

Covid-19: Challenges during Pregnancy

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Covid-19 is an unprecedented situation and the whole world is grappled by this healthcare emergency. The long term impact of disease on pregnancy and fetal are still not known. So far what we have learnt from other related viral infections like influenza and SARS and MERS, these were shown to be more severe in pregnant women. But fortunately, current data does not indicate that pregnant women are at high risk from Covid-19. At the moment very little is known about the effect of Covid-19 on pregnancy especially if infection occurs in first half of pregnancy. And though risk of infection is same as general population, still pregnant women are considered to be a vulnerable group due to their immune-compromised state. In late pregnancy, it has been seen that risk of preterm labour and delivery is high in women infected with Covid-19.

Recently published evidence from systemic review of pregnancy with Covid-19 presented at ESHRE, total of 480 Covid-19 positive women have been studied. The results from amniotic fluid, babies IgM and RT-PCR testing demonstrates that the risk of vertical transmission is possible. From 71 papers, 10 babies were COVID-19 positive. 1st RT-PCR diagnostic tests were done in 356 babies, 2nd RT-PCR was done in 90 cases, IgM tests done in 28 babies, and IgG tests done in 28 babies. From 71 studies and 356 babies, 13 tested positive in 1st RT-PCR. After 2nd RT-PCR, 7 became negative, whereas 3 babies testing negative on 1st RT-PCR became positive. On 2nd RT-PCR, 3 babies became positive (who were initially reported as negative in 1st RT-PCR), 3 continued to remain positive (positive in 1st RT-PCR) but 3 who were positive in 1st RT-PCR were not tested again. On the 1st RT-PCR, 44 studies reported time of testing while 27 studies did not. Earliest RT-PCR positive test was 2 hours while in 2 studies, 10 women tested had positive amniotic fluid, and 3/11 placental swabs tested positive for SARS-CoV-2 RNA but babies remained negative. Changes to placental pathology reported.

In 4 unrelated report, 100% of patients initially tested negative, turning positive after 2nd and 3rd re-tests for SARS-CoV-2 RNA.

So, it is important to take precautions during pregnancy. It is always important to give travel history to your healthcare professional, report any symptoms like fever, cough, body aches, breathing difficulty at the earliest. General guideline to avoid infection are-Hand hygiene- hand washing, Avoid touching nose, mouth and eyes, use of face mask when going out, social distancing. Try to reduce visits to healthcare facility to avoid unintentional contact with others (infected/asymptomatic carriers). Mom's can monitor their blood pressure, baby's kicks at home themselves and feel involved in their care. They can keep in touch with their doctor over phone/video, most of hospitals are providing teleconsultations these days.

Is there a risk associated with breast feeding?

Breast feeding has not been shown to be a source of infection so far as virus is not detected in breast milk. Benefits of breast feeding outweigh the risk of infection, so WHO recommends breast feeding but after taking appropriate precautions.

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