020). American Journal of Obstetrics & Gynecology MFM , 28 April 2020, online.

Case report of a primiparous woman at 33 weeks' gestation who presented to an obstetrical triage unit complaining of a cough, fever, emesis and contractions. The patient was tested for COVID-19 on four separate occasions and all tests were negative. The authors suggest that false-negative testing of SARS-CoV-2 is a clinical problem with numerous implications for pregnant women. (LDO) (Case report)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100130

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## 20200513-30*

**Detection of SARS-COV-2 in Placental and Fetal Membrane Samples.** Penfield CA; Brubaker SG; Limaye MA; et al, (2020). American Journal of Obstetrics & Gynecology MFM , 8 May 2020, online.

Study on the presence of SARS-CoV-2 in placental and fetal membrane samples in a series of COVID-19 positive mothers. Three out of 11 swabs tested positive for SARS-CoV-2. None of the infants tested positive or displayed symptoms of COVID-19 infection. This is the first study to demonstrate the presence of SARS-CoV-2 RNA in placental or membrane samples. (LDO) (Original research)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100133

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## 20200513-27*

**Placental abruption in a twin pregnancy at 32 weeks' gestation complicated by COVID-19, without vertical transmission to the babies.** Kuhrt K; McMicking J; Nanda S; et al, (2020). American Journal of Obstetrics & Gynecology MFM , 8 May 2020, online.

The authors present the case of a monochorionic diamniotic twin pregnancy complicated by COVID-19. An emergency caesarean section was performed at 32 weeks' gestation due to antepartum haemorrhage and placental abruption. This is the first known case of significant placental abruption in a COVID-19 patient with good maternal and neonatal outcomes. (LDO) (Case report)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100135

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## 20200513-21*

**Clinical course of severe and critical COVID-19 in hospitalized pregnancies: a US cohort study.** Pierce-Williams RAM; Burd J; Felder L; et al, (2020). American Journal of Obstetrics & Gynecology MFM , 8 May 2020, online.

Background The COVID-19 pandemic has had an impact on healthcare systems around the world with 3.0 million infected and 208,000 resultant mortalities as of this writing. Information regarding infection in pregnancy is still limited. Objectives To describe the clinical course of severe and critical infection in hospitalized pregnant women with positive laboratory testing for SARS-CoV2. Study Design This is a cohort study of pregnant women with severe or critical COVID-19 infection hospitalized at 12 US institutions between March 5, 2020 and April 20, 2020. Severe infection was defined according to published criteria by patient reported dyspnea, respiratory rate > 30 per minute, blood oxygen saturation ≤ 93% on room air, partial pressure of arterial oxygen to fraction of inspired oxygen <300 and/or lung infiltrates >50% within 24 to 48 hours on chest imaging. Critical disease was defined by respiratory failure, septic shock, and/or multiple organ dysfunction or failure. Women were excluded if they had presumed COVID-19 infection but laboratory testing was negative. The primary outcome was median duration from hospital admission to discharge. Secondary outcomes included need for supplemental oxygen, intubation, cardiomyopathy, cardiac arrest, death, and timing of delivery. The clinical courses are described by the median disease day on which these outcomes occurred after the onset of symptoms. Treatment and neonatal outcomes are also reported. Results Of 64 pregnant women hospitalized with COVID-19, 44 (69%) had severe and 20 (31%) critical disease. The following pre-existing comorbidities were observed: 25% had a pulmonary condition, 17% had cardiac disease and the mean BMI was 34 kg/m2. Gestational age at symptom onset was at a mean 29 ±6 weeks and at hospital admission a mean of 30 ±6 weeks, on a median day of disease 7 since first symptoms. Eighty-one percent of women were treated with hydroxychloroquine; 9% of women with severe disease and 65% of women with critical disease received remdesivir. All women with critical disease received either prophylactic or therapeutic anticoagulation during their admission. The median duration of hospital stay was 6 days (6 days for severe, 10.5 days for critical, p=0.01). For those who required it, intubation usually occurred around day 9, and peak respiratory support for women with severe disease occurred on day 8. In women with critical disease, prone positioning was performed in 20% of cases, the rate of ARDS was 70%, and re-intubation was necessary in 20%. There was one case of maternal cardiac arrest, but no cases of cardiomyopathy and no maternal deaths. Thirty-two (50%) women in this cohort delivered during their COVID-19 hospitalization (34% of severe and 85% of critical women). Eighty-eight percent (15/17) of pregnant women with critical COVID-19 who delivered during their disease course were delivered preterm, 94% of them via cesarean; in all, 75% (15/20) of critically ill women delivered preterm. There were no stillbirths or neonatal deaths, or cases of vertical transmission. Conclusion In hospitalized pregnant women with severe or critical COVID-19 infection, admission typically occurred about 7 days after symptom onset, and the duration of hospitalization was 6 days (6 severe versus 12 critical). Critically ill women had a high rate of ARDS, and there was one case of cardiac arrest, but there were no cases of cardiomyopathy, or maternal mortality. Hospitalization for severe or critical COVID-19 infection resulted in delivery during the course of infection in 50% of this cohort, usually in the third trimester. There were no perinatal deaths in this cohort. (Author) (Original research)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100134

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## 20200513-16*

**Safe delivery for pregnancies affected by COVID-19.** Qi H; Luo X; Zheng Y; et al, (2020). BJOG: An International Journal of Obstetrics and Gynaecology , vol 127, no 8, July 2020, pp 927-929.

Discusses existing guidelines on the safe delivery of infants in pregnancies affected by COVID-19. Includes the timing of delivery, requirements for caesarean section, prevention of infection in the delivery room,

anaesthesia and monitoring the neonate. (LDO) (Overview)
**Available from:** https://doi.org/10.1111/1471-0528.16231

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## 20200512-20*

**The importance of continuing breastfeeding during COVID-19: in support to the WHO statement on breastfeeding during the pandemic.** Williams J; Namazova-Baranova L; Weber M; et al, (2020). The Journal of Pediatrics , 11 May 2020, online.

Aims to provide guidance on breastfeeding and related safety measures during COVID-19, particularly in situations where a mother has or may have COVID-19. (MB) (Overview)
**Available from:** https://doi.org/10.1016/j.jpeds.2020.05.009

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## 20200512-12*

**Coronavirus: NMC Registration Fees [written answer].** Scottish Parliament, (2020). Official Report , Written question S5W-28657, 22 April 2020.

Jeane Freeman responds to a written question asked by Alison Johnstone to the Scottish Government, regarding its position on covering the cost of the 2020 Nursing and Midwifery Council (NMC) annual registration fees as a token of appreciation during the COVID-19 outbreak. (LDO)
(Parliamentary question)
**Available from:**
https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28657

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## 20200512-11*

**Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study.** Knight M; Bunch K; Vousden N; et al, (2020). BMJ , 8 June 2020, online.

Objectives To describe a national cohort of pregnant women admitted to hospital with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection in the UK, identify factors associated with infection, and describe outcomes, including transmission of infection, for mothers and infants. Design Prospective national population based cohort study using the UK Obstetric Surveillance System (UKOSS). Setting All 194 obstetric units in the UK. Participants 427 pregnant women admitted to hospital with confirmed SARS-CoV-2 infection between 1 March 2020 and 14 April 2020. Main outcome measures Incidence of maternal hospital admission and infant infection. Rates of maternal death, level 3 critical care unit admission, fetal loss, caesarean birth, preterm birth, stillbirth, early neonatal death, and neonatal unit admission. Results The estimated incidence of admission to hospital with confirmed SARS-CoV-2 infection in pregnancy was 4.9 (95% confidence interval 4.5 to 5.4) per 1000 maternities. 233 (56%) pregnant women admitted to hospital with SARS-CoV-2 infection in pregnancy were from black or other ethnic minority groups, 281 (69%) were overweight or obese, 175 (41%) were aged 35 or over, and 145 (34%) had pre-existing comorbidities. 266 (62%) women gave birth or had a pregnancy loss; 196 (73%) gave birth at term. Forty one (10%) women admitted to hospital needed respiratory support, and five (1%) women died. Twelve (5%) of 265 infants tested positive for SARS-CoV-2 RNA, six of them within the first 12 hours after birth. Conclusions Most pregnant women admitted to hospital with SARS-CoV-2 infection were in the late second or third trimester, supporting guidance for continued social distancing measures in later pregnancy. Most had good outcomes, and transmission of SARS-CoV-2 to infants was uncommon. The high proportion of women from black or minority ethnic groups admitted with infection needs urgent investigation and explanation. Study registration ISRCTN 40092247. (Author) (Original research)
**Available from:** https://doi.org/10.1136/bmj.m2107

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## 20200512-10*

**Coronavirus: Mum 'grateful' for maternity hospital measures.** Anon, (2020). BBC News , 12 May 2020.

Reports on the story of Alina Ghergheleuca who recently gave birth and has praised the work of the Rosie Hospital in Cambridge during the COVID-19 pandemic. (LDO) (News item)
**Available from:** https://www.bbc.co.uk/news/av/uk-england-cambridgeshire-52625672/coronavirus-mum-grateful-for-maternity-hospital-measures

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## 20200512-9*

**Pregnant versus non-pregnant SARS-CoV-2 and COVID-19 Hospital Admissions: The first 4 weeks in New York.** Tekbali A; Grünebaum A; Saraya A; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 15 April 2020, online.

This research letter discusses pregnant and non-pregnant COVID-19 hospital admissions in New York. The study results show that pregnant women with SARS-CoV-2 and COVID-19 had a significantly lower admission percentage compared to non-pregnant patients. However, the authors suggest that maternity services should be ringfenced from redeployment to ensure the safest possible care for women and their newborns. (LDO)
(Correspondence)
**Available from:** https://doi.org/10.1016/j.ajog.2020.04.012

**20200512-8***

**Screening all pregnant women admitted to Labor and Delivery for the virus responsible for COVID-19.** Vintzileos WS; Muscat J; Hoffmann E; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 26 April 2020, online.

This research letter discusses a study to determine the accuracy of maternal symptomatology in predicting COVID-19 infections. The results showed that 66% of women who tested positive for COVID-19 were asymptomatic. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ajog.2020.04.024

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**20200512-7***

**Fetal Interventions in the Setting of COVID-19 Pandemic: Statement from the North American Fetal Therapy Network (NAFTNet).** Bahtiyar MO; Baschat A; Deprest J; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 26 April 2020, online.

Statement from the North American Fetal Therapy Network (NAFTNet) on fetal interventions during the COVID-19 outbreak. Recommends that fetal interventions should not be considered as elective procedures and should be guided by local institutional policies. (LDO) (Position statement)
**Available from:** https://doi.org/10.1016/j.ajog.2020.04.025

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**20200511-78***

**Health Professionals: Protective Clothing [written answer].** House of Lords, (2020). Hansard , Written question HL3375, 23 April 2020.

Lord Bethell responds to a written question asked by Baroness Doocey to Her Majesty's Government, regarding whether their guidelines on personal protective equipment for frontline medical staff are (1) based on expert medical advice and evidence or (2) also based on economic or other factors. (JSM) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-23/HL3375/

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**20200511-77***

**Coronavirus: Screening [written answer].** House of Commons, (2020). Hansard , Written question 38600, 21 April 2020.

Ms. Nadine Dorries responds to a written question asked by Justin Madders to the Secretary of State for Health and Social Care, regarding what procedures are in place for referring (a) NHS and (b) social care workers to covid-19 testing stations. (JSM) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-21/38600/

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**20200511-76***

**Coronavirus: Allied Health Professionals [written answer].** House of Commons, (2020). Hansard , Written question 37760, 20 April 2020.

Jo Churchill responds to a written question asked by Emma Hardy to the Secretary of Health and Social Care, regarding how many of the 150,000 Allied Health Professionals in (a) the NHS and (b) social care have access to (i) personal protective equipment and (ii) testing for covid-19. (JSM) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-20/37760/

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**20200511-75***

**NHS: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 37384, 20 April 2020.

Ms. Nadine Dorries responds to a written question asked by Geraint Davies to the Secretary of State for Health and Social Care, regarding what assessment his Department has made of the level of infection transmitted by NHS workers who have not been tested for covid-19. (JSM) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-20/37384/

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**20200511-67***

**Care of critically ill pregnant patients with COVID-19: a case series.** Hirshberg A; Kern-Goldberger AR; Levine LD; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 3 May 2020, online.

This research letter discusses five cases of critically ill symptomatic pregnant women with COVID-19. The cases had varying comorbidities and were managed differently by clinicians. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ajog.2020.04.029

## 20200511-62*

**Severe acute respiratory syndrome coronavirus 2 detection in the female lower genital tract.** Cui P; Chen Z; Wang T; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 3 May 2020, online.

This research letter discusses the existence of SARS-CoV-2 in the female lower genital tract. Among the 35 participants in this study SARS-CoV-2 was not found in vaginal fluid and cervical exfoliated cells. This suggests that the female lower genital tract may not be a transmission route for the virus, and has implications for mode of delivery in SARS-CoV-2 infected pregnant women. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ajog.2020.04.038

## 20200511-61*

**Intensive Care Unit Admissions for Pregnant and Non-Pregnant Women with COVID-19.** Blitz MJ; Grünebaum A; Tekbali A; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 6 May 2020, online.

This research letter discusses a study comparing the number of pregnant and non-pregnant women admitted to intensive care units with COVID-19 in New York State. 28.4% of those admitted were non-pregnant women and 7% were pregnant women. Therefore, the authors suggest that pregnant women with COVID-19 may not experience more severe disease progression than other groups. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ajog.2020.05.004

## 20200511-60*

**SARS-CoV-2 in pregnancy: symptomatic pregnant women are only the tip of the iceberg.** Khalil A; Hill R; Ladhani S; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 6 May 2020, online.

This research letter discusses the SARS-CoV-2 screening of all pregnant women admitted to the Portland Hospital for Women and Children in London between 27 March 2020 and 20 April 2020. 7% of the women tested positive and 88.9% of those were asymptomatic. The authors argue for the universal screening of pregnant women due to high rates of asymptomatic infection. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ajog.2020.05.005

## 20200511-59*

**Psychological Impact of COVID-19 in pregnant women.** Saccone G; Florio A; Aiello F; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 7 May 2020, online.

