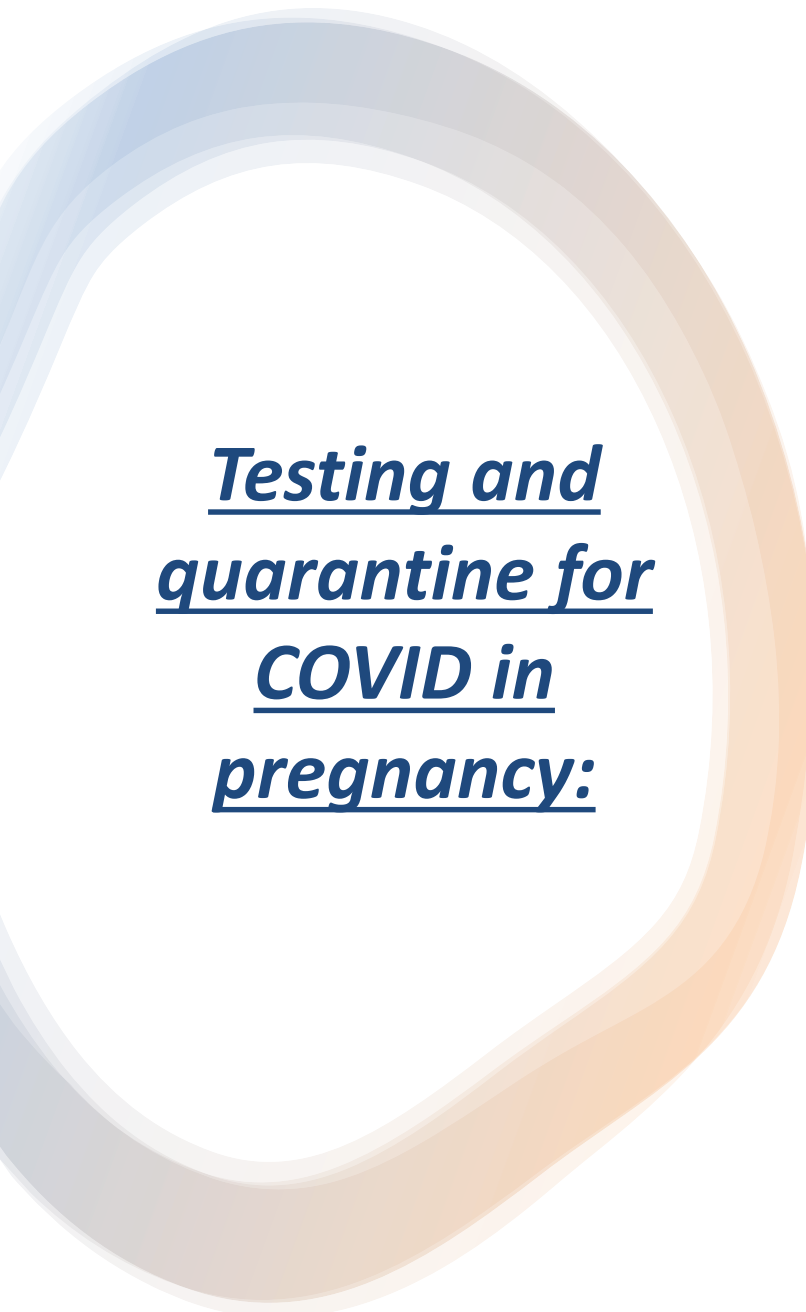




**Good clinical practice
recommendation on
Pregnancy with covid-19
infection**

Preventive
Measures for
COVID 19
Pregnant
patients:

- Social Distancing & Staying at home(S)
- Mask (M)
- Sanitization (S)
- Clinical presentation of pregnant patients with COVID:
 - ❖ Mild symptoms mostly, similar course to other adults with COVID-19 infection
 - ❖ A history of travel abroad, contact and respiratory symptoms should be elicited at every clinical interaction.

