



Covid-19 and Pregnancy, What Should We and What Do We Know, So Far

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SARS-CoV-2 or Covid-19 is a novel coronavirus capable of causing severe acute respiratory syndrome and pneumonia. The virus is spreading rapidly, with a basic reproduction number (R) of 2-25, indicating rapid spread [1]. Since the WHO declared the pandemic and due to the lack of proper antibody protection, an antiviral or vaccine, the virus has infected millions of people worldwide, pregnant women being not spared. Theoretically, the pregnancy and the pregnancy induced physiological changes, immunotolerance and immune depression in particular, might make mothers-to-be and their fetuses more susceptible to the disease. To date however, fewer cases were reported in pregnant women than expected [2], unlike during the SARS and MERS pandemics there were fewer fatalities, and there is no evidence of vertical, intrauterine transmission from infected pregnant women to their fetuses [2,3]. From the few articles on the subject available for review, and with the available information from previous coronavirus pandemics, we can conclude that the virus can cause miscarriages, preterm birth, fetal and respiratory distress [4]. As the pandemic spreads, reports of severe respiratory failure are expected [5,6] and it is expected that pregnancies complicated by hypertension, diabetes, asthma, and obesity will require special attention, quarantine, isolation, and high care. From the limited information available, we can conclude that pregnancy did not affect the course of Covid-19 pneumonia [6] and this is our experience (unpublished data) with 2 pregnant women with no apparent predisposing conditions needing Intensive care at 27 and 26 weeks. Our two pregnancies are ongoing at the time of the publication and babies born to infected but not seriously ill mothers were asymptomatic and tested negative for Covid-19 (unpublished data). It appears that severe Covid-19 necessitating ventilation and multiple organ support could be associated with vertical transmission of the virus to the fetus. The good news is that newborn are seldomly testing positive for the virus,

and infected newborns and children seem to have a mild course of the disease [7].

Guidelines for the management of Covid-19 infection during pregnancy were reported [8,9].

The most serious concern is the ill preparedness of our health care systems to deal with large numbers of sick people, due to lack of facilities, nursing and medical staff, and the lack of antiviral medications and vaccines. Flattening the curve and lockdowns are not treatment, are unethical, inefficient, are damaging the economy. They are a serious political and medical infringement on personal liberties and are a poor replacement for all the above-mentioned deficiencies [10]. For too long governments have neglected expanding, upgrading, equipping, and staffing healthcare facilities which normally function at 70 to 90% capacity to be profitable. There are epidemiologically designed solutions, quarantine, wearing masks, social distancing, and hand hygiene. Educating the public that Covid-19 is just a severe flu, no stigma. Make public the symptoms, educate the public to inform contacts of the symptoms and have an early test. Have reliable and convenient testing sites, tests and suitable communication. At the earliest symptoms get tested and inform contacts of the symptoms and the test. Having a tracking application intruding into your private life, movements and activity is infringing in your civil liberties. Automation, robotics, R&D of less profitable antibiotics, antivirals, vaccines, and continuous upgrading, staffing, and updating healthcare facilities should be a priority, before preaching universal, equal and quality healthcare to all. Legislating lockdowns, continuously scaring the public, bringing in bizarre rules (the rule of six, with or without children etc.), closing bars after 10 pm, 100 or 500m from home, limiting travel are unproven, illogical and equate medical dictatorship. One could design

democratic, social legislation to protect employees self-isolating from loss of income or the job, compensating employers for loss of productivity and educating the public to behave in an epidemiologically safe manner. Uncontrolled, unplanned, unscientific testing and retesting of asymptomatic and not medically indicated people, at 100US\$ a test, burdens depleted health coffers, laboratories, and staff. This practice is screening only for CNN, politicians and an ignorant and mislead public who will have to pay for it.

I would like to conclude that the Covid-19 flu pandemic is more severe than the perennial covid influenza, therefore pregnant women their partner and their families should take general epidemiological advice seriously. On the positive side, it appears, form limited present and previous experience, that the Covid-19 respiratory infection has in general a mild course. Severe illness needs urgent medical attention and strict monitoring of both the mother and the fetus. We know more about the illness and it's management, therefore we are able to deal with these patients safely. If the illness does not require ventilation and does not result in multiple organ failure, there is little if any vertical transmission to the fetus. Babies born to positively testing mothers and those with mild flu symptoms are free from virus. Infected newborns and children seem to have no or only mild symptoms. Let us carry on looking after our pregnant patients in the ordinary manner, with added epidemiologically proven safety measures [11].

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