This research letter discusses a study on the psychological impact of COVID-19 on pregnant women in Naples, Italy. Overall the COVID-19 outbreak had a moderate impact on the study participants, with women in their first trimester displaying significantly higher levels of anxiety. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ajog.2020.05.003

## 20200511-55*

**Coronavirus Disease 2019 (COVID-19) and pregnancy: what obstetricians need to know.** Rasmussen SA; Smulian JC; Lednicky JA; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , vol 222, no 5, May 2020, pp 415-426.

This expert review is aimed at practising obstetricians and highlights current research on COVID-19, SARS and MERS during pregnancy. The review includes information on infection control, diagnostic testing, in utero transmission and breastfeeding. (LDO) (Review)
**Available from:** https://doi.org/10.1016/j.ajog.2020.02.017

## 20200511-7*

**Covid-19: NHS bosses told to assess risk to ethnic minority staff who may be at greater risk.** Iacobucci G, (2020). BMJ , 4 May 2020.

Reports that NHS bosses in England have received a letter from NHS England's chief executive, Simon Stevens, and chief operating officer, Amanda Pritchard, instructing them that they should take steps to protect staff from minority ethnic backgrounds who may be at increased risk of contracting COVID-19 by carrying out risk assessments and making appropriate arrangements for their safety. States that the advice was issued as a precaution, while Public Health England carry out an investigation into why the disease seems to be disproportionately effecting Black, Asian and Minority Ethnic (BAME) groups. (JSM) (News item)
**Available from:** https://doi.org/10.1136/bmj.m1820

## 20200507-28*

**Health Professions: Protective Clothing [written answer].** House of Commons, (2020). Hansard , Written question 42089, 1 May 2020.

Jo Churchill responds to a written question asked by Justin Madders to the Secretary of State for Health and Social Care, regarding the design of face masks used as personal protective equipment and its effect on female clinicians. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-01/42089/

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## 20200507-27*

**NHS and Social Services: Conditions of Employment [written answer].** House of Commons, (2020). Hansard , Written question 41975, 1 May 2020.

Helen Whately responds to a written question asked by Ian Murray to the Secretary of State for Health and Social Care, regarding the publication of the full eligibility criteria for the death in service benefit for NHS and social care staff who have died from COVID-19. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-01/41975/

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## 20200507-26*

**Pregnancy: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 902304, 6 May 2020.

Paul Scully responds to a written question asked by Tonia Antoniazzi regarding steps taken to support pregnant women who are unable to work during the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-06/902304/

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## 20200507-25*

**NHS: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 41979, 1 May 2020.

Helen Whately responds to a written question asked by Grahame Morris to Secretary of State for Health and Social Care, regarding the number of NHS staff deaths from COVID-19 exposure in the workplace that have been reported to the Health and Safety Executive under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-01/41979/

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## 20200507-23*

**Coronavirus: Birth Registration [written answer].** House of Lords, (2020). Hansard , Written question HL3218, 21 April 2020.

Baroness Williams of Trafford responds to a written question asked by Baroness Scott of Needham Market to Her Majesty's Government, regarding (a) the alternatives available for registering a birth where the local registrar has closed due to the COVID-19 pandemic, and (b) how the 42-day legal deadline will be managed. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3218/

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## 20200507-22*

**Rohingya: Family Planning [written answer].** House of Lords, (2020). Hansard , Written question HL3447, 23 April 2020.

Lord Ahmad of Wimbledon responds to a written question asked by Baroness Tonge to Her Majesty's Government, regarding what discussions have taken place with the Bangladeshi government about Rohingya refugees and access to sexual and reproductive health services during the COVID-19 pandemic. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-23/HL3447/

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## 20200507-21*

**Update from the Chief Executive and Registrar of the NMC about nursing students and the temporary register.** Sutcliffe A, (2020). London: Nursing and Midwifery Council , 7 May 2020.

Andrea Sutcliffe announces that the Nursing and Midwifery Council (NMC) will not establish a specific student part of the temporary register during the COVID-19 outbreak. (LDO) (News item)
**Available from:** https://www.nmc.org.uk/news/news-and-updates/nursing-students-temporary-register/

## 20200507-20*

**Research highlights concerns of UK nurses and midwives over Covid-19.**
Anon, (2020). Cardiff: Cardiff University , 28 April 2020.

Summarises the results of a survey conducted by the Royal College of Nursing (RCN) to ascertain the impact of coronavirus among nurses and midwives. Reports that the survey, conducted between 2-14 April 2020, found a third of the 2, 600 respondents had experienced severe or extremely severe depression, anxiety or stress. Other findings included: *4% feel their personal health is at risk during the pandemic due to their clinical role *92% are worried about risks to family members due to their clinical role *A third (33%) respondents reported severe or extremely severe depression, anxiety or stress *Of those being redeployed within the NHS, 62% either reported that their training was either non-existent, or inadequate *52% respondents had worked over their contracted hours on their last shift- two-thirds of these respondents will not be paid for their additional work *25% disagreed that correct PPE was always available (with only 44% agreeing that it was available) *52% were either lacking in confidence regarding COVID-19 infection control and prevention training that they had received or had received no training *26% respondents had needed to self-isolate, of which 37% did not have personal symptoms and 64% missed four or more shifts due to self-isolation. (Author, edited) (News item)
**Available from:** https://www.cardiff.ac.uk/news/view/2326580-research-highlights-concerns-of-uk-nurses-and-midwives-over-covid-19

## 20200507-12*

**Employment: Pregnancy [written answer].** House of Lords, (2020). Hansard , Written question HL3252, 21 April 2020.

Lord Callanan responds to a written question asked by Baroness Burt of Solihull to Her Majesty's Government, regarding steps taken to ensure pregnant employees do not suffer detriment at work as a result of following public health guidance during the COVID-19 pandemic. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3252/

## 20200507-10*

**Coronavirus: Am I at risk during pregnancy?.** Roxby P, (2020). BBC News , 7 May 2020.

As a precaution, pregnant women have been told to be particularly strict about avoiding social contact, so they reduce their risk of catching coronavirus. But what do we know about its impact on pregnancy? (Author) (News item)
**Available from:** https://www.bbc.co.uk/news/health-52474213

## 20200507-9*

**Coronavirus: Concerns for wellbeing of babies born in lockdown.** Richardson H, (2020). BBC News , 7 May 2020.

Concerns for the wellbeing of babies born in lockdown are being raised, as parents struggle to access regular support services. (Author) (News item)
**Available from:** https://www.bbc.co.uk/news/education-52560388

## 20200507-1*

**Postpartum exacerbation of antenatal COVID-19 pneumonia in 3 women.**
An P; Wood BJ; Li W; et al, (2020). Canadian Medical Association Journal (CMAJ) , 6 May 2020, online.

KEY POINTS • Postpartum exacerbation of coronavirus disease 2019 symptoms may be sudden, within hours of delivery. • Acute clinical deterioration of the condition of women with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection who have recently given birth may be associated with changes in findings on chest computed tomography. • Delayed hospital discharge or close community follow-up should be considered for women with SARS-CoV-2 infection who have recently given birth. (Author) (Case report)

## 20200506-89*

**Guidance for midwives, student midwives and maternity support workers providing community-based care during the Covid-19 pandemic .** Royal College of Midwives, (2020). London: RCM , April 2020. 4 pages.

Health and safety advice for midwives, student midwives and maternity support workers whose roles take them into the community, during this current coronavirus pandemic. (JSM) (Guidelines)
**Available from:** https://www.rcm.org.uk/media/3900/home-visit-guidance-for-midwives.pdf?dm_i=4YCH,C146,3PNLW0,1CA74,1

## 20200506-88*

**NHS: Coronavirus [written answer].** House of Lords, (2020). Hansard , Written question HL3185, 21 April 2020.

Lord True responds to a written question asked by Lord Farmer to Her Majesty's Government, regarding what plans they have to recognise National Health Service workers who served on the medical front-line during the COVID-19 pandemic; and whether any such plans include minting a medal for such workers. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3185/

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## 20200506-87*

**Parental Leave: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 41574, 28 April 2020.

Paul Scully responds to a written question from Ben Lake to the Secretary of State for Business, Energy and Industrial Strategy regarding what assessment the Government has made of the potential merits of extending (a) maternity and (b) paternity leave in response to the covid-19 outbreak and associated social distancing guidance. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-28/41574/

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## 20200506-86*

**Health Services: Mental Health [written answer].** House of Commons, (2020). Hansard , Written question 40613, 27 April 2020.

Helen Whately to a written question asked by Ian Paisley to the Secretary of State for Health and Social Care regarding what steps his Department is taking to support the mental health of NHS workers during the covid-19 outbreak. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-27/40613/

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## 20200506-85*

**Uniforms: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 40738, 27 April 2020.

Jesse Norman responds to a written question from Paul Girvan to the Chancellor of the Exchequer regarding what plans his Department has to increase the Uniform Tax Rebate rate for NHS staff and other workers who have had to wash their uniforms at higher temperatures than usually expected as a result of the covid-19 outbreak. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-27/40738/

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## 20200506-84*

**Remote Working: Pregnancy [written answer].** House of Commons, (2020). Hansard , Written question 39769, 23 April 2020.

Paul Scully responds to a written question from Marsha De Cordova to the Secretary of State for Business, Energy and Industrial Strategy regarding what steps are being taken to protect pregnant women who are unable to work from home. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-23/39769/

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## 20200506-81*

**NHS: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 37385, 20 April 2020.

Helen Whately responds to a written question asked by Geraint Davies to the Secretary of State for Health and Social Care, regarding what assessment he has made of the level of absence among NHS workers who are self-isolated and have not been tested for covid-19. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-20/37385/

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## 20200506-79*

**NHS: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 902196, 5 May 2020.

Ms Nadine Dorries responds to a written question asked by Saqib Bhatti to the Secretary of State for Health and Social Care, regarding what steps his Department is taking to support the mental health of NHS staff during the covid-19 outbreak. (MB) (Parliamentary question)

**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-05-05/902196/

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## 20200506-78*

**NHS: Protective Clothing [written answer].** House of Lords, (2020). Hansard , Written question HL2758, 18 March 2020.

Lord Bethell responds to a written question asked by Baroness Masham of Ilton to Her Majesty's Government regarding what assessment they have made of whether there is a sufficient amount of protective clothing and equipment for front line staff at (1) GP surgeries, and (2) hospitals. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-03-18/HL2758/

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## 20200506-76*

**Abortion: Coronavirus [written answer].** House of Lords, (2020). Hansard , Written question HL3439, 23 April 2020.

Lord Bethell responds to a written question asked by Baroness Stroud to Her Majesty's Government, further to the statement by the Secretary of State for Health that "they have no proposals to change any abortion rules as part of the COVID-19 response" on 24 March (HC Deb, col 244) and the remarks by Lord Bethell that "it is not right to rush through this type of change in a sensitive area such as abortion without adequate parliamentary scrutiny" on 25 March (HL Deb, col 1762), regarding what (1) steps they took, and (2) consultation they undertook, before deciding to permit at-home abortion using the administration of mifepristone and misoprostol following a telephone consultation. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-23/HL3439/

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## 20200506-75*

**NHS: Food [written answer].** House of Lords, (2020). Hansard , Written question HL3350, 21 April 2020.

Lord Bethell responds to a written question asked by Lord Taylor of Warwick to Her Majesty's Government regarding what plans they have, if any, to provide NHS staff with free food after they finish their shifts. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3350/

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## 20200506-26*

**Classification system and case definition for SARS-CoV-2 infection in pregnant women, fetuses, and neonates.** Shah PS; Diambomba Y; Acharya G; et al, (2020). Acta Obstetricia et Gynecologica Scandinavica , vol 99, no 5, May 2020, pp 565-568.

The authors develop a classification system and case definition for maternal-fetal-neonatal SARS-CoV-2 infections. The classification system includes five categories for the likelihood of infection: (a) confirmed, (b) probable, (c) possible, (d) unlikely, and (e) not infected. (LDO) (Editorial)
**Available from:** https://doi.org/10.1111/aogs.13870

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## 20200506-25*

**COVID-19 in pregnancy with comorbidities: More liberal testing strategy is needed.** Gidlöf S; Savchenko J; Brune T; et al, (2020). Acta Obstetricia et Gynecologica Scandinavica , 6 April 2020, online.

In this letter the authors present the case of a 34-year-old primipara with a dichorionic twin pregnancy and gestational diabetes. The patient developed a severe headache, her blood pressure remained high despite antihypertensive treatment and she later tested positive for COVID-19. The authors suggest that there are difficulties in discriminating between common complications encountered in high-risk pregnancies and the symptoms of COVID-19. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1111/aogs.13862

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## 20200506-24*

**Maternal and perinatal outcomes with COVID-19: A systematic review of 108 pregnancies.** Zaigham M; Andersson O, (2020). Acta Obstetricia et Gynecologica Scandinavica , 7 April 2020, online.

Introduction The pandemic caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) has exposed vulnerable populations to an unprecedented global health crisis. The knowledge gained from previous human coronavirus outbreaks suggests that pregnant women and their fetuses are particularly susceptible to poor outcomes. The objective of this study was to summarize the clinical manifestations and maternal and perinatal outcomes of COVID-19 during pregnancy. Material and methods We searched databases for all case

reports and series from 12 February to 4 April 2020. Multiple terms and combinations were used including COVID-19, pregnancy, maternal mortality, maternal morbidity, complications, clinical manifestations, neonatal morbidity, intrauterine fetal death, neonatal mortality and SARS-CoV-2. Eligibility criteria included peer-reviewed publications written in English or Chinese and quantitative real-time polymerase chain reaction (PCR) or dual fluorescence PCR-confirmed SARS-CoV-2 infection. Unpublished reports, unspecified date and location of the study or suspicion of duplicate reporting, cases with suspected COVID-19 that were not confirmed by a laboratory test, and unreported maternal or perinatal outcomes were excluded. Data on clinical manifestations, maternal and perinatal outcomes including vertical transmission were extracted and analyzed. Results Eighteen articles reporting data from 108 pregnancies between 8 December 2019 and 1 April 2020 were included in the current study. Most reports described women presenting in the third trimester with fever (68%) and coughing (34%). Lymphocytopenia (59%) with elevated C-reactive protein (70%) was observed and 91% of the women were delivered by cesarean section. Three maternal intensive care unit admissions were noted but no maternal deaths. One neonatal death and one intrauterine death were also reported. Conclusions Although the majority of mothers were discharged without any major complications, severe maternal morbidity as a result of COVID-19 and perinatal deaths were reported. Vertical transmission of the COVID-19 could not be ruled out. Careful monitoring of pregnancies with COVID-19 and measures to prevent neonatal infection are warranted. (Author) (Systematic review)
**Available from:** https://doi.org/10.1111/aogs.13867

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## 20200506-8*

**Laboratory Findings of COVID-19 Infection are Conflicting in Different Age Groups and Pregnant Women: A Literature Review.** Vakili S; Savardashtaki A; Jamalnia S; et al, (2020). MedRXIV , 29 April 2020, online.

