

GOVERNMENT OF THE REPUBLIC OF THE UNION OF MYANMAR

MINISTRY OF HEALTH AND SPORTS

DEPARTMENT OF MEDICAL SERVICES



CLINICAL MANAGEMENT GUIDELINE

FOR COVID – 19 INFECTION IN PREGNANCY

Version - DoMS/COVID-19/clinical/OG/Version 01-2020

Date - 3rd April 2020

CLINICAL MANAGEMENT GUIDELINE FOR COVID – 19 INFECTION IN PREGNANCY (Version 01/2020) updated as of 3-4-2020

Introduction

Novel coronavirus (SARS-COV-2) is a new strain of coronavirus causing COVID – 19, first identified in Wuhan City, China. The virus appears to have originated in Hubei Province in China and then spread all over the world. WHO has announced COVID – 19 as a pandemic disease. As COVID-19 is rapidly spreading, maternal management and fetal safety become a major concern. This guideline is developed with the intention to provide the safe care to pregnant women with suspected/confirmed COVID – 19.

Transmission

- Pregnant women do not appear more likely to contract the infection than the general population
- However, because of the altered body's immune system during pregnancy, they may experience more severe symptoms
- Up till now, there is no evidence of vertical transmission

Effect on the pregnant women

- There is no significant changes in effect or symptoms because of pregnancy state
- Majority of women will experience only mild or moderate flu-like symptoms. Cough, fever and shortness of breath are other relevant symptoms
- However, because of the altered body's immune system during pregnancy, they may experience more severe symptoms especially if the pregnant woman contracted infection towards the end of pregnancy
- There are no reported deaths in pregnant women at present

Effect on the fetus

- Currently, there is no data suggesting an increased risk of miscarriage
- No evidence of intrauterine fetal infection with COVID – 19 and no evidence that the virus is teratogenic

General advice

- All maternity unit/hospital providing basic obstetric care should arrange to have hotline or contact number to deal with any patient's concern or queries
- It is also important to make public awareness of individual hospital's hotline or contact numbers
- In view of limited information about COVID-19 and pregnancy, all pregnant women should be advised to practice social distancing and other standard measures to reduce the risk of COVID-19 infection
- Pregnant women with advanced gestation (>28 weeks) are particularly vulnerable. Hence, she should be advised to pay more attention to social distancing and minimizing contact with others

I. Care of currently asymptomatic/non-infected healthy pregnant women

- All pregnant women should realize that AN care is still important and need to attend
- They should be advised to attend routine antenatal care unless they met current self-isolation guidance
- However, they should be informed that their appointment may change and frequency may be less and interval may be longer than usual
- Women who are self-isolating due to the close contact with person suspected of COVID-19 should be advised to attend antenatal clinic 14 days later
- All pregnant women should be advised to contact maternity unit/hospital via telephone if they develop urgent problem related to their pregnancy
- Senior decision should be sought for routine antenatal scan and/or routine lab appointment

II. Routine antenatal care in women with current suspected or confirmed COVID – 19

- Routine visit for AN care should be delayed until after the recommended period of self-isolation
- Arrangement should be made to provide advice over the phone
- However, senior decision will be required regarding advice to attend AN clinic because of the urgency and potential risks related to obstetric condition
- In that situation, infection prevention and control measures should be arranged locally to facilitate care

III. Care of women with current suspected or confirmed COVID – 19 during pregnancy

- If the women with suspected/confirmed COVID-19 attended the emergency department for urgent obstetric condition with mild and minimal respiratory symptoms, she should be cared in isolation room and full PPE measures are in place for staff
- Further management should be in accordance with hospital guideline
- If the pregnant woman is presenting with suspected/confirmed COVID – 19 infection and deterioration of symptoms:
 - Admit the patient
 - Organize a multi-disciplinary planning meeting involving consultant physician, consultant obstetrician, consultant anaesthetist, consultant microbiologist, midwife-in-charge (if applicable)
 - Choose the most appropriate location of care (ICU/isolation room)
 - Stabilize the woman's condition with standard supportive care
 - Radiological examination should be performed as for the non-pregnant women (CxR, CT chest with abdominal shield) and should not delay due to fetal concern
 - An individual assessment of the woman should be made by the multi-disciplinary team to decide whether elective delivery of baby is indicated, either to assist efforts in maternal resuscitation or where there are serious concerns regarding the fetal condition