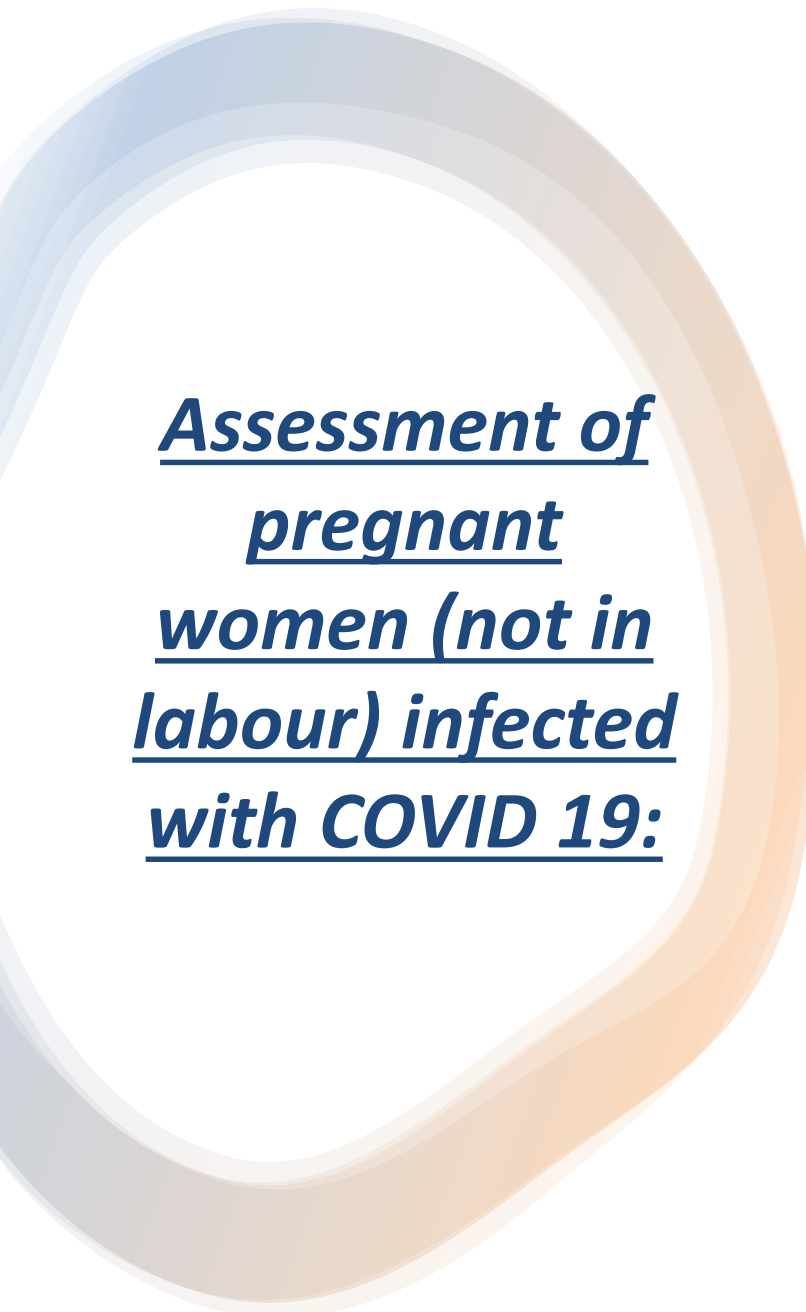


**Testing and
quarantine for
COVID in
pregnancy:**

- ❖ Tested according to same criteria as other adults.
- ❖ Essentially meant for acute respiratory illness with exposure, travel, contact, being a HCW or requiring hospitalization.
- ❖ Done by RTPCR by nasopharyngeal swab
- ❖ Supportive investigations include blood studies for infection and systemic assessment and imaging by CT scan with abdominal shielding
- ❖ **Notification of COVID-19 cases is mandatory**
- ❖ Quarantine for pregnant women- as per general population

**Effects of COVID
on pregnancy
and fetus :**

- ❖ Maternal disease does not get aggravated by pregnancy unless there are co-morbidities.
- ❖ No evidence of transplacental spread to the fetus at present.
- ❖ No evidence currently that the virus is teratogenic. COVID-19 infection is currently not an indication for Medical Termination of Pregnancy.