Coronavirus disease 2019 (COVID-19), a new type and rapidly spread viral pneumonia, is now producing an outbreak of pandemic proportions. The clinical features and laboratory results of different age groups are different due to the general susceptibility of the disease. The laboratory findings of COVID-19 in pregnant women are also conflicting. Para-clinical investigations including laboratory tests and radiologic findings play an important role in early diagnosis and treatment monitoring of severe acute respiratory syndrome and coronavirus-2 (SARS-CoV-2). The majority of previous reports on the SARS-CoV-2 laboratory results were based on data from the general population and limited information is available based on age difference and pregnancy status. This review aimed to describe the COVID-19 laboratory findings in neonates, children, adults, elderly and pregnant women altogether for the first time. The most attracting and reliable markers of COVID-19 in patients were: normal C-reactive protein (CRP) and very different and conflicting laboratory results regardless of clinical symptoms in neonates, normal or temporary elevated CRP, conflicting WBC count results and procalcitonin elevation in children, lymphopenia and elevated lactate dehydrogenase (LDH) in adult patients, lymphopenia and elevated CRP and LDH in the elderly people and high CRP, leukocytosis and elevated neutrophil ratio in pregnant women. (Author) (Review) [This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice.]
**Available from:** https://doi.org/10.1101/2020.04.24.20078568

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## 20200506-7*

**Are some ethnic groups more vulnerable to COVID-19 than others?.** Platt L; Warwick R, (2020). London: The Institute for Fiscal Studies , May 2020, 26 pages.

Report on the disproportionate effects of COVID-19 on ethnic minorities in the United Kingdom. Highlights the complex economic, social and health-related factors which may be causing higher rates of mortality among ethnic groups. The authors discuss occupational risks, financial vulnerability, demographics, household structures and underlying health conditions. (LDO) (Briefing paper)
**Available from:** https://www.ifs.org.uk/inequality/chapter/are-some-ethnic-groups-more-vulnerable-to-covid-19-than-others/

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## 20200506-5*

**Health Professions: Coronavirus [written answer].** House of Lords, (2020). Hansard , Written question HL3295, 21 April 2020.

Lord Bethell responds to a written question asked by Baroness Bettett of Manor Castle to Her Majesty's Government, regarding how many final year nurses, midwives and associated health professionals who finished their courses early to take up roles in response to the COVID-19 pandemic are now working in the (1) NHS, and (2) social care sector; and what special provision is being made to support those workers. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3295/

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## 20200506-4*

**NHS: Pay and Protective Clothing [written answer].** House of Lords, (2020). Hansard , Written question HL3208, 21 April 2020.

Lord Bethell responds to a written question asked by Lord Pendry to Her Majesty's Government, regarding what progress they have made in providing all NHS staff with adequate personal protection equipment; and what plans they have to raise the salaries of NHS workers in order to provide financial support to families of such

staff. (MB) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Lords/2020-04-21/HL3208/

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## 20200505-55*

**'Video-call the midwife': NHS carries on delivering as Wilfred joins over 150,000 babies born during pandemic.** Anon, (2020). London: NHS England , 5 May 2020.

England's top midwife has today praised NHS maternity teams for providing high quality care in the face of the most significant challenge to ever face the health services, and urged new and expectant families to continue to come forward for routine checks and urgent advice. (Author) (News item)
**Available from:** https://www.england.nhs.uk/2020/05/video-call-the-midwife/

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## 20200505-54*

**Unmasking discrimination against Asian healthcare workers during covid-19.** Acosta LM, (2020). BMJ Opinion , 4 May 2020, online.

Let us not put up barriers to treating each other with respect, calls Lealani Mae Acosta. (Author) (Commentary)
**Available from:** https://blogs.bmj.com/bmj/2020/05/04/lealani-mae-acosta-unmasking-asian-discrimination-against-healthcare-workers-during-covid-19/

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## 20200505-52*

**Covid fatigue is taking an enormous toll on healthcare workers.** Gerada C; Walker C, (2020). BMJ Opinion , 4 May 2020, online.

Describes the effects on health care professionals of exhausting shifts and changes to working practices and offers tips for surviving the fatigue and keeping well for the long-haul. (MB) (Commentary)
**Available from:** https://blogs.bmj.com/bmj/2020/05/04/covid-fatigue-is-taking-an-enormous-toll-on-healthcare-workers/

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## 20200505-51*

**Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis.** Kisely S; Warren N; McMahon L; et al, (2020). BMJ , 5 May 2020, online.

Objective To examine the psychological effects on clinicians of working to manage novel viral outbreaks, and successful measures to manage stress and psychological distress. Design Rapid review and meta-analysis. Data sources Cochrane Central Register of Controlled Trials, PubMed/Medline, PsycInfo, Scopus, Web of Science, Embase, and Google Scholar, searched up to late March 2020. Eligibility criteria for study selection Any study that described the psychological reactions of healthcare staff working with patients in an outbreak of any emerging virus in any clinical setting, irrespective of any comparison with other clinicians or the general population. Results 59 papers met the inclusion criteria: 37 were of severe acute respiratory syndrome (SARS), eight of coronavirus disease 2019 (covid-19), seven of Middle East respiratory syndrome (MERS), three each of Ebola virus disease and influenza A virus subtype H1N1, and one of influenza A virus subtype H7N9. Of the 38 studies that compared psychological outcomes of healthcare workers in direct contact with affected patients, 25 contained data that could be combined in a pairwise meta-analysis comparing healthcare workers at high and low risk of exposure. Compared with lower risk controls, staff in contact with affected patients had greater levels of both acute or post-traumatic stress (odds ratio 1.71, 95% confidence interval 1.28 to 2.29) and psychological distress (1.74, 1.50 to 2.03), with similar results for continuous outcomes. These findings were the same as in the other studies not included in the meta-analysis. Risk factors for psychological distress included being younger, being more junior, being the parents of dependent children, or having an infected family member. Longer quarantine, lack of practical support, and stigma also contributed. Clear communication, access to adequate personal protection, adequate rest, and both practical and psychological support were associated with reduced morbidity. Conclusions Effective interventions are available to help mitigate the psychological distress experienced by staff caring for patients in an emerging disease outbreak. These interventions were similar despite the wide range of settings and types of outbreaks covered in this review, and thus could be applicable to the current covid-19 outbreak. (Author) (Review)
**Available from:** https://doi.org/10.1136/bmj.m1642

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## 20200505-34*

**Caring for the carers: Ensuring the provision of quality maternity care during a global pandemic.** Wilson AN; Ravaldi C; Scoullar MJL; et al, (2020). Women and Birth: Journal of the Australian College of Midwives , 7 April 2020, online.

The COVID-19 pandemic is impacting health systems worldwide. Maternity care providers must continue their core business in caring and supporting women, newborns and their families whilst also adapting to a rapidly changing health system environment. This article provides an overview of important considerations for supporting the emotional, mental and physical health needs of maternity care providers in the context of the unprecedented crisis that COVID-19 presents. Cooperation, planning ahead and adequate availability of PPE is critical. Thinking about the needs of maternity providers to prevent stress and burnout is essential. Emotional

and psychological support needs to be available throughout the response. Prioritising food, rest and exercise are important. Healthcare workers are every country's most valuable resource and maternity providers need to be supported to provide the best quality care they can to women and newborns in exceptionally trying circumstances. (Author) (Overview)
**Available from:** https://doi.org/10.1016/j.wombi.2020.03.011

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## 20200505-20
**Call of duty.** Jackson H, (2020). Midwives , vol 23, April 2020, p 18.

Why I'm leaving the RCM and going back to clinical practice. (Author)
(Professional experience)

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## 20200505-19
**Top tips for returning to practice.** McAree T, (2020). Midwives , vol 23, April 2020, pp 16-17.

Trixie McAree, former HoM Birmingham Women and Children's NHS Foundation Trust and current Professor of Midwifery and Maternal Health at Birmingham City University, shows how to go back with confidence. (Author)
(Commentary)

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## 20200505-18
**Supporting the women in your care.** Anon, (2020). Midwives , vol 23, April 2020, p 13.

This is a worrying time for all of us, but for pregnant women that anxiety is heightened, and they will be looking to you for advice. This should help you answer their questions. (Author)
(Overview)

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## 20200505-17
**How can I help?.** Rogers H, (2020). Midwives , vol 23, April 2020, p 12.

Helen Rogers discusses the options facing students who want to offer their support. (Author)
(Overview)

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## 20200505-16
**COVID-19.** Sorby A; Tyler S, (2020). Midwives , vol 23, April 2020, pp 8-9.

Employment relations advisor Alice Sorby and director for services to members Suzanne Tyler answer your questions. (Author)
(Overview)

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## 20200505-15
**Ask the experts.** Ross-Davie R, (2020). Midwives , vol 23, April 2020, pp 6-7.

Everything you want to know about continuing clinical care in the COVID pandemic. Mary Ross-Davie answers your frequently asked questions. (Author)
(Overview)

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## 20200505-13*
**Guidance for provision of midwife-led settings and home birth 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) , 17 April 2020.

Guidance on the safety of midwife-led birth settings and home birth during the COVID-19 pandemic. Suggests that birthplace options may become more limited if services are centralised as a result of the pandemic. (LDO)
(Guidelines)
**Available from:** https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-17-guidance-for-provision-of-midwife-led-settings.pdf

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## 20200505-12*
**Coronavirus confusion putting pregnant women at risk, charity warns.**
Tommy's, (2020). London: Tommy's , 5 May 2020.

Tommy's saw a staggering 71% rise in demand for expert advice from midwives on its Pregnancy Line last month, as coronavirus left expectant and new parents struggling to get the information and support they need. (Author) (News item)
**Available from:** https://www.tommys.org/our-organisation/about-us/charity-news/coronavirus-confusion-putting-pregnant-women-risk-charity-warns

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**20200505-11***

**Coronavirus COVID-19: Supporting healthy pregnant women to safely give birth.** Burns E; Feeley C; Venderlaan J; et al, (2020). Oxford: Oxford Brookes University , 29 April 2020, 4 pages.

Guidance on the safety of water birth during the COVID-19 pandemic. Suggests that birthing pools are low risk for the transmission of the virus and should be encouraged as an effective method of analgesia. (LDO) (Guidelines)
**Available from:** https://www.brookes.ac.uk/WorkArea/DownloadAsset.aspx?id=2147622699

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**20200505-9***

**Women's Rights in Childbirth Must be Upheld During the Coronavirus Pandemic.** International Confederation of Midwives, (2020). The Hague, The Netherlands: International Confederation of Midwives , 2020, 3 pages.

Guidance for midwives on how to uphold the rights of women and their newborns during the COVID-19 pandemic. Includes recommendations on consent, birth partners, breastfeeding and reproductive health care. (LDO) (Position statement)
**Available from:** https://www.internationalmidwives.org/assets/files/news-files/2020/03/icm-statement_upholding-womens-rights-during-covid19-5e83ae2ebfe59.pdf

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**20200505-8***

**Protecting Midwives to Sustain Care for Women, Newborns and their Families in the COVID-19 Pandemic.** International Confederation of Midwives; United Nations Population Fund, (2020). The Hague, The Netherlands: International Confederation of Midwives , 5 May 2020, 6 pages.

Joint statement on the protection of midwives during the COVID-19 pandemic. Calls for the availability of personal protective equipment (PPE), the inclusion of midwives in policy making, the suspension of re-deployment of midwives and the proper funding of maternal health services. The authors also call for governments and organisations to uphold women's sexual and reproductive rights, and to uphold the right to a positive birthing experience. (LDO) (Position statement)
**Available from:** https://www.internationalmidwives.org/assets/files/news-files/2020/05/call-to-action-5eb0b4ee47deb.pdf

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**20200505-6***

**No SARS-CoV-2 detected in amniotic fluid in mid-pregnancy.** Yu N; Li W; Kang Q; et al, (2020). The Lancet Infectious Diseases , 22 April 2020, online.

Reports the cases of two pregnant women who were diagnosed with COVID-19 in the first trimester of pregnancy. (MB) (Case report)
**Available from:** https://doi.org/10.1016/S1473-3099(20)30320-0

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**20200505-3***

**An international registry for emergent pathogens and pregnancy.** Panchaud A; Favre G; Pomar L; et al, (2020). The Lancet , vol 395, no 10235, 9 May 2020, pp 1483-1484.

Introduces COVI-Preg, a structured data collection tool available to any health care facility assessing pregnant patients for SARS-CoV-2 infection. (MB) (Correspondence)
**Available from:** https://doi.org/10.1016/S0140-6736(20)30981-8

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**20200504-11***

**Early Acute Respiratory Support for Pregnant Patients With Coronavirus Disease 2019 (COVID-19) Infection.** Pacheco LD; Saad AF; Saade G, (2020). Obstetrics & Gynecology , 29 April 2020, online.

The present coronavirus disease 2019 (COVID-19) pandemic is affecting pregnant patients worldwide. Although it appears that the severity of disease is reduced in pregnant patients, some are likely to develop severe disease. Our objective is to summarize the basic initial respiratory support interventions recommended for pregnant patients with infection with the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). (Author) (Commentary)
**Available from:** https://doi.org/10.1097/AOG.0000000000003929

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**20200504-10***

**Pregnant women's knowledge and practice of preventive measures against COVID-19 in a low-resource African setting.** Nwafor JI; Aniukwu JK; Anozie BO; et al, (2020). International Journal of Gynecology & Obstetrics , vol 150, no 1, July 2020, pp 121-123.

This brief communication discusses the results of a cross-sectional study on knowledge and practice of preventive measures against COVID-19 among pregnant women in Ebonyi State, Nigeria. (LDO) (Correspondence)

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**20200504-9***

**Mental health care for pregnant women in the COVID-19 outbreak is urgently needed.** Zeng L-N; Chen L-G; Yang C-M; et a;, (2020). Women and Birth: Journal of the Australian College of Midwives , 3 May 2020, online.

