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 2/2020)

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Introduction

Novel coronavirus (SARS-COV-2) is a new strain of coronavirus causing COVID – 19, first identified in Wuhan City, China. During the first week of January, 2020, the virus spread rapidly to other countries and then eventually spread all over the world. WHO has announced COVID – 19 as a pandemic disease. In Myanmar, the first case of COVID-19 was reported on 23rd March. However, up till now, not a single confirmed case of pregnant woman with positive Covid-19 infection has been reported yet. Nevertheless, as COVID-19 is rapidly spreading, management of pregnant women and fetal safety become a major concern. This guideline is developed with the aim to provide the safe care to pregnant women with suspected/confirmed COVID – 19.

Transmission

- Based on the current data, pregnant women are unlikely to be at higher risk of contracting the virus
- However, because of immunocompromised status and physiological adaptive changes during pregnancy, they may experience more severe symptoms
- Up till now, there is no sufficient evidence to confirm vertical transmission although one case of possible vertical transmission has been reported in China.

Effect on the pregnant women

- Currently, very little is known about COVID-19 related to its effect on pregnant women
- Majority of women will experience only mild or moderate flu-like symptoms. However, development of cough, fever, shortness of breath and breathing difficulties are relevant symptoms and necessary to seek medical advice.
- Pregnant women may experience more severe symptoms if they contract the virus in advanced gestation (> 28 weeks)
- However, there are no reported deaths in pregnant women at present due to COVID-19 infection

Effect on the fetus

- Currently, there is no sufficient data suggesting an increased risk of miscarriage
- No convincing evidence of intrauterine fetal infection with COVID – 19 and no evidence that the virus is teratogenic
- Although there are some cases of preterm birth in pregnant women with positive COVID-19, it is still not clear that it was related to maternal COVID-19 infection

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 quires
- 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 AN visit may change and frequency may be lesser and interval may be longer than usual
- Generally, they should have a minimum of 6 antenatal contacts during pregnancy
- According to NICE modified schedule of AN care to low risk women, they should be seen at booking visit, at 16 weeks, 18-20 weeks, 28 weeks, 32 weeks, 36 weeks, 38 weeks and 40 weeks
- Consider hospital admission for those who pass EDD and arrange for induction of labour as per hospital protocol
- 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

- All maternity unit/hospital should have a place (near the hospital entrance or reception) designated for identification/screening of potential cases like triage room or fever room
- If the women with suspected/confirmed COVID-19 attended the emergency department for urgent obstetric condition with **mild or minimal respiratory symptoms**, she should be transferred to 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 **severe/deterioration of symptoms**:
    - Admit the patient to isolation ICU/isolation ward depending on patient's condition
    - Organize a multi-disciplinary team meeting involving consultant physician, consultant obstetrician, consultant anaesthetist, consultant microbiologist, sister-in-charge of isolation ward
    - Stabilize the woman's condition with standard supportive care is the first priority
    - CxR and/or CT chest with abdominal shield should be arranged and it 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
    - Steroid should be given if gestational age is < 34 weeks, however, after 34 weeks it should be given if benefit outweigh the risk
    - 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 stay at home in early labour provided there is no other risk factors or concerns
- Advised the woman to use private transport or ambulance when she come to hospital
- Women should be met at the maternity unit/hospital entrance by staff wearing appropriate PPE
- Surgical mask should be provided to patient at entrance and advised to wear
- Women should be transferred immediately to an isolation ward
- Isolation ward should be equipped with facilities for intrapartum fetal monitoring including fetal Doppler, CTG and facilities for spontaneous/instrumental vaginal delivery
- It is also necessary to arrange separate OT facility for patient with Covid-19 infection to be able to perform caesarean section and other surgical procedure whenever necessary
- 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
- Check oxygen saturation hourly and aim to keep oxygen saturation > 94%
- If the women has signs of sepsis, investigate and treat as per hospital protocol for sepsis in pregnancy
- Close fetal monitoring in labour is essential preferably by CTG (if facility available) as the risk of fetal compromise is relatively high
- Make sure paediatrician attendance at delivery
- 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
- Infants born to confirmed COVID-19 positive mothers should be considered as PUI

  - **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
- Evidence from China suggested 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
- Mother and her healthy infant should be kept together at least in the immediate postnatal period unless sufficient evidence indicates to separate them
- Based on China evidence, breastmilk was negative for COVID-19. However, infected mother can transmit the virus through respiratory droplets during the period of breast feeding.
- 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 will depend on the specific clinical condition and should follow the hospital guideline

Reference

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