

COVID-19 Virus Infection and Pregnancy

AIMS Ireland has adapted the [RCOG guidelines](#) and questions and answers for pregnant people and their families for COVID-19 to suit maternity services in Ireland. We have also referred to other sources of information pertinent to Ireland, which include: www.hse.ie, www.hpsc.ie, www.cdc.gov

SUPPORTING PREGNANT PEOPLE IN IRELAND



www.aimsireland.ie

Information for pregnant people and their families

These Q&As relate to the [Coronavirus \(COVID-19\) infection and pregnancy – guidance for healthcare professionals: Version 2 - 13 March 2020](#) published by the Royal College of Obstetricians and Gynecologists, Royal College of Midwives and Royal College of Paediatrics and Child Health, with input from the Royal College of Anaesthetists, Public Health England and Health Protection Scotland.

Q1. What effect does coronavirus have on pregnant women?

Pregnant women do not appear to be more severely unwell if they develop coronavirus than the general population. As this is a new virus, how it may affect you is not yet clear. It is expected the large majority of pregnant people will experience only mild or moderate cold/flu like symptoms.

More severe symptoms such as pneumonia appear to be more common in older people, those with weakened immune systems or long-term conditions. There are no reported deaths of pregnant women from coronavirus at the moment.

If you are pregnant you are more vulnerable to getting infections than a person who is not pregnant. If you have an underlying condition, such as asthma or diabetes, you may be more unwell if you have coronavirus.

Q2. What effect will coronavirus have on my baby if I am diagnosed with the infection?

As this is a very new virus we are just beginning to learn about it. There is no evidence to suggest an increased risk of miscarriage. There is also no evidence that the virus can pass to your developing baby while you are pregnant (this is called vertical transmission). It is therefore considered unlikely that if you have the virus it will cause abnormalities in your baby.

Some babies born to mothers with symptoms of coronavirus in China have been born prematurely. It is unclear whether coronavirus caused this or the doctors made the decision for the baby to be born early because the mother was unwell. As the risk of pre-term birth and coronavirus infection, this information will be updated accordingly.

Q3. What can I do to reduce my risk of catching coronavirus?

The most important thing to do is to wash your hands regularly and effectively as soon as you come from public places to your home or workplace. There is useful advice on the [HSE website](#) on the best way to reduce any infection risk, not just for coronavirus, but for other things like colds and flu.

You should practice social distancing and ensure that you avoid contact outside your immediate family. If you have older children you should keep children away from other kids to stop the speed of the spread of the virus. Remember children are often vectors of the virus.

Q4. What is the travel advice if I am pregnant?

If you are in Ireland, you should follow the advice given by the [Department of Foreign Affairs](#), which is being regularly updated in line with the evolving situation.

All individuals, including pregnant women, should ensure they have adequate insurance arrangements prior to travel. You should also check that your [travel insurance](#) will provide cover for birth and care of your newborn baby if you give birth while abroad.

Q5. What should I do if I think I may have coronavirus or been exposed?

Everyone should now be practicing social distancing and many pregnant people are already at home.

If you are pregnant and you have either:

- A high temperature.
- A new, continuous cough.
- Shortness of breath.

You should phone your GP who can arrange for you to be tested.

Stay at home whilst you are waiting for your test. Do not go to a GP surgery, pharmacy or hospital. You should contact the maternity unit looking after your pregnancy to inform them that you have symptoms suggestive of coronavirus, particularly if you have any routine appointments in the next days.

If your condition worsens then phone your GP or maternity hospital immediately.

If you have received a positive test result and you have been asked to self isolate, you should call your GP or Midwife if:

- You feel you cannot cope with your symptoms at home.
- Your condition gets worse.
- Your symptoms do not get better after 7 days.
- If you have concerns about the well-being of yourself or your unborn baby during your self-isolation period, contact your midwife, or your maternity hospital. They will provide further advice, including whether you need to attend hospital.

If your test is negative then continue to practice safe social distancing.

Q6. How will I be tested for coronavirus?

The process for diagnosing coronavirus infection is changing rapidly. At the current time, only people with severe symptoms who require overnight admission to hospital will be tested.

If you do require a test, you will be tested in the same way as anyone being tested, regardless of the fact that you are pregnant. Currently, the test involves swabs being taken from your mouth and nose. You may also be asked to cough up sputum, a mixture of saliva and mucous.

Q7. What should I do if I test positive for coronavirus?

If you test positive for coronavirus, you should contact your midwife or antenatal team to make them aware of your diagnosis. If you have no symptoms, or mild symptoms, you will be advised to recover at home. If you have more severe symptoms, you might be treated in a hospital setting.

Q8. Why would I be asked to self-isolate?