The authors discuss the impact of COVID-19 on the mental health of pregnant women, and recommend the development of a mental health service for this specific population. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.wombi.2020.03.009

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**20200504-8***

**Midwives in a pandemic: A call for solidarity and compassion.** O'Connell M; Crowther S; Ravaldi C; et al, (2020). Women and Birth: Journal of the Australian College of Midwives , vol 33, no 3, May 2020, pp 205-206.

This editorial discusses challenges for midwives during COVID-19 and the lessons that can be learned from the SARS, Ebola and H1N1 outbreaks. The authors encourage midwives to maintain their well-being and reduce the risk of developing post-traumatic stress disorder. (LDO) (Editorial)
**Available from:** https://doi.org/10.1016/j.wombi.2020.03.008

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**20200501-5***

**Coronavirus: high-risk pregnancies could be missed due to pandemic, experts warn.** Cowburn A, (2020). The Independent , 1 May 2020.

Reports that Gill Walton, CEO of the Royal College of Midwives, has warned of a potential rise in stillbirths and neonatal deaths because high-risk pregnancies may be missed owing to a reluctance among pregnant women to present themselves to maternity services during the current coronavirus pandemic..However, she added that technology has meant that follow-ups on women who missed scans and appointments has improved through virtual contact between women and midwives and maternity services. Her comments were made during a session of Westminster's health and social care committee. (JSM) (News item)
**Available from:** https://www.independent.co.uk/news/uk/politics/coronavirus-concerns-raised-highrisk-pregnancies-could-be-missed-due-to-pandemic-a9493856.html

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**20200501-3***

**The impact of COVID-19 on BME communities and health and care staff.** NHS Confederation, (2020). London: NHS Confederation , 23 April 2020.

This briefing considers the evidence on the impact of COVID-19 on black and minority ethnic (BME) communities and health and care staff. It explores potential underlying factors, recommends areas for improvement and offers practical advice on how to mitigate risks. Intended for senior health and care leaders, it aims to inform decision making and influence change. (Author) (Guidelines)
**Available from:** https://www.nhsconfed.org/resources/2020/04/the-impact-of-covid19-on-bme-communities-and-staff

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**20200501-2***

**RCM Position Statement: Deployment of midwifery staff .** Royal College of Midwives, (2020). London: RCM , April 2020.

Position statement from the Royal College of Midwives explaining why it is strongly opposed to any deployment of midwives or MSWs to covid-positive areas outside of maternity. (JSM) (Position statement)
**Available from:** https://www.rcm.org.uk/media/3891/rcm-statement-on-redeployment.pdf?dm_i=4YCH,BX34,3PNLW0,1BOI2,1

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**20200501-1***

**Vaccine Update.** Public Health England, (2020). London: PHE , no 307, April 2020, pp 1-14.

A special edition of Vaccine Update to mark World Immunization Week (WIW), which this year runs from 26th-30th April, and is the World Health Organization's annual celebration of immunisation, best practice, new advances and the work of immunisers, held with the aim of promoting the use of vaccines to protect people of all ages from disease, reflected in the name of this year's theme #VaccinesWork for All. In this, The International Year of the Nurse and Midwife, WHO and Public Health England acknowledge the crucial role played by nurses and midwives as

advocates of vaccination throughout the life course. Includes sections on the delivery of immunisation services during the coronavirus pandemic, and vaccinations offered during the antenatal and postnatal periods. (JSM) (Overview)
**Available from:**
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882560/PHE_11652_VU_307_April_2020.pdf

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## 20200429-39*

**Obstetricians on the Coronavirus Disease 2019 (COVID-19) Front Lines and the Confusing World of Personal Protective Equipment.** Jamieson DJ; Steinberg JP; Martinello RA; et al , (2020). Obstetrics & Gynecology , 16 April 2020, online.

As health care systems struggle to maintain adequate supplies of personal protective equipment, there is confusion and anxiety among obstetricians and others about how to best protect themselves, their coworkers, and their patients. Although use of personal protective equipment is a critical strategy to protect health care personnel from coronavirus disease 2019 (COVID-19), other strategies also need to be implemented on labor and delivery units to reduce the risk of health care–associated transmission, including screening of all pregnant women who present for care (case identification), placing a mask on and rapidly isolating ill pregnant women, and minimizing the number of personnel who enter the room of an ill patient (physical distancing). Although the mechanism of transmission of COVID-19 is not known with certainty, current evidence suggests that COVID-19 is transmitted primarily through respiratory droplets. Therefore, strict adherence to hand hygiene and consistent use of recommended personal protective equipment are cornerstones for reducing transmission. In addition, it is critical that health care professionals receive training on and practice correct donning (putting on) and doffing (removing) of personal protective equipment and avoid touching their faces as well as their facial protection to minimize self-contamination. (Author) (Commentary)
**Available from:** https://doi.org/10.1097/AOG.0000000000003919

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## 20200429-38*

**Rapid Deployment of a Drive-Through Prenatal Care Model in Response to the Coronavirus Disease 2019 (COVID-19) Pandemic.** Turrentine M; Ramirez M; Monga M; et al , (2020). Obstetrics & Gynecology , 24 April 2020, online.

Coronavirus disease 2019 (COVID-19) has been declared a public health emergency for the entire United States. Providing access to prenatal health care while limiting exposure of both obstetric health care professionals and patients to COVID-19 is challenging. Although reductions in the frequency of prenatal visits and implementation of telehealth interventions provide some options, there still remains a need for patient–health care professional visits. A drive-through prenatal care model was developed in which pregnant women would remain in their automobiles while being assessed by the health care professional, thus reducing potential patient, health care professional, and staff exposure to COVID-19. Drive-through prenatal visits would include key elements that some institutions cannot perform by telehealth encounters, such as blood pressure measurements for evaluation for hypertensive disorders of pregnancy, fetal heart rate assessment, and selected ultrasound-based measurements or observations, as well as face-to-face patient–health care professional interaction, thereby reducing patient anxiety resulting from the reduction in the number of planned clinic visits with an obstetric health care professional as well as fear of virus exposure in the clinic setting. We describe the rapid development of a drive-through prenatal care model that is projected to reduce the number of in-person clinic visits by 33% per patient compared with the traditional prenatal care paradigm, using equipment and supplies that most obstetric clinics in the United States can access. (Author) (Commentary)
**Available from:** https://doi.org/10.1097/AOG.0000000000003923

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## 20200429-37*

**Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Vertical Transmission in Neonates Born to Mothers With Coronavirus Disease 2019 (COVID-19) Pneumonia.** Hu X; Gao J; Luo X; et al , (2020). Obstetrics & Gynecology , 24 April 2020, online.

Research letter reporting on seven cases of Covid-19 during late pregnancy and subsequent neonatal outcomes. (MB) (Original research)
**Available from:** https://doi.org/10.1097/AOG.0000000000003926

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## 20200429-36*

**Protection by Exclusion: Another Missed Opportunity to Include Pregnant Women in Research During the Coronavirus Disease 2019 (COVID-19) Pandemic.** Costantine MM; Landon MB; Saade GR, (2020). Obstetrics & Gynecology , 24 April 2020, online.

Coronavirus disease 2019 (COVID-19) is a novel infectious disease that started in Wuhan, China, and has rapidly spread all across the world. With limited ability to contain the virus and relatively high transmissibility and case fatality rates, governmental institutions and pharmaceutical companies are racing to find therapeutics and vaccines that target this novel coronavirus. However, once again, pregnant and breastfeeding women are excluded from participating in clinical trials during this pandemic. This "protection by exclusion" of pregnant women from drug development and clinical therapeutic trials, even during epidemics and pandemics, is not

unprecedented. Moreover, it is both misguided and not justifiable and may have excluded them from potentially beneficial interventions. This is another missed opportunity to obtain pregnancy-specific safety and efficacy data, because therapeutics developed for men and nonpregnant women may not be generalizable to pregnant women. Therefore, we recommend and urge the scientific community and professional societies that, without clear justification for exclusion, pregnant women should be given the opportunity to be included in clinical trials for COVID-19 based on the concepts of justice, equity, autonomy, and informed consent. (Author) (Commentary)
**Available from:** https://doi.org/10.1097/AOG.0000000000003924

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## 20200429-35*
## General Guidelines in the Management of an Obstetrical Patient on the Labor and Delivery Unit during the COVID-19 Pandemic.
Stephens AJ; Barton JR; Bentum NA; et al, (2020). American Journal of Perinatology , 28 April 2020, online.

Novel coronavirus disease 2019 (COVID-19) is a respiratory tract infection that was first identified in China. Since its emergence in December 2019, the virus has rapidly spread, transcending geographic barriers. The World Health Organization and the Centers for Disease Control and Prevention have declared COVID-19 as a public health crisis. Data regarding COVID-19 in pregnancy is limited, consisting of case reports and small cohort studies. However, obstetric patients are not immune from the current COVID-19 pandemic, and obstetric care will inevitably be impacted by the current epidemic. As such, clinical protocols and practice on labor and delivery units must adapt to optimize the safety of patients and health care workers and to better conserve health care resources. In this commentary, we provide suggestions to meet these goals without impacting maternal or neonatal outcomes. KEY POINTS: • Novel coronavirus disease 2019 (COVID-19) is a pandemic.• COVID-19 impacts care of obstetric patients.• Health care should be adapted for the COVID-19 pandemic. (Author) (Guidelines)
**Available from:** https://www.thieme-connect.de/products/ejournals/pdf/10.1055/s-0040-1710308.pdf

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## 20200429-9*
## Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected. Interim guidance .
World Health Organization, (2020). Geneva: WHO , 13 March 2020.

This is the second edition (version 1.2) of this document, which was originally adapted from Clinical management of severe acute respiratory infection when MERS-CoV infection is suspected (WHO, 2019). It is intended for clinicians involved in the care of adult, pregnant, and paediatric patients with or at risk for severe acute respiratory infection (SARI) when infection with the COVID-19 virus is suspected. Considerations for paediatric patients and pregnant women are highlighted throughout the text. It is not meant to replace clinical judgment or specialist consultation but rather to strengthen clinical management of these patients and to provide up-to-date guidance. Best practices for infection prevention and control (IPC), triage and optimized supportive care are included. (Author) (Guidelines)
**Available from:** https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected

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## 20200429-6*
## Covid-19: The time to shield all pregnant frontline workers is now.
Brickley EB; Paixão ES, (2020). BMJ , 28 April 2020, online.

Recent outbreaks of influenza, Ebola, and Zika viruses have taught us that pregnant women are uniquely vulnerable to emerging infectious threats. Let's not fail pregnant frontline workers during the covid-19 pandemic, say Elizabeth B Brickley and Enny S Paixão. (Author) (Commentary)
**Available from:** https://doi.org/10.1136/bmj.m1792

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## 20200429-5*
## A call for action for COVID-19 surveillance and research during pregnancy.
Buekens P; Alger J; Bréart G; et al, (2020). The Lancet Global Health , 22 April 2020, online.

Calls for cooperation between countries in order to address the gaps in knowledge about COVID-19 and its effect on pregnant women and their babies. (MB) (Commentary)
**Available from:** https://doi.org/10.1016/S2214-109X(20)30206-0

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## 20200429-4*
## Not a luxury: a call to maintain sexual and reproductive health in humanitarian and fragile settings during the COVID-19 pandemic.
Tran NT; Tappis H; Spilotros N; et al, (2020). The Lancet Global Health , vol 8, no 6, June 2020, pp E760-E761.

Discusses the importance of continuing to provide comprehensive sexual and reproductive health services for women and girls living in fragile contexts worldwide as long as health care systems are not overstretched with COVID-19 case management. (MB) (Commentary)
**Available from:** https://doi.org/10.1016/S2214-109X(20)30190-X

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**20200428-13***

**Coronavirus (Covid-19): Information and advice.** Nursing and Midwifery Council, (2020). London: Nursing and Midwifery Council , 27 April 2020.

We've put together this guide to address some common questions about our role as a regulator when it comes to novel coronavirus (Covid-19). (Author) (Guidelines)
**Available from:** https://www.nmc.org.uk/news/coronavirus/

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**20200428-12***

**Joint statement on expanding the nursing and midwifery workforce in the Covid-19 pandemic.** Nursing and Midwifery Council, (2020). London: Nursing and Midwifery Council , 2 April 2020.

Update in relation to expanding the nursing and midwifery workforce in the Covid-19 pandemic. (Author) (Position statement)
**Available from:** https://www.nmc.org.uk/news/news-and-updates/joint-statement-on-expanding-the-nursing-and-midwifery-workforce-in-the-covid-19-pandemic/

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**20200428-11***

**Blog: Employers and the Covid-19 response – the NMC is here to help.** Sutcliffe A, (2020). London: Nursing and Midwifery Council , 9 April 2020.

An update from Andrea on our Covid-19 information hub and guidance for employers. (Author) (Blog)
**Available from:** https://www.nmc.org.uk/news/news-and-updates/employers-guidance/

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**20200428-10***

**Blog: Helping nurses, midwives and nursing associates through the Coronavirus pandemic.** Sutcliffe A, (2020). London: Nursing and Midwifery Council , 27 April 2020.

An update from Andrea on what we're doing to support the professionals on our register. (Author) (Blog)
**Available from:** https://www.nmc.org.uk/news/news-and-updates/blog-helping-nurses-midwives-and-nursing-associates-through-the-coronavirus-pandemic/

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**20200427-75***

**Storage limit for frozen eggs, sperm and embryos extended during coronavirus outbreak.** Her Majesty's Government, (2020). Dods Information Monitoring Service , 27 April 2020.

Announces that a two-year extension of the current 10-year storage period of frozen eggs, sperm and embryos has been announced by the Government, to support those undergoing fertility treatment during the current coronavirus pandemic. States that The Human Fertilisation and Embryology Authority, will be issuing guidance to fertility clinics in the UK to assist them with the implementation of the new storage limit extension. (JSM) (Press release)
**Available from:**
https://app.dodsinformation.com/ui/app/index.html#/document/render/dbcb7e92046d43f4815ef12b1a7ab05f

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**20200427-32***

**Mitigating the psychological effects of COVID-19 on health care workers.** Wu PE; Styra R; Gold WL, (2020). Canadian Medical Association Journal (CMAJ) , vol 192, no 17, 27 April 2020, pp E459-E460.