**Assessment of
pregnant
women (not in
labour) infected
with COVID 19:**

- ❖ If asymptomatic → home quarantine, self monitor and report if symptoms worsen
- ❖ If symptomatic → hospitalization, intensive care support as per condition of patient
- ❖ Rest, oxygen supplementation, fluid management, medical therapy (HCQ, Azithromycin, Antivirals, Steroids for fetal lung maturity) and nutritional care as needed.

Antenatal Care

- ❖ Attend routine antenatal care, tailored to minimum, at 12, 20, 28 and 36 weeks of gestation.
- ❖ Foetal Kick count to be maintained.
- ❖ If ultrasound equipment is used, it should be decontaminated after use.
- ❖ In case of symptoms- defer next appointment by 7 days
- ❖ In case of self quarantine due to contact history, defer next appointment by 14 days.
- ❖ If a woman tests positive, she should be advised to deliver at least at an FRU (Rural/SDH); preferably a tertiary facility anticipating the complications during delivery

Labour Management :

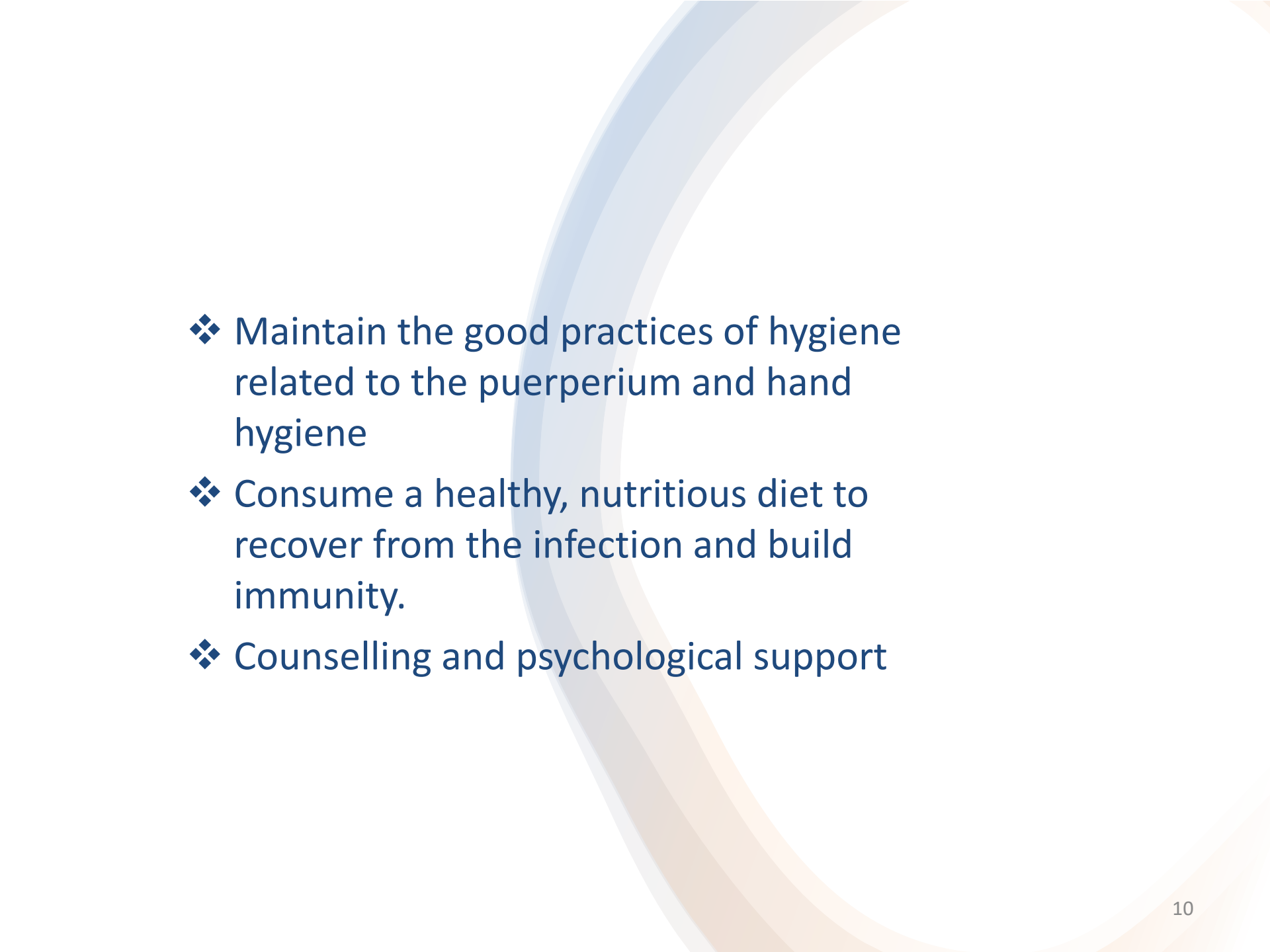
- ❖ No rationale to induce labour or deliver a woman early because of COVID-19 infection.
- ❖ Assessment of the severity of COVID-19 symptoms, which should follow a multidisciplinary team approach including an infectious diseases or medical specialist.
- ❖ Delivery should be preferably at tertiary care centre.
- ❖ Maternal observations including temperature, respiratory rate & oxygen saturations.