- Priority should be paid for wellbeing of the mother
- Steroid should be given when indicated but urgent delivery should not be delayed for their administration

IV. Intrapartum care in women with current suspected or confirmed COVID – 19

- All pregnant women with suspected or confirmed COVID – 19 should be encouraged for hospital confinement
- Women should be advised to contact the maternity unit/hospital via telephone for advice in early labour
- Women with mild COVID – 19 symptoms should be encouraged to remain at home in early labour provided there is no other risk factors or concerns
- She should be advised to attend maternity unit/hospital via private transport where possible or call ambulance
- Women should be met at the maternity unit/hospital entrance by staff wearing appropriate PPE and be provided with a surgical face mask
- Women should be sent immediately to an isolation room
- Only essential staff should enter the room and visitors should be kept to a minimum
- Full maternal and fetal assessment should be performed
- If labour is confirmed, intrapartum care should be continued in the same isolation room
- Maternal observation and assessment should be continued as per hospital protocol with the addition of hourly oxygen saturation (aim to keep oxygen saturation > 94%)
- If the women has signs of sepsis, investigate and treat as per hospital protocol for sepsis in pregnancy
- Closed fetal monitoring in labour is essential preferably by CTG (if facility available) as the risk of fetal compromise is relatively high
- Make sure paediatrician attendace at delivery (if applicable)
- There is currently no evidence to favor one mode of birth over another
- Mode of delivery should not be influenced by the presence of COVID – 19 unless the woman’s respiratory condition demands urgent delivery
- Aiming for easy vaginal delivery
- Consider caesarean delivery if there is obstetric indication
- Instrumental delivery should be considered to shorten the second stage of labour in symptomatic woman who is becoming exhausted or hypoxic
- There is no evidence that epidural or spinal anaesthesia is contraindicated
- Delayed cord clamping is still recommended
- Clean and dry the baby as usual while the cord is still intact

❖ Recommended PPE for healthcare professionals caring for women in labor/delivery includes glove, apron, gown and fluid resistant surgical mask with a visor

V. Postnatal care in women with current suspected or confirmed COVID – 19

- Postnatal care should be performed as per standard guideline
- Literature from China suggested for separate isolation of the infected mother and her baby for 14 days
- However, routine separation of mother and healthy baby may have a potential detrimental effects on feeding and bonding
- Because of the current limited evidence, it should be advised that women and healthy infants, not otherwise requiring neonatal care, are kept together in the immediate postpartum period
- Based on China evidence, breastmilk was negative for COVID-19. Women should be advised that the benefits of breastfeeding outweigh any potential risks of transmission of virus through breastmilk
- However, the risk and benefits of breastfeeding, including the risk of close contact while feeding baby, should be discussed with the women
- If the women still wishes to breastfeed after counselling, following advice should be given to limit the viral spread to the baby:
 - hand washing before touching the baby
 - avoiding coughing or sneezing on the baby while breastfeeding
 - wearing face mask while breastfeeding
 - alternatively, asking someone who is well to feed expressed milk to the baby

VI. Care of the women following isolation for symptoms or recovery from confirmed COVID-19

- Arrangement should be made for further antenatal care after the period of self-isolation or recovery from illness
- Appropriate referral to take ultrasound for fetal growth monitoring is recommended as growth restriction is a risk of COVID-19 infection
- Further management should follow the hospital guideline

Reference

- RCOG, 2020. Coronavirus (COVID-19) infection in pregnancy, Information for healthcare professionals, Version 4
- RCOG, 2020. Coronavirus infection and pregnancy, Information for pregnant women and their families
- Luo Y and Yin K, 2020. Management of pregnant women infected with COVID-19, *The Lancet infectious diseases*
- Centers for Disease Control and Prevention, 2020. Coronavirus Disease 2019 (COVID-19) Pregnancy & Breastfeeding, <https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html>, accessed on 26.3.2020