KEY POINTS Health care workers may experience considerable psychologic distress as a result of the COVID-19 pandemic due to providing direct patient care, vicarious trauma, quarantine or selfisolation. Strong leadership with clear, honest and open communication is needed to offset fears and uncertainties. Provision of adequate resources (e.g., medical supplies) and mental health supports will bolster individual self-efficacy and confidence. Leveraging online technology will allow delivery of psychosocial supports while preserving physical distancing. Emphasizing the altruism of working in health care and serving of the greater good will help health care workers to be reminded of their purpose in a time of crisis. (Author) (Commentary)
**Available from:** https://doi.org/10.1503/cmaj.200519

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**20200427-28***

**Labor and Delivery Guidance for COVID-19.** Boelig RC; Manuck T; Oliver EA; et al, (2020). American Journal of Obstetrics & Gynecology MFM , vol 2, no 2, suppl, May 2020, 100110.

Guidance on labour and delivery during the COVID-19 pandemic. Includes screening before admission, the use of personal protective equipment (PPE) and intrapartum and postpartum care. The authors also present specific

guidance on caring for confirmed COVID-19 patients and critically ill COVID-19 patients. (LDO) (Guidelines)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100110

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## 20200427-27*

## Outcome of coronavirus spectrum infections (SARS, MERS, COVID-19) during pregnancy: a systematic review and meta-analysis.

Di Mascio D; Khalil A; Saccone G; et al, (2020). American Journal of Obstetrics & Gynecology MFM , vol 2, no 2, suppl, May 2020, 100107.

Objective The aim of this systematic review was to report pregnancy and perinatal outcomes of coronavirus spectrum infections, and particularly coronavirus 2019 (COVID-19) disease because of severe acute respiratory syndrome–coronavirus-2 infection during pregnancy. Data Sources Medline, Embase, Cinahl, and Clinicaltrials.gov databases were searched electronically utilizing combinations of word variants for coronavirus or severe acute respiratory syndrome or SARS or Middle East respiratory syndrome or MERS or COVID-19 and pregnancy. The search and selection criteria were restricted to English language. Study Eligibility Criteria Inclusion criteria were hospitalized pregnant women with a confirmed coronavirus related–illness, defined as severe acute respiratory syndrome, Middle East respiratory syndrome, or COVID-19. Study Appraisal and Synthesis Methods We used meta-analyses of proportions to combine data and reported pooled proportions. The pregnancy outcomes observed included miscarriage, preterm birth, preeclampsia, preterm prelabor rupture of membranes, fetal growth restriction, and mode of delivery. The perinatal outcomes observed were fetal distress, Apgar score <7 at 5 minutes, neonatal asphyxia, admission to a neonatal intensive care unit, perinatal death, and evidence of vertical transmission. Results Nineteen studies including 79 hospitalized women were eligible for this systematic review: 41 pregnancies (51.9%) affected by COVID-19, 12 (15.2%) by Middle East respiratory syndrome, and 26 (32.9%) by severe acute respiratory syndrome. An overt diagnosis of pneumonia was made in 91.8%, and the most common symptoms were fever (82.6%), cough (57.1%), and dyspnea (27.0%). For all coronavirus infections, the rate of miscarriage was 39.1% (95% confidence interval, 20.2–59.8); the rate of preterm birth <37 weeks was 24.3% (95% confidence interval, 12.5–38.6); premature prelabor rupture of membranes occurred in 20.7% (95% confidence interval, 9.5–34.9), preeclampsia in 16.2% (95% confidence interval, 4.2–34.1), and fetal growth restriction in 11.7% (95% confidence interval, 3.2–24.4); 84% were delivered by cesarean; the rate of perinatal death was 11.1% (95% confidence interval, 84.8–19.6), and 57.2% of newborns (95% confidence interval, 3.6–99.8) were admitted to the neonatal intensive care unit. When focusing on COVID-19, the most common adverse pregnancy outcome was preterm birth <37 weeks, occurring in 41.1% of cases (95% confidence interval, 25.6–57.6), while the rate of perinatal death was 7.0% (95% confidence interval, 1.4–16.3). None of the 41 newborns assessed showed clinical signs of vertical transmission. Conclusion In hospitalized mothers infected with coronavirus infections, including COVID-19, >90% of whom also had pneumonia, preterm birth is the most common adverse pregnancy outcome. COVID-19 infection was associated with a relatively higher rate of preterm birth, preeclampsia, cesarean, and perinatal death. There have been no published cases of clinical evidence of vertical transmission. Evidence is accumulating rapidly, so these data may need to be updated soon. The findings from this study can guide and enhance prenatal counseling of women with COVID-19 infection occurring during pregnancy although should be interpreted with caution in view of the very small number of included cases. (Author) (Systematic review)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100107

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## 20200427-26*

## COVID-19 in pregnancy: early lessons.

Breslin N; Baptiste C; Miller R; et al, (2020). American Journal of Obstetrics & Gynecology MFM , vol 2, no 2, suppl, May 2020, 100111.

As the worldwide incidence of coronavirus disease 2019 (COVID-19) rapidly increases, there remains limited information on COVID-19 in pregnancy. We present here our experience with an initial seven cases of confirmed COVID-19 in pregnancy presenting to a single large New York City tertiary care hospital. Five of the seven patients presented with symptoms of COVID-19, including cough, myalgias, fevers, chest pain, and headache. Four patients were admitted to the hospital, including two who required supportive care with intravenous hydration. Most notably, the other two admitted patients were asymptomatic on admission to the hospital, presenting instead for obstetrically-indicated labor inductions; both of these patients became symptomatic post-partum, each requiring intensive care unit admission. (Author) (Case Series)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100111

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## 20200427-25*

## Two cases of coronavirus 2019–related cardiomyopathy in pregnancy.

Juusela A; Nazir M; Gimovsky M, (2020). American Journal of Obstetrics & Gynecology MFM , vol 2, no 2, suppl, May 2020, 100113.

At our institution, 2 of the initial 7 pregnant patients with confirmed coronavirus disease 2019 severe infection (28.6%; 95% CI, 8.2%–64.1%) developed cardiac dysfunction with moderately reduced left ventricular ejection fractions of 40%–45% and hypokinesis. Viral myocarditis and cardiomyopathy have also been reported in nonpregnant coronavirus disease 2019 patients. A case series of nonpregnant patients with coronavirus disease 2019 found that 33% of those in intensive care developed cardiomyopathy. More data are needed to ascertain the incidence of cardiomyopathy from coronavirus disease 2019 in pregnancy, in all pregnant women with coronavirus disease 2019, and those with severe disease (eg, pneumonia). We suggest an echocardiogram in pregnant women with coronavirus disease 2019 pneumonia, in particular those necessitating oxygen, or those who are critically ill, and we recommend the use of handheld, point-of-care devices where possible to

minimize contamination of staff and traditional large echocardiogram machines. (Author) (Case Series)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100113

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## 20200427-24*
## COVID-19 infection among asymptomatic and symptomatic pregnant women: Two weeks of confirmed presentations to an affiliated pair of New York City hospitals.

Breslin N; Baptiste C; Gyamfi-Bannerman C; et al, (2020). American Journal of Obstetrics & Gynecology MFM , vol 2, no 2, suppl, May 2020, 100118.

The novel coronavirus 2019, or COVID-19, infection has rapidly spread through the New York metropolitan area since the first reported case in the state on March 1, 2020. New York currently represents an epicenter for COVID-19 infection in the United States, with 84,735 cases reported as of April 2, 2020. We previously presented an early experience with seven COVID-positive patients in pregnancy, including two women who were diagnosed with COVID-19 following an asymptomatic initial presentation. We now describe a series of 43 test-confirmed cases of COVID-19 presenting to a pair of affiliated New York City hospitals over two weeks from March 13 to 27, 2020. Fourteen (32.6%) patients presented without any COVID-associated viral symptoms, and were identified either after developing symptoms during admission or following the implementation of universal testing for all obstetrical admissions on March 22. Of these, 10/14 (71.4%) developed symptoms or signs of COVID-19 infection over the course of their delivery admission or early after postpartum discharge. Of the other 29 (67.4%) patients who presented with symptomatic COVID-19 infection, three women ultimately required antenatal admission for viral symptoms, and an additional patient represented six days postpartum after a successful labor induction with worsening respiratory status that required oxygen supplementation. There were no confirmed cases of COVID-19 detected in neonates upon initial testing on the first day of life. Applying COVID-19 disease severity characteristics as described by Wu et al, 37 (86%) women possessed mild disease, four (9.3%) exhibited severe disease, and two (4.7%) developed critical disease; these percentages are similar to those described for non-pregnant adults with COVID-19 infections (about 80% mild, 15% severe, and 5% critical disease). (Author) (Case Series)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100118

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## 20200427-23*
## Severe ARDS in COVID-19-infected pregnancy: obstetric and intensive care considerations.

Schnettler WT; Al Ahwel Y; Suhag A, (2020). American Journal of Obstetrics & Gynecology MFM , 14 April 2020, online.

Since the emergence of a novel coronavirus (SARS-CoV-2) in Wuhan, China, at the end of December 2019, its infection – COVID-19 – has been associated with severe morbidity and mortality and has left world governments, healthcare systems and providers caring for vulnerable populations, such as pregnant women, wrestling with the optimal management strategy. Unique physiologic and ethical considerations negate a one-size-fits-all approach to the care of critically ill pregnant women with COVID-19, and few resources exist to guide the multi-disciplinary team through decisions regarding optimal maternal-fetal surveillance, intensive care procedures, and delivery timing. We present a case of rapid clinical decompensation and development of severe Acute Respiratory Distress Syndrome (ARDS) in a woman at 31 weeks' gestation to highlight these unique considerations and present an algorithmic approach to the disease's diagnosis and management. (Author) (Case report)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100120

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## 20200427-11*
## Forecasting the Impact of Coronavirus Disease During Delivery Hospitalization: An Aid for Resources Utilization.

Putra M; Kesavan M; Brackney K; et al, (2020). American Journal of Obstetrics & Gynecology MFM , 25 April 2020, online.

Background The ongoing Coronavirus disease (COVID-19) pandemic has severely impacted the United States. In cases of infectious disease outbreak, forecasting models are often developed for resources utilization. Pregnancy and delivery pose unique challenges, given the altered maternal immune system and the fact that the majority of American women choose to deliver in the hospital setting. Objectives The aim of our study is to forecast the incidence of COVID-19 in general population and to forecast the overall incidence, severe cases, critical cases and fatal COVID-19 cases during delivery hospitalization in the United States. Study design We use a phenomenological model with generalized logistic growth models to forecast the incidence of COVID-19 in the United States from 4/15/2020 – 12/31/2020. Incidence data from 3/1/2020 – 4/14/2020 were used to provide best-fit model solution. Subsequently, Monte-Carlo simulation was performed for each week from 3/1/2020 – 12/31/2020 to estimate the incidence of COVID-19 in delivery hospitalizations using the available data estimate. Results From 3/1/2020 – 12/31/2020, our model forecasted a total of 860,475 cases of COVID-19 in general population across the United States. The cumulative incidence for COVID-19 during delivery hospitalization is anticipated to be 16,601 (95% CI, 9,711 – 23,491) cases. Among those, 3,308 (95% CI, 1,755 – 4,861) cases are expected to be severe, 681 (95% CI, 1324 – 1,038) critical and 52 (95% CI, 23 – 81) maternal mortality. Assuming similar baseline maternal mortality rate as the year of 2018, we projected an increase in maternal mortality rate in the US to at least 18.7 (95% CI, 18.0 – 19.5) deaths per 100,000 live birth as a direct result of COVID-19. Conclusions COVID-19 infection in pregnant women is expected to severely impact obstetrical care. From 3/1/2020 – 12/31/2020, we project 3,308 severe and 681 critical cases, with about 52 COVID-19 related maternal mortalities during delivery hospitalization in the United States. These data might be helpful for counseling and resource allocation. (Author) (Original research)
**Available from:** https://doi.org/10.1016/j.ajogmf.2020.100127

## 20200427-6*

**Joint statement on expanding the nursing and midwifery workforce in the Covid-19 outbreak.** Nursing & Midwifery Council, (2020). Nursing and Midwifery Council , 25 March 2020.

Update in relation to midwifery and nursing students in all fields, who are not in the final six months of their programme. (Author) (News item)
**Available from:** https://www.nmc.org.uk/news/news-and-updates/joint-statement-update-for-students-not-in-final-six-months-covid/

## 20200427-5*

**NMC statement on personal protective equipment during the Covid-19 pandemic.** Nursing & Midwifery Council, (2020). Nursing and Midwifery Council , 14 April 2020.

Key points to help nurses and midwives put the Code into practice and exercise their professional judgment during the Covid-19 pandemic. (MB) (News item)
**Available from:** https://www.nmc.org.uk/news/news-and-updates/nmc-statement-on-personal-protective-equipment-during-the-covid-19-pandemic/

## 20200424-28*

**Coronavirus: Uncertainty over maternity care causing distress.** Collinson A, (2020). BBC News , 24 April 2020.

Reports that the uncertainly caused by a reduction in maternity services owing to the coronavirus pandemic is causing anxiety and stress among pregnant women, who are not sure if they will be allowed to have a home birth, or if their partner will be allowed to stay with them while they are in labour. States that there is variation between Trusts, and the Royal College of Midwives (RCM) states that staff shortages owing to sickness and self-isolation are impacting resources. Includes comments from pregnant women, new mothers, and RCM Chief Executive Officer Gill Walton. (JSM) (News item)
**Available from:** https://www.bbc.co.uk/news/health-52356067

## 20200424-7*

**Considerations for Obstetric Care during the COVID-19 Pandemic.** Dotters-Katz D; Hughes BL, (2020). American Journal of Perinatology , 17 April 2020, online.