You may be advised to self-isolate because:

- You have symptoms of coronavirus, such as a high temperature or new, continuous cough
- You have tested positive for coronavirus and you've been advised to recover at home
- You have travelled to an infected area

Q9. What should I do if I'm asked to self-isolate?

Pregnant people who have been advised to self-isolate should stay indoors and avoid contact with others for 14 days.

You will find the HSE guidance on self-isolation [here](#).

You may wish to consider online fitness routines to keep active, such as Pregnancy Yoga or Pilates.

Q10. Can I still attend my antenatal appointments if I am in self-isolation?

You should contact your midwife or antenatal clinic to inform them that you are currently in self-isolation for possible/confirmed coronavirus and request advice on attending routine antenatal appointments.

It is likely that routine antenatal appointments will be delayed until isolation ends. If your midwife or doctor advises that your appointment cannot wait, the necessary arrangements will be made for you to be seen. For example, you may be asked to attend at a different time, or in a different clinic, to protect other patients.

Q11. How will my care be managed after I have recovered from coronavirus?

If you have confirmed coronavirus infection, as a precautionary approach, an ultrasound scan will be arranged 14 days after your recovery, to check that your baby is well. This 14 day period may be reduced as more information on how infected people are in recovery becomes available.

If you have recovered from coronavirus and tested negative for the virus before you go into labour, where and how you give birth will not be affected by your previous illness.

Q12. What do I do if I feel unwell or I'm worried about my baby during self-isolation?

Pregnant women are advised not to attend maternity triage units or A&E unless in need of urgent pregnancy or medical care.

If you have concerns about the wellbeing of yourself or your unborn baby during your self-isolation period, contact your midwife, or out-of-hours, your maternity team. They will provide further advice, including whether you need to attend hospital.

If attendance at the maternity unit or hospital is advised, pregnant women are requested to travel by private transport, or arrange hospital transport, and alert the maternity triage reception prior to entering the hospital.

Q13. Will being in self-isolation for suspected or confirmed coronavirus affect where I give birth?

As a precautionary approach, pregnant women with suspected or confirmed coronavirus when they go into labour, are being advised to attend an obstetric unit for birth, where the baby can be monitored using continuous electronic fetal monitoring, and your oxygen levels can be monitored hourly.

The continuous fetal monitoring is to check how your baby is coping with labour. As continuous fetal monitoring can only take place in an obstetric unit, where doctors and midwives are present, it is not currently recommended that you give birth at home where the capacity to assess you with continuous monitoring and to assess saturated oxygen levels would not be present.

This advice may change as the situation evolves.

[Private Midwives Ireland](#) who provide a home birth service in the Republic of Ireland have indicated that if any of their clients were to test positive for Covid-19 and then to labour in the contagious period, they would be asked to attend an obstetric maternity unit as per the current guidelines issued by the RCOG and the HSE. However, by following guidelines on prevention and having maternity visits in their own homes, clients planning a home birth are reducing their risk of infection considerably. As the situation evolves Private Midwives Ireland will continue to adapt care plans with their home birth clients to changes in government guidance on a daily basis. Other home birth providers in Ireland have not yet issued a statement.

Q14. Will being in self-isolation for suspected or confirmed coronavirus affect how I give birth?

If elective induction or caesarean is planned, the [guidelines](#) issued by the Irish Health Protection Surveillance Centre are as follows:

“If delivery is by planned induction or elective caesarean section, consider deferral, if appropriate. This decision should be taken at senior level weighing up the obstetric indication for delivery with the risk to mother and baby of delivery while unwell.”

According to RCOG, There is currently no evidence to suggest you cannot give birth vaginally or that you would be safer having a caesarean birth if you have suspected or confirmed coronavirus, so your birth plan should be followed as closely as possible based on your wishes.

However, if your respiratory condition (breathing) suggested that urgent delivery would be needed, a caesarean birth may be recommended.

There is no evidence that women with suspected or confirmed coronavirus cannot have an epidural or a spinal block. However, the use of Entonox (gas and air) may increase aerosolisation and spread of the virus, so your maternity team will discuss all the options with you in early labour to ensure you are aware of the pain relief options available to you.

General Anesthesia (GA), is not recommended for pregnant people with covid19 as it increases aerosolisation. If your risk of requiring a caesarean both are high, you may be advised to avail of an early epidural to minimise any risks associated with GA.

Q15. What happens if I go into labour during my self-isolation period?

If you go into labour, you should call your maternity unit for advice, and inform them that you have suspected or confirmed coronavirus infection.

If you have mild symptoms, you will be encouraged to remain at home (self-isolating) in early labour, as per standard practice.

Your maternity team have been advised on ways to ensure you and your baby receive safe, quality care, respecting your birth plan as closely as possible.

