FAQs for COVID-19 and Pregnancy in Health Care Workers

Are pregnant women at increased risk for adverse outcomes with Covid-19?

At this time, very little is known about COVID-19, particularly related to its effect on pregnant women and infants, and there are currently no recommendations specific to pregnant women regarding the evaluation or management of COVID-19.

Currently available data on COVID-19 does not indicate that pregnant women are disproportionately affected by the virus. However, pregnant women are known to be at greater risk of severe morbidity and mortality from other respiratory infections such as influenza and SARS-CoV because of the physiologic and immunologic changes of pregnancy. As such, the CDC currently recommends that pregnant women be considered an at-risk population for COVID-19.¹

Are there any known risks to fetuses or infants of women with COVID-19 infections?

Adverse infant outcomes (e.g. preterm birth) have been reported among infants born to mothers positive for COVID-19 during pregnancy. However, this information is based on limited data and it is not clear that these outcomes were related to maternal infection. Currently it is unclear if COVID-19 can cross through the transplacental route to the fetus. In limited recent case series of infants born to mothers infected with COVID-19 published in the peer-reviewed literature, none of the infants have tested positive for COVID-19.²

What precautions should be taken by pregnant health workers?

All health care workers, including pregnant healthcare workers, should practice appropriate hand hygiene and other CDC recommended strategies for prevention of transmission. The CDC recommends that all healthcare personnel who enter the room of a patient with known or suspected COVID-19 follow standard, contact, and airborne precautions.

ACOG recommends that facilities may consider limiting exposure of pregnant healthcare providers to patients with confirmed or suspected COVID-19 patients, especially during higher risk procedures (e.g. aerosol-generating procedures) if feasible based on staffing availability.³ Risk assessment and clinical duties should be individualized for each pregnant healthcare worker in consultation with supervisors. Pregnant healthcare workers should address medical questions to their own Obstetrician or healthcare provider.

References


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