The novel coronavirus disease 2019 (COVID-19) is a growing pandemic that is impacting daily life across the globe. Though disease is often mild, in high-risk populations, severe disease often leads to intubation, intensive care admission (ICU) admission, and in many cases death. The implications for pregnancy remain largely unknown. Early data suggest that COVID-19 may not pose increased risk in the pregnant population. Vertical transmission has not been confirmed. Because no treatment, no vaccine and no herd immunity exist, social distancing is the best mechanism available to protect patients and health care workers from infection. This review will discuss what is known about the virus as it relates to pregnancy and then consider management considerations based on these data. Key Points: COVID-19 severity in pregnancy is unclear: Social distancing is the best protective mechanism; No clear evidence of vertical transmission exists; Mother/baby separation avoids transmission. (Author) (Review)
**Available from:** https://www.thieme-connect.de/products/ejournals/html/10.1055/s-0040-1710051

## 20200424-6*

**Coronavirus in pregnancy and delivery: rapid review.** Mullins E; Evans D; Viner RM; et al, (2020). Ultrasound in Obsetrics and Gynecology , 17 March 2020, online.

OBJECTIVES: Person-to-person spread of COVID-19 in the UK has now been confirmed. There are limited case series reporting the impact on women affected by coronavirus during pregnancy. In women affected by severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS), the case fatality rate appeared higher in those affected in pregnancy compared with non-pregnant women. We conducted a rapid review to guide health policy and management of women affected by COVID-19 during pregnancy, which was used to develop the Royal College of Obstetricians and Gynaecologists' (RCOG) guidelines on COVID-19 infection in pregnancy. METHODS: Searches were conducted in PubMed and MedRxiv to identify primary case reports, case series, observational studies and randomized controlled trials describing women affected by coronavirus in pregnancy. Data were extracted from relevant papers. This review has been used to develop guidelines with representatives of the Royal College of Paediatrics and Child Health (RCPCH) and RCOG who provided expert consensus on areas in which data were lacking. RESULTS: From 9965 search results in PubMed and 600 in MedRxiv, 23 relevant studies, all of which were case reports or case series, were identified. From reports of 32 women to date affected by COVID-19 in pregnancy, delivering 30 babies (one set of twins, three ongoing pregnancies), seven (22%) were asymptomatic and two (6%) were admitted to the intensive care unit (ICU), one of whom remained on extracorporeal membrane oxygenation. No maternal deaths have been reported to date. Delivery was by Cesarean section in 27 cases and by vaginal delivery in two, and 15 (47%) delivered preterm. There was one stillbirth and one neonatal death. In 25 babies, no cases of vertical transmission were reported; 15 were reported as being tested with reverse transcription polymerase chain reaction after delivery. Case fatality rates for SARS and MERS were 15% and 27%, respectively. SARS was

associated with miscarriage or intrauterine death in five cases, and fetal growth restriction was noted in two ongoing pregnancies affected by SARS in the third trimester. CONCLUSIONS: Serious morbidity occurred in 2/32 women with COVID-19, both of whom required ICU care. Compared with SARS and MERS, COVID-19 appears less lethal, acknowledging the limited number of cases reported to date and that one woman remains in a critical condition. Preterm delivery affected 47% of women hospitalized with COVID-19, which may put considerable pressure on neonatal services if the UK's reasonable worst-case scenario of 80% of the population being affected is realized. Based on this review, RCOG, in consultation with RCPCH, developed guidance for delivery and neonatal care in pregnancies affected by COVID-19, which recommends that delivery mode be determined primarily by obstetric indication and recommends against routine separation of affected mothers and their babies. We hope that this review will be helpful for maternity and neonatal services planning their response to COVID-19. (Author) This article is protected by copyright. All rights reserved. (Review)
**Available from:** https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1002/uog.22014

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## 20200424-5*

**Experience of Clinical Management for Pregnant Women and Newborns with Novel Coronavirus Pneumonia in Tongji Hospital, China..** Wang S; Zhou X; Lin X; et al, (2020). Current Medical Science , 26 March 2020, online.

Based on the New Diagnosis and Treatment Scheme for Novel Coronavirus Infected Pneumonia (Trial Edition 5), combined with our current clinical treatment experience, we recently proposed a revision of the first edition of "Guidance for maternal and fetal management during pneumonia epidemics of novel coronavirus infection in the Wuhan Tongji Hospital". This article focused on the issues of greatest concern of pregnant women including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection diagnostic criteria, inspection precautions, drug treatment options, indications and methods of termination of pregnancy, postpartum fever, breastfeeding considerations, mode of mother-to-child transmission, neonatal isolation and advice on neonatal nursing, to provide valuable experience for better management of SARS-CoV-2 infection in pregnant women and newborns. (Author) (Review)
**Available from:** https://link.springer.com/article/10.1007/s11596-020-2174-4

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## 20200424-3*

**Safe Handling of Containers of Expressed Human Milk in all Settings During the SARS-CoV-2 (COVID-19) Pandemic.** Marinelli KA; Lawrence RM, (2020). Journal of Human Lactation , 3 April 2020, online.

Key Messages With no evidence of virus in human milk, no guidance has been published concerning the disinfection of the outer surfaces of containers of expressed milk during the COVID-19 pandemic. COVID-19 virus contaminates surfaces from respiratory droplet spread, persisting on some including plastic.Those expressing milk need to wear respiratory masks and practice effective pre-expression hand washing.Containers must be disinfected after milk expression with viricidal agents or appropriate bleach solutions before storage in milk banks, hospital wards, day care centers, or similar locations. (Author) (Overview)
**Available from:** https://journals.sagepub.com/doi/10.1177/0890334420919083

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## 20200424-1*

**COVID-19 vaginal delivery – A case report.** Lowe B; Bopp B, (2020). Australian and New Zealand Journal of Obstetrics and Gynaecology , vol 60, no 3, June 2020, pp 465-466.

The novel coronavirus termed SARS-CoV-2 is a major public health challenge. Many maternity units around the country are currently considering management protocols for these patients. We report a case from a tertiary Australian hospital describing an uncomplicated vaginal birth in a SARS-CoV-2 positive mother. To our knowledge this is also the first case described of a mother with COVID-19 not separated from her infant. Management provided supports the current Royal College of Obstetricians and Gynaecologists and World Health Organization guidelines suggesting that it is possible to consider rooming in post delivery for COVID-19 positive parents. Encouragement of breast feeding appears possible and safe when viral precautions are observed. (Author) (Correspondence)
**Available from:** https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/ajo.13173

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## 20200423-55*

**A Local Crash Course in Global Pandemics.** Delaney S, (2020). Obstetrics & Gynecology , 8 April 2020, online.

The author describes a day working in the obstetrics and gynecology department of a Washington hospital during the COVID-19 pandemic. (MB) (Professional experience)
**Available from:** https://doi:10.1097/AOG.0000000000003909

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## 20200423-6*

**A Research Agenda on the Sexual and Reproductive Health Dimensions of the COVID-19 Pandemic in Africa.** Ahonsi B, (2020). African Journal of Reproductive Health , vol 24, no 1, March 2020, pp 22-25.

The outbreak of the novel coronavirus disease, COVID-19, was first reported in Wuhan in Hubei province of China in December 2019. It has since spread across the world, and as of 30th March 2020 reached over 150 countries, with a total of 693,224 confirmed cases and 33,106 deaths1. Of these totals, 42 countries in Africa had reported 3,486 confirmed cases and 60 deaths. The epicenter of the epidemic has shifted several times since mid-February 2020 from China to Iran, and then to Western Europe (Italy and Spain in particular), and is presently in the United States of America. The expectation is that the next big waves of infections will be in Africa and South America2. In the absence of an effective therapy or vaccine and without pre-existing immunity there are several reasons to anticipate more severe adverse consequences of large outbreaks of COVID-19 in Africa including for the sexual and reproductive health of vulnerable women and young people. The high burden of communicable and non-communicable diseases like malaria, HIV, tuberculosis, Lassa fever and diabetes as well as weak and under-resourced health systems, high levels of poverty, poor housing, limited access to clean water and sanitation, inadequate transport and energy infrastructure, and high population mobility would inevitably result in far more devastating economic, social and health fall-outs from the pandemic in Africa3. This near-inevitability of disproportionate COVID-associated social, health and economic adversities even if some African countries end up with relatively small total numbers of confirmed cases is because the huge health system deficits, weak national economies, and lower standards of living far outweigh all of the hypothesized advantages from having younger populations and hotter climatic conditions. (Author) (Commentary)
**Available from:** https://www.ajrh.info/index.php/ajrh/article/view/2064

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## 20200422-50*

**2020 International Year of the Midwife – an unexpected challenge.** Powell Kennedy H, (2020). Midwifery , 19 April 2020, online.

This editorial discusses COVID-19 in the United States and its implications for midwifery practice. The author shares a message from Dr. Laura Zeidenstein who encourages midwives to work together during the pandemic. (LDO) (Editorial)
**Available from:** https://doi.org/10.1016/j.midw.2020.102732

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## 20200422-43*

**SOGC Committee Opinion – COVID-19 in Pregnancy.** Elwood C; Boucoiran I; VanSchalkwyk J; et al, (2020). JOGC [Journal of Obstetrics and Gynaecology Canada] , 31 March 2020, online.

Society of Obstetricians and Gynaecologists of Canada (SOGC) guidelines on COVID-19 in pregnancy. Includes recommendations on the antepartum, intrapartum and postpartum periods. Discusses appointments, protective equipment, fetal monitoring, caesarean delivery, skin-to-skin contact and breastfeeding. (LDO) (Guidelines)
**Available from:** https://doi.org/10.1016/j.jogc.2020.03.012

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## 20200422-36*

**Corticosteroid Guidance for Pregnancy during COVID-19 Pandemic.** McIntosh JJ, (2020). American Journal of Perinatology , 9 April 2020, online.

The novel coronavirus disease 2019 (COVID-19) pandemic is causing a necessary, rapid adjustment within the field of obstetrics. Corticosteroid use is a mainstay of therapy for those women delivering prematurely. Unfortunately, corticosteroid use has been associated with worse outcomes in COVID-19 positive patients. Given this information, it is necessary that obstetricians adjust practice to carefully weigh the fetal benefits with maternal risks. Therefore, our institution has examined the risks and benefits and altered our corticosteroid recommendations. (Author) (Overview)

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## 20200422-35*

**Operating Room Guide for Confirmed or Suspected COVID-19 Pregnant Patients Requiring Cesarean Delivery.** Gonzalez-Brown VM; Reno J; Lortz H; et al, (2020). American Journal of Perinatology , 9 April 2020, online.

We sought to provide a clinical practice protocol for our labor and delivery (L&D) unit, to care for confirmed or suspected COVID-19 patients requiring cesarean delivery. A multidisciplinary team approach guidance was designed to simplify and streamline the flow and care of patient with confirmed or suspected COVID-19 requiring cesarean delivery. A protocol was designed to improve staff readiness, minimize risks, and streamline care processes. This is a suggested protocol which may not be applicable to all health care settings but can be adapted to local resources and limitations of individual L&D units. Guidance and information are changing rapidly; therefore, we recommend continuing to update the protocol as needed. (Author) (Commentary)

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## 20200422-34*

**Protecting Labor and Delivery Personnel from COVID-19 during the Second Stage of Labor.** Palatnik A; McIntosh JJ, (2020). American Journal of Perinatology , 10 April 2020, online.

The novel coronavirus disease 2019 (COVID-19) is spreading fast and is affecting the clinical workers at much higher risk than the general population. Little is known about COVID-19 effect on pregnant women; however, the emerging evidence suggests they may be at high risk of asymptomatic disease. In light of projected shortage of personal protective equipment (PPE), there is an aggressive attempt at conservation. In obstetrics, the guidelines on PPE use are controversial and differ among hospitals, globally, as well as nationally. The centers for disease control and prevention (CDC) recommend using N95 respirators, which are respirators that offer a higher level of protection instead of a facemask for when performing or present for an aerosol-generating procedures (AGP). However, the second stage of labor is not considered an AGP. The second stage of labor can last up to 4 hours. During that time, labor and delivery personnel is in close contact to patients, who are exerting extreme effort during and frequently blow out their breath, cough, shout, and vomit, all of which put the health care team at risk, considering that COVID-19 transmission occurs through aerosol generated by coughing and sneezing. The CDC and the American College of Obstetricians and Gynecologists (ACOG) do not provide clarification on the use of N95 during the second stage. We recommend that labor and delivery personnel have the utmost caution and be granted the protection they need to protect themselves and other patients. This includes providing labor and delivery personnel full PPE including N95 for the second stage of labor. This is critical to ensure the adequate protection for health care workers and to prevent spread to other health care workers and patients. (Author) (Commentary)
**Available from:** https://www.thieme-connect.de/products/ejournals/html/10.1055/s-0040-1709689

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## 20200421-42*

**Advice for people at higher risk: Coronavirus (COVID-19).** NHS, (2020). London NHS , 21 April 2020.

Coronavirus can make anyone seriously ill. But some people are at a higher risk and need to take extra steps to avoid becoming unwell.. Guidance from the NHS, for people who are at increased risk of contracting COVID-19: those aged 70 and over; pregnant women; those with an underlying health condition. (Author, edited) (Guidelines)
**Available from:** https://www.nhs.uk/conditions/coronavirus-covid-19/advice-for-people-at-high-risk/

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## 20200421-35*

**How can we avoid research waste during the covid-19 pandemic and plan for the future?.** Clarke M, (2020). BMJ Opinion , 21 April 2020, online.

Around the world and across disciplines, researchers have turned their attention to covid-19, but we need to ensure this effort is a help rather than a hindrance, says Mike Clarke. (Author) (Commentary)
**Available from:** https://blogs.bmj.com/bmj/2020/04/21/mike-clarke-avoid-research-waste-covid-19-pandemic-plan-future/

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## 20200421-18*

**Specialty guides for patient management during the coronavirus pandemic: Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic .** NHS England, (2020). London: NHS England , 9 April 2020.

Explains that The COVID-19 pandemic has presented a significant challenge for the NHS: the provision of high quality care for those experiencing serious symptoms of the virus needs to be balanced with the safe delivery of core non-elective services, such as maternity, a service strongly focused on safety and with very limited opportunities to reduce demand. This challenge will inevitably mean that some clinical staff are deployed to areas of hospitals they do not usually work in. At the same time, many midwives, obstetricians, anaesthetists and support staff are in self-isolation, temporarily reducing the available maternity workforce, with varying and sometimes significant impacts felt locally. This document sets out how safe services in the provision of intrapartum maternity care should be maintained and how decisions about reorganisation of services should be taken. The appendix provides a template for communicating changes in the services to local women and their families. It has been produced in consultation with the Royal College of Midwives (RCM), Royal College of Obstetricians and Gynaecologists (RCOG), the Royal College of Anaesthetists, the Obstetric Anaesthetists Association and maternity service user representatives. (Author, edited) (Guidelines)
**Available from:** https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0241-specialty-guide-intrapartum-maternity-care-9-april-2020.pdf

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## 20200421-7*

**Pregnancy and Sars-Cov-2: A Novel Virus in a Unique Population.** Mahony R, (2020). Irish Medical Journal , vol 113, no 4, April 2020, P49.