When you and your maternity team decide you need to attend the maternity unit, general recommendations about hospital attendance will apply:

- You will be advised to attend hospital via private transport where possible, or call 112/999 for advice as appropriate.
- You will be met at the maternity unit entrance and provided with a surgical face mask, which will need to stay on until you are isolated in a suitable room.
- Coronavirus testing will be arranged.

HPSC guidelines state:

Patients with suspected or confirmed COVID-19 who are in labour and/or in the delivery suite should be placed in an isolation room with en-suite facilities. The door should remain closed with appropriate isolation signage (standard, droplet and contact) placed on the exterior door. The patient should remain in isolation throughout their hospital admission.

Healthcare staff in the delivery suite must adhere to Standard Contact and Droplet Precautions including the wearing of appropriate Personal Protection Equipment (PPE) as per guidance:

- Mothers should not be asked to wear a mask during labour and birth however they should be requested to wear a surgical mask when outside of the isolation room.
- Only one person such as a partner/family member (or doula) should accompany the patient. The accompanying person should be informed of the risk and if they accept that risk they should be provided with appropriate PPE while in patient's room and instructed how to put on and take off the PPE correctly.
- Intrapartum antibiotics should be given if indicated as per local protocols for example for intrapartum fever or Group B Strep. Prophylaxis.

Q16. Could I pass coronavirus to my baby?

As this is a new virus, there is limited evidence about managing women with coronavirus infection in women who have just given birth; however, there are no reports of women diagnosed with coronavirus during the third trimester of pregnancy having passed the virus to their babies while in the womb.

Q17. Will my baby be tested for coronavirus?

Yes, if you have suspected or confirmed coronavirus at the time your baby is born, your baby will be tested for coronavirus.

Q18. Will I be able to stay with my baby/give skin-to-skin if I have suspected or confirmed coronavirus?

Yes, if that is your choice. Provided your baby is well and doesn't require care in the neonatal unit, you will be kept together after you have given birth.

There are some reports from China which suggest women with confirmed coronavirus have been advised to separate from their baby for 14 days. However, this may have potential negative effects on feeding and bonding.

A discussion about the risks and benefits should take place between you and your family and the doctors caring for your baby (neonatologists) to individualise care for your baby.

This RCOG guidance may change as knowledge evolves.

The Health Protection Surveillance Centre Guidelines state:

Where a mother indicates that she wishes to care for the baby herself every effort should be made to ensure that she has been fully informed of and understands the potential risk to the baby.

If the mother decides to care for the baby herself, both mother and baby should be isolated in a single room with en-suite facilities for the duration of hospitalisation. The following additional precautions are advised:

- The baby should be placed in an enclosed incubator in the room.
- When baby is outside the incubator and mother is breastfeeding, bathing, caring for, cuddling, or is within 1 metre of the baby the mother should be advised to wear a long sleeved gown and surgical mask, and to clean her hands thoroughly with alcohol hand rub or soap and water before and after interacting with the baby.
- The mother should be encouraged and taught to practice respiratory hygiene and cough etiquette.

Q19. Will I be able to breastfeed my baby if I have suspected or confirmed coronavirus?

If you have coronavirus and you are caring for your baby, you will be encouraged to breastfeed as normal.

To date no evidence has been found to suggest that the virus is present in the breast milk of mothers with COVID-19. There has been no evidence of virus transmission in breastmilk from previous experience with other coronaviruses such as SARS CoV or MERS CoV and therefore the risk of transmission through breast milk is likely to be low, if any at all.

If you have COVID-19 and are caring for your baby yourself then you should breastfeed as normal with the following considerations:

- Wash your hands properly before touching your baby or any breastfeeding equipment like pumps or bottles.
- Wear a face mask if you are doing breast or bottle feeds yourself.
- Ask your midwife or other staff to show you how to clean the pump after each use.
- If you are feeling too unwell to breastfeed, consider asking someone who is well to feed expressed breast milk to your baby.

If the mother and baby are separated:

- You should be encouraged to express breastmilk so that the baby can receive the benefits of your breastmilk, and to maintain your milk supply in order that breastfeeding can continue once you and your baby are reunited.
- If expressing breast milk using a pump, this should be dedicated to you only for the duration of hospitalisation.

If you are concerned about controlling your personal hygiene during the breastfeeding relationship between you and your baby, you will find good advice on the HSE website in the Breastfeeding section.

A discussion about the risks and benefits of breastfeeding should take place between you and your family and your maternity team.

If you choose to feed your baby with formula or expressed milk, it is recommended that you follow strict adherence to sterilisation guidelines.

Q20. What is the advice if I am a healthcare worker and pregnant?

We understand that it must be an anxious time if you work in healthcare and you are pregnant. To the best of our knowledge, pregnant healthcare professionals are no more personally susceptible to the virus or its complications than their non-pregnant colleagues.

You should discuss your individual circumstances with your employer and your caregiver.

Date March 18th 2020