- ❖ Mode of birth should be as per standard obstetric practice and not be influenced by the presence of COVID-19, unless the woman's respiratory condition demands urgent delivery.
- ❖ Aim to keep oxygen saturation >94%
- ❖ Continuous electronic foetal monitoring in labour is recommended.
- ❖ Regional analgesia and anaesthesia can be used in women with COVID-19 infection.
- ❖ When caesarean birth or other operative procedure is advised, it should be done after wearing PPE.



Postnatal Care:

- ❖ Newborn care-as per routine.
- ❖ At present, testing is recommended if the mother has COVID-19 infection or if the baby is symptomatic.
- ❖ Breastfeeding can be given with good hygiene practices- She should put on a facemask and practice hand hygiene before each feeding.
- ❖ Discharge for postpartum women should follow recommendations described in the guidelines for discharge of Hospitalized Patients with COVID-19.
- ❖ Test should be negative and maternal and foetal/neonatal condition should be stable.

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- ❖ Maintain the good practices of hygiene related to the puerperium and hand hygiene
 - ❖ Consume a healthy, nutritious diet to recover from the infection and build immunity.
 - ❖ Counselling and psychological support

**Advice to
existing
healthcare
facilities to
manage COVID
19 infected
patients:**

- ❖ Notify health department about COVID 19 infected patient; maintain registry for infected patients
- ❖ Isolation zones which should include outpatient, ward, ICU, labour rooms and operation theatres demarcated for COVID-19 infected women.
- ❖ Number of staff in the hospital and operating theatre should be kept to a minimum, and all must wear appropriate PPE.
- ❖ For surface cleaning and disinfection- 1% sodium hypochlorite solution or containing 70-% isopropyl alcohol can be used. Minimum contact time of 30 minutes.



Intensive care **Management:**

- Need for intensive care- done in conjunction with a team of ICU experts.
- Caring for critically ill pregnant women patients with COVID -19 is based on management of viral pneumonia with respiratory failure with additional precautions to reduce risk of transmission:
 - ❖ Conservative Intravenous fluid strategies
 - ❖ Empirical early antibiotic for possible bacterial pneumonia
 - ❖ Early invasive ventilation may be needed



Vaccination
Recommendations:

- ❖ Pregnant patients can be vaccinated at any time of pregnancy.
- ❖ If a patient has been infected with COVID in current pregnancy, she should be vaccinated soon after delivery.
- ❖ COVID 19 vaccination is recommended for all lactating women.



THANK YOU