This editorial discusses the current evidence on Sars-Cov-2 and pregnancy. The author highlights studies on neonatal infection in utero, symptoms in pregnant women and physical distancing in maternity units. (LDO) (Editorial)

**Available from:** http://imj.ie/wp-content/uploads/2020/04/Pregnancy-and-Sars-Cov-2-A-Novel-Virus-in-a-Unique-Population.pdf

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## 20200421-3*

**Provision of contraception by maternity services after childbirth during the Covid-19 outbreak.** Faculty of Sexual & Reproductive Healthcare; Royal College of Obstetricians & Gynaecologists, (2020). Edinburgh: FSRH , 9 April 2020.

Guidance on the provision of contraception after childbirth during the Covid-19 pandemic. Recommends that long-acting reversible contraceptives (LARC) should continue to be offered and should be inserted prior to discharge from maternity services. In cases where LARC is unsuitable, women should be given a 6-12 month supply of desogestrel progestogen-only pill (POP) prior to discharge. Also discusses other contraceptive methods including intrauterine contraception, combined hormonal contraception and lactational amenorrhoea. (LDO) (Guidelines)
**Available from:** https://www.fsrh.org/standards-and-guidance/documents/fsrh-ceu-provision-of-contraception-by-maternity-services-after/

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## 20200420-35*

**Clinical Characteristics of Pregnant Women with Covid-19 in Wuhan, China.** Chen L; Li Q; Zheng D; et al, (2020). New England Journal of Medicine , 17 April 2020, online.

Presents the results of a small study examining the epidemiologic, clinical, laboratory, and radiologic characteristics, treatment, and outcomes of 118 pregnant women with Covid-19. (MB) (Correspondence)
**Available from:** https://doi.org/10.1056/NEJMc2009226

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## 20200420-31*

**Expert consensus for managing pregnant women and neonates born to mothers with suspected or confirmed novel coronavirus (COVID-19) infection.** Chen D; Yang H; Cao Y; et al, (2020). International Journal of Gynecology & Obstetrics , vol 149, no 2, May 2020, pp 130-136.

Objective To provide clinical management guidelines for novel coronavirus (COVID-19) in pregnancy. Methods On February 5, 2020, a multidisciplinary teleconference comprising Chinese physicians and researchers was held and medical management strategies of COVID-19 infection in pregnancy were discussed. Results Ten key recommendations were provided for the management of COVID-19 infections in pregnancy. Conclusion Currently, there is no clear evidence regarding optimal delivery timing, the safety of vaginal delivery, or whether cesarean delivery prevents vertical transmission at the time of delivery; therefore, route of delivery and delivery timing should be individualized based on obstetrical indications and maternal–fetal status. (Author) [Erratum: International Journal of Gynecology & Obstetrics, 12 May 2020, online: https://doi.org/10.1002/ijgo.13181] (Consensus statement)
**Available from:** https://doi.org/10.1002/ijgo.13146

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## 20200420-24*

**COVID-19 Pandemic: Staged Management of Surgical Services for Gynecology and Obstetrics.** Lebrun EEW; Moawad NS; Rosenberg EI; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 3 April 2020, online.

The COVID-19 pandemic has required an unprecedented global healthcare response requiring maintenance of existing hospital-based services while simultaneously preparing for high-acuity care for infected and sick individuals. Hospitals must protect patients and the diverse healthcare workforce by conserving personal protective equipment and redeployment of facility resources. While each hospital or health system must evaluate their own capabilities and surge capacity, we present principles of management of surgical services during a health emergency and provide specific guidance to help with decision-making. We review the limited evidence from past hospital and community responses to various health emergencies and focus on systematic methods for adjusting surgical services to create capacity, addressing the specific risks of COVID-19. Successful strategies for tiered reduction of surgical cases involve multi-disciplinary engagement of the entire healthcare system and use of a structured risk-assessment categorization scheme which can be applied across the institution. Our institution developed and operationalized this approach over three working days, indicating that immediate implementation is feasible in response to an unforeseen healthcare emergency. (Author) (Review)

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## 20200420-18*

**COVID-19 Technical brief for antenatal care services.** United Nations Population Fund (UNFPA) Afghanistan, (2020). UNFPA , April 2020. 20 pages.

Technical briefing from UNFPA, prepared in collaboration with the Burnet Institute, Australia, giving guidance on providing respectful and individualised antenatal care to women during the COVID-19 pandemic. (JSM) (Guidelines)
**Available from:** https://www.unfpa.org/resources/covid-19-technical-brief-antenatal-care-services

**20200417-9***
**Novel corona virus disease (COVID-19) in pregnancy: What clinical recommendations to follow?.** Liang H; Acharya G, (2020). Acta Obstetricia et Gynecologica Scandinavica , vol 99, no 4, April 2020, pp 439-442.

This editorial discusses the prevention, diagnosis and management of COVID-19 in pregnancy. The authors also highlight the importance of mode of delivery and care of the newborn. (LDO) (Editorial)
**Available from:** https://doi.org/10.1111/aogs.13836

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**20200417-8**
**That pesky nucleic acid molecule in a protein coat.** Hanley J, (2020). Journal of Health Visiting , vol 8, no 4, April 2020.

In March it seemed not only surreal but impossible to comprehend that the coronavirus would ever venture near our shores – and yet here it is. Jane Hanley looks at the effects of the pandemic on the emotional wellbeing of parents and professionals alike. (Author) (Commentary)

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**20200417-6**
**A new normal for health visiting.** Forbes L, (2020). Journal of Health Visiting , vol 8, no 4, April 2020.

In this time of focus on public health, what role will community based workers play? How will we carry on our professional duties in a time of social distancing? (Author) (Overview)

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**20200417-5**
**Newly qualified health visitor: COVID-19 – a public health crisis.** Boddy B, (2020). Journal of Health Visiting , vol 8, no 4, April 2020.

Bethany Boddy explores the fast-changing public health emergency of COVID-19 and the health visitor response. (Author) (Commentary)

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**20200416-18***
**The Novel Coronavirus (2019-nCoV) in pregnancy: what we need to know.** Saccone G; Carbone F; Zullo F, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , vol 249, June 2020, pp 92-93.

Discusses the existing literature on the novel coronavirus in pregnancy. The authors recommend the strict monitoring of women with suspected 2019-nCoV. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.04.006

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**20200416-17***
**Intrapartum care of women with COVID-19: a practical approach.** Sichitiu J; Desseauve D, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , vol 249, June 2020, pp 94-95.

The authors present a comprehensive bulletin for caregivers to access the latest information on COVID-19. The bulletin is based on recommendations from four international bodies, including the Royal College of Obstetricians and Gynaecologists. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.04.018

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**20200416-14***
**Health anxiety and behavioural changes of pregnant women during the COVID-19 pandemic.** Corbett GA; Milne SJ; Hehir MP; et al, (2020). European Journal of Obstetrics & Gynecology and Reproductive Biology , vol 249, June 2020, pp 96-97.

The authors present the results of a questionnaire on COVID-19 and its psychological impact on pregnant women. 63.4% of participants reported heightened anxiety about their unborn baby and 66.7% reported concern about their other children. (LDO) (Correspondence)
**Available from:** https://doi.org/10.1016/j.ejogrb.2020.04.022

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**20200416-7***
**From the frontline of COVID-19 – How prepared are we as obstetricians? A commentary.** Chua MSQ; Lee JCS; Sulaiman S; et al, (2020). BJOG: An International Journal of Obstetrics and Gynaecology , vol 127, no 7, June 2020, pp 786-788.

The authors review the current literature and guidelines on COVID-19 and share their experiences as frontline obstetricians at KK Women's and Children's Hospital (KKH) in Singapore. (LDO) (Review)
**Available from:** https://doi.org/10.1111/1471-0528.16192

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**20200416-4***
**An Uncomplicated Delivery in a Patient with Covid-19 in the United States.**
Iqbal SN; Overcash R; Mokhtari N; et al, (2020). New England Journal of Medicine , 16 April 2020, online.

To rapidly communicate information on the global clinical effort against Covid-19, the Journal has initiated a series of case reports that offer important teaching points or novel findings. The case reports should be viewed as observations rather than as recommendations for evaluation or treatment. In the interest of timeliness, these reports are evaluated by in-house editors, with peer review reserved for key points as needed. (Author) (Case report)
**Available from:** https://doi.org/10.1056/NEJMc2007605

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**20200416-2***
**Universal Screening for SARS-CoV-2 in Women Admitted for Delivery.** Sutton D; Fuchs K; D'Alton M; et al, (2020). New England Journal of Medicine , 13 April 2020, online.

Presents the results of a small study of 215 pregnant women who were admitted to two New York City hospitals to give birth. The study found that nearly 90% of the women who tested positive for SARS-CoV-2 had no symptoms of the infection. (MB) (Original research)
**Available from:** https://doi.org/10.1056/NEJMc2009316

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**20200415-33***
**Guidance for virtual infant feeding support during the COVID-19 outbreak. Guidance sheet 2: Antenatal conversations.** Unicef UK Baby Friendly Initiative, (2020). Baby Friendly Initiative , April 2020. 1 page.

Guidance from the Unicef UK Baby Friendly Initiative on holding antenatal conversations, for healthcare professionals delivering Baby Friendly services during the COVID-19 pandemic. (JSM) (Guidelines)
**Available from:** https://www.unicef.org.uk/babyfriendly/wp-content/uploads/sites/2/2020/03/Unicef-UK-Baby-Friendly-Initiative-Guidance-Sheet-2-Antenatal-Conversations.pdf?utm_source=Unicef_UK&utm_medium=Email&utm_campaign=bfi_AprilCovid19_uukloyalty

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**20200415-31***
**Freebirth, Unassisted Childbirth and Unassisted Pregnancy.** Association for Improvements in the Maternity Services, (2020). London: AIMS , 30 March 2020.

Consumer information from AIMS on freebirth, also known as unassisted or unattended childbirth. Includes sections on legal issues, freebirth in the COVID-19 pandemic, and information and support resources. (JSM) (Consumer information)
**Available from:** https://www.aims.org.uk/information/item/freebirth

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**20200415-26***
**Care of the Pregnant Woman with COVID-19 in Labor and Delivery: Anesthesia, Emergency cesarean delivery, Differential diagnosis in the acutely ill parturient, Care of the newborn, and Protection of the healthcare personnel.** Ashokka B; Loh M-H; Tan CH; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , 10 April 2020, online.

COVID-19 in pregnancy can cause severe maternal morbidity in up to 9% of affected gravidae. Chest imaging is helpful in pregnant women who have a high pretest probability of COVID-19, but are RT-PCR negative. Vertical transmission is unlikely, but active measures are needed to prevent neonatal infection. We present an algorithm of care for the acutely ill parturient and a protocol for intrapartum care of the pregnant woman in labor. (Author, edited) (Protocol)

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**20200414-6***
**Coronavirus and your maternity care.** AIMS, (2020). AIMS , 11 April 2020.

Information from the Association for Improvements in the Maternity Services (AIMS) for pregnant women concerned about their maternity care in the current coronavirus (COVID-19) pandemic. (JSM) (Consumer information)
**Available from:** https://www.aims.org.uk/information/item/coronavirus

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## 20200414-4*

**NHS Uniforms: Coronavirus (COVID-19) [written answer].** Scottish Parliament, (2020). Official Report , Written question S5W-28269, 7 April 2020.

Jeane Freeman responds to a written question from Bob Doris to the Scottish Government, regarding the safety of laundering NHS uniforms at home during the COVID-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.scot/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S5W-28269

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## 20200414-3*

**Schools: Coronavirus [written answer].** House of Commons, (2020). Hansard , Written question 31510, 18 March 2020.

Nick Gibb responds to a written question asked by Catherine McKinnell to the Secretary of State for Education, regarding precautions that pregnant school and college staff should take during the Covid-19 outbreak. (LDO) (Parliamentary question)
**Available from:** https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-03-18/31510/

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## 20200414-1*

**Clinical Features and Outcomes of Pregnant Women Suspected of Coronavirus Disease 2019.** Yang H; Sun G; Tang F; et al, (2020). Journal of Infection , 12 April 2020, online.

Background 2019 novel coronavirus disease (COVID-19) has become a worldwide pandemic. Under such circumstance pregnant women are also affected significantly. Objective This study aims to observe the clinical features and outcomes of pregnant women who have been confirmed with COVID-19. Methods The research objects were 55 cases of suspected COVID-19 pregnant women who gave a birth from Jan 20th 2020 to Mar 5th 2020 in our hospital-a big birth center delivering about 30,000 babies in the last 3 years. These cases were subjected to pulmonary CT scan and routine blood test, manifested symptoms of fever, cough, chest tightness or gastrointestinal symptoms. They were admitted to an isolated suite, with clinical features and newborn babies being carefully observed. Among the 55 cases, 13 patients were assigned into the confirmed COVID-19 group for being tested positive sever acute respiratory syndrome coronavirus 2(SARS-CoV-2) via maternal throat swab test, and the other 42 patients were assigned into the control group for being ruled out COVID-19 pneumonia based on new coronavirus pneumonia prevention and control program(the 7th edition). Results There were 2 fever patients during the prenatal period and 8 fever patients during the postpartum period in the confirmed COVID-19 group. In contrast, there were 11 prenatal fever patients and 20 postpartum fever patients in the control group ($p>0.05$). Among 55 cases, only 2 case had cough in the confirmed group. The imaging of pulmonary CT scan showed ground- glass opacity (46.2%, 6/13), patch-like shadows(38.5%, 5/13), fiber shadow(23.1%, 3/13), pleural effusion (38.5%, 5/13)and pleural thickening(7.7%, 1/13), and there was no statistical difference between the confirmed COVID-19 group and the control group ($p>0.05$). During the prenatal and postpartum period, there was no difference in the count of WBC, Neutrophils and Lymphocyte, the radio of Neutrophils and Lymphocyte and the level of CRP between the confirmed COVID-19 group and the control group($p<0.05$). 20 babies (from confirmed mother and from normal mother) were subjected to SARS-CoV-2 examination by throat swab samples in 24 hours after birth and no case was tested positive. Conclusion The clinical symptoms and laboratory indicators are not obvious for asymptomatic and mild COVID-19 pregnant women. Pulmonary CT scan plus blood routine examination are more suitable for finding pregnancy women with asymptomatic or mild COVID-19 infection, and can be used screening COVID-19 pregnant women in the outbreak area of COVID-19 infection. (Author) (Original research)
**Available from:** https://doi.org/10.1016/j.jinf.2020.04.003

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## 20200413-1*

**Coronavirus while pregnant or giving birth: here's what you need to know.** Dahlen H; Ellwood D, (2020). The Conversation , 16 March 2020, online.

Summarises the key messages for pregnant women in the current coronavirus (COVID-19) pandemic, from trusted health sources such as the World Health Organization, the Royal College of Obstetricians and Gynaecologists etc. (JSM) (Consumer information)
**Available from:** https://theconversation.com/coronavirus-while-pregnant-or-giving-birth-heres-what-you-need-to-know-133619

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## 20200409-51*

**Online training courses to prevent the spread of covid-19.** Anon, (2020). Health Service Journal , 7 April 2020, online.

Courses and resources targeted at anyone seeking to prevent the spread of infection. (Author) (Overview)
**Available from:** https://www.hsj.co.uk/

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## 20200408-16*

**Coronavirus: 'pregnancy during a pandemic is terrifying'.** Casas A, (2020). BBC News , 6 April 2020.

States that over 250,000 cases of Covid-19 have been confirmed in the United States, with the epicentre being in New York. In this video by Angélica Casas, produced with Chloe Kim and Cody Godwin, three pregnant women express their concerns and discuss how the pandemic is making them review their birth plans. (JSM) (News item)
**Available from:** https://www.bbc.co.uk/news/av/world-us-canada-52157823/coronavirus-pregnancy-during-a-pandemic-is-terrifying

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## 20200408-13*

**Maternal and neonatal outcomes of pregnant women with COVID-19 pneumonia: a case-control study.** Li N; Han L; Peng M; et al, (2020). MedRxiv , 13 March 2020, online.

Background: The ongoing epidemics of coronavirus disease 2019 (COVID-19) have caused serious concerns about its potential adverse effects on pregnancy. There are limited data on maternal and neonatal outcomes of pregnant women with COVID-19 pneumonia. Methods: We conducted a case-control study to compare clinical characteristics, maternal and neonatal outcomes of pregnant women with and without COVID-19 pneumonia. Results: During January 24 to February 29, 2020, there were sixteen pregnant women with confirmed COVID-19 pneumonia and eighteen suspected cases who were admitted to labor in the third trimester. Two had vaginal delivery and the rest took cesarean section. Few patients presented respiratory symptoms (fever and cough) on admission, but most had typical chest CT images of COVID-19 pneumonia. Compared to the controls, COVID-19 pneumonia patients had lower counts of white blood cells (WBC), neutrophils, C-reactive protein (CRP), and alanine aminotransferase (ALT) on admission. Increased levels of WBC, neutrophils, eosinophils, and CRP were found in postpartum blood tests of pneumonia patients. There were three (18.8%) and two (10.5%) of the mothers with confirmed or suspected COVID-19 pneumonia had preterm delivery due to maternal complications, which were significantly higher than the control group. None experienced respiratory failure during hospital stay. COVID-19 infection was not found in the newborns and none developed severe neonatal complications. Conclusion: Severe maternal and neonatal complications were not observed in pregnant women with COVID-19 pneumonia who had vaginal delivery or caesarean section. Mild respiratory symptoms of pregnant women with COVID-19 pneumonia highlight the need of effective screening on admission. (Author) [This article is a preprint and has not been peer-reviewed. It reports new medical research that has yet to be evaluated and so should not be used to guide clinical practice]. (Case control study)
**Available from:** https://doi.org/10.1101/2020.03.10.20033605
**Full URL:** https://doi.org/10.1101/2020.03.10.20033605

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## 20200408-12*

**Supporting Nurses and Midwives across the UK and Nursing Associates (England only) in the event of a COVID-19 epidemic in the UK .** Chief Nursing Officers of England, Northern Ireland, Scotland and Wales; Council of Deans of Health; Nursing and Midwifery Council; et al, (2020). London: NHS England and NHS Improvement , 12 March 2020.

A joint statement from the Chief Nursing Officers of England, Northern Ireland, Scotland and Wales, The Nursing and Midwifery Council, Royal College of Midwives and partners across the health and social care sector, describing the steps being taken to support nurses and midwives during the coronavirus (COVID-19) pandemic. (JSM) (Consensus statement)
**Available from:** https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/joint-nm-letter-12-march-2020.pdf

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## 20200408-11*

**Information for students and educators: Coronavirus (Covid-19): Information and advice.** Nursing & Midwifery Council, (2020). London: NMC , 3 April 2020.

While the Covid-19 emergency is ongoing, the Nursing and Midwifery Council (NMC) wants to make sure students near the end of their programme are able to support the workforce, while ensuring all their learning outcomes are met. NMC has developed emergency standards for nursing and midwifery programmes, to address the pressures on health and social care during this extraordinary period. These standards aim to provide approved education institutions and practice learning partners with the flexibility to enable students within the final six months of their pre-registration nursing and midwifery programmes to complete their training within clinical placements. This will enable these students to help support the workforce, and make use of the knowledge and skills that they have developed, while still meeting all their learning outcomes. The emergency standards also allow flexibility in the way students are supervised, ensuring that they have the appropriate support, supervision, teaching and assessment during this period to enable them to provide safe and effective care. And they ensure other student nursing and midwifery groups can continue with their nursing and midwifery programme of study and support the workforce where possible. (Author, edited) (Guidelines)
**Available from:** https://www.nmc.org.uk/news/coronavirus/temporary-registration/

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## 20200407-14*

**Coronavirus Disease 2019 (COVID-19) Pandemic and Pregnancy.** Dashraath P; Wong JLJ; Lim MXK; et al, (2020). American Journal of Obstetrics & Gynecology (AJOG) , vol 222, no 6, June 2020, pp 521-531 .

The current coronavirus disease 2019 (COVID-19) pneumonia pandemic, caused by the severe acute respiratory syndrome 2 (SARS-CoV-2) virus, is spreading globally at an accelerated rate, with a basic reproduction number (R0) of 2 – 2.5, indicating that 2 – 3 persons will be infected from an index patient. A serious public health emergency, it is particularly deadly in vulnerable populations and communities in which healthcare providers are insufficiently prepared to manage the infection. As of March 16, 2020, there are more than 180,000 confirmed cases of COVID-19 worldwide, with over 7,000 related deaths. The SARS-CoV-2 virus has been isolated from asymptomatic individuals, and affected patients continue to be infectious two weeks after cessation of symptoms. The substantial morbidity and socioeconomic impact have necessitated drastic measures across all continents, including nationwide lockdowns and border closures. Pregnant women and their fetuses represent a high-risk population during infectious disease outbreaks. To date, the outcomes of 55 pregnant women infected with COVID-19 and 46 neonates have been reported in the literature, with no definite evidence of vertical transmission. Physiological and mechanical changes in pregnancy increase susceptibility to infections in general, particularly when the cardiorespiratory system is affected, and encourage rapid progression to respiratory failure in the gravida. Furthermore, the pregnancy bias towards T-helper 2 (Th2) system dominance which protects the fetus, leaves the mother vulnerable to viral infections, which are more effectively contained by the Th1 system. These unique challenges mandate an integrated approach to pregnancies affected by SARS-CoV-2. Here we present a review of COVID-19 in pregnancy, bringing together the various factors integral to the understanding of pathophysiology and susceptibility, diagnostic challenges with real-time reverse transcriptase polymerase chain reaction (RT-PCR) assays, therapeutic controversies, intrauterine transmission and maternal-fetal complications. We discuss the latest options in antiviral therapy and vaccine development, including the novel use of chloroquine in the management of COVID-19. Fetal surveillance, in view of the predisposition to growth restriction and special considerations during labor and delivery are addressed. Additionally, we focus on keeping frontline obstetric care providers safe while continuing to provide essential services. Our clinical service model is built around the principles of workplace segregation, responsible social distancing, containment of cross-infection to healthcare providers, judicious use of personal protective equipment and telemedicine. Our aim is to share a framework which can be adopted by tertiary maternity units managing pregnant women in the flux of a pandemic while maintaining the safety of the patient and healthcare provider at its core. (Author) (Review)
**Available from:** https://www.ajog.org/article/S0002-9378(20)30343-4/pdf

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## 20200406-1*

**Corornavirus: Tributes paid to 'caring' midwife Lynsay Coventry.** BBC News, (2020). BBC News , 6 April 2020.

The family of a midwife who died after contracting coronavirus have paid tribute to the "wonderful and caring mum, sister, daughter and grandmother". (Author) (News item)
**Available from:** https://www.bbc.co.uk/news/uk-england-essex-52177526

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## 20200403-11*

**Birth in a pandemic: 'You are stronger than you think'.** Brewer K, (2020). BBC News , 1 April 2020.

Reports that the coronavirus crisis is affecting many pregnant women's birth plans and leading some health trusts to increase home births. Includes personal experiences of women who have given birth under the current health guidance and restrictions imposed due to the COVID-19 pandemic. (JSM) (News item)
**Available from:** https://www.bbc.co.uk/news/stories-52098036

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## 20200403-3*

**Protecting yourself appropriately during the coronavirus pandemic .** Royal College of Midwives, (2020). London: RCM , April 2020.

Presents health and safety advice from the Royal College of Midwives for all those caring for pregnant and labouring women during the current COVID-19 outbreak. (JSM) (Guidelines)
**Available from:** https://www.rcm.org.uk/media/3839/rcm-ppe-wraparound-guidance_.pdf

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## 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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**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

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**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

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**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

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**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

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**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

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**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

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## 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 coronaivirus (COVID-19), from the Royal College of Obstetricians and Gynaecologists (RCOG). (JSM) (Consumer information)
**Available from:** https://www.tommys.org/pregnancy-information/im-pregnant/pregnancy-and-coronavirus-information-pregnant-women-and-new-mums

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## 20200402-5*

**Coronavirus Disease 2019 (COVID-19) and Pregnancy: Responding to a Rapidly Evolving Situation .** Rasmussen SA; Jamieson DJ, (2020). Obstetrics and Gynecology , vol 135, no 5, May 2020, pp 999-1002.

As the world confronts coronavirus disease 2019 (COVID-19), an illness caused by yet another emerging pathogen (severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2]), obstetric care providers are asking what this means for pregnant women. The global spread has been swift, and many key questions remain. The case-fatality rate for persons cared for in the United States and whether asymptomatic persons transmit the virus are examples of questions that need to be answered to inform public health control measures. There are also unanswered questions specific to pregnant women, such as whether pregnant women are more severely affected and whether intrauterine transmission occurs. Although guidelines for pregnant women from the American College of Obstetricians and Gynecologists and the Centers for Disease Control and Prevention have been rapidly developed based on the best available evidence, additional information is critically needed to inform key decisions, such as whether pregnant health care workers should receive special consideration, whether to temporarily separate infected mothers and their newborns, and whether it is safe for infected women to breastfeed. Some current recommendations are well supported, based largely on what we know from seasonal influenza: patients should avoid contact with ill persons, avoid touching their face, cover coughs and sneezes, wash hands frequently, disinfect contaminated surfaces, and stay home when sick. Prenatal clinics should ensure all pregnant women and their visitors are screened for fever and respiratory symptoms, and symptomatic women should be isolated from well women and required to wear a mask. As the situation with COVID-19 rapidly unfolds, it is critical that obstetricians keep up to date. (Author)
(Commentary)

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## 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/876740/30032020_The_Abortion_Act_1967_-_Approval_of_a_Class_of_Places.pdf

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## 20200401-1*

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

Reports that the Government has amended it's 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

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## 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.

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.rcog.org.uk/globalassets/documents/guidelines/2020-03-25-covid19-antenatal-screening.pdf

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**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.

Guidance on referrals, screening and modified services for fetal medicine units (FMUs) during the COVID-19 pandemic. (LDO) (Guidelines)
**Available from:** https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-25-covid19-fetal-medicine.pdf

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**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.

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.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-self-monitoring-of-blood-pressure-in-pregnancy.pdf

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**20200331-9***

**Guidance for maternal medicine in the evolving coronavirus (COVID-19) pandemic: Information for healthcare professionals [Last updated 24 April 2020].** Royal College of Obstetricians and Gynaecologists, (2020). Royal College of Obstetricians and Gynaecologists (RCOG) , 30 March 2020.

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

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**20200331-7***

**Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic [Last updated 24 April 2020].** Royal College of Obstetricians and Gynaecologists; Royal College of Midwives, (2020). Royal College of Obstetricians and Gynaecologists (RCOG) , 30 March 2020.

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

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**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

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**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/

## 20200326-42*

**COVID-19 virus infection and pregnancy: Occupational health advice for employers and pregnant women during the COVID-19 pandemic [Last updated 27 April 2020].** Royal College of Obstetricians and Gynaecologists; Royal College of Midwives, (2020). Royal College of Obstetricians and Gynaecologists (RCOG) , 26 March 2020.

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 8 – 17 April 2020 and Occupational health advice for employers and pregnant women during the COVID-19 pandemic: Version 3 – 21 April 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/

## 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 , vol 20, no 5, May 2020, pp 559-564.

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

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## 20200324-62*

**MFM Guidance for COVID-19.** Boelig RC; Saccone G; Bellussi F; et al, (2020). American Journal of Obstetrics & Gynecology MFM , vol 2, no 2, suppl, May 2020, 100106.

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

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## 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

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## 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/

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## 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/

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## 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)

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## 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/

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## 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/

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## 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

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## 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)

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## 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/

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## 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

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**20200311-48***

**Coronavirus (COVID-19) infection in pregnancy: Information for healthcare professionals [Last updated 17 April 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.

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.rcog.org.uk/globalassets/documents/guidelines/2020-03-26-covid19-pregnancy-guidance.pdf

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**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 , vol 20, no 6, June 2020, pp 652-653.

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

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**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 ($<1{\cdot}0 \times 10^9$ 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

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**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)

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