



**The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists**
Excellence in Women's Health

Information on COVID-19 for pregnant women

Pregnancy is a time of great joy and expectation for most women and their families. Following the declaration of the COVID-19 (coronavirus) pandemic, we understand that all pregnant women will feel a great sense of anxiety, about their own health, and that of their unborn, or newborn, baby. The following information summarises our current knowledge of the impact of COVID-19 and pregnancy on you and your baby.

Are pregnant women more vulnerable to COVID-19?

Pregnant women should be considered a vulnerable, or at-risk group, due to changes that occur in a woman's body during pregnancy. However, at this time, pregnant women do not appear to become more severely unwell if they develop COVID-19 infection than the general population. It is expected the large majority of pregnant women will experience only mild or moderate symptoms including fever, cough, loss of smell, headaches and fatigue.

About 1 in 3 women who develop COVID-19 whilst pregnant will require admission to hospital. For some of these women, this will be to give birth at the end of pregnancy and not because of symptoms from COVID-19. In those women who do become unwell with COVID-19 and require hospital admission, about 1 in 10 will require admission to ICU for help with breathing or other organ support.

International experience of COVID-19 in pregnancy has shown that women in the third trimester of pregnancy, women from Black, Asian and minority ethnic groups, those over the age of 35 and those with pre-existing medical problems, may be more at risk of becoming unwell and requiring admission to hospital. These women should pay particular attention to following advice about social distancing to ensure they reduce the risk of infection where possible.

Does COVID-19 cause miscarriages?

For women who are trying to conceive, or who are in early pregnancy, there is no evidence to suggest an increased risk of miscarriage with COVID-19.

Can I pass COVID-19 to my unborn baby?

There have been reports suggesting a small risk that the virus may pass from the mother to the baby (vertical transmission). It is rare for this to happen in the womb or whilst giving birth (2 in 100 pregnancies). In babies that have been infected with COVID-19, they have largely remained well and not needed any additional care. Women should remain reassured, that there is currently no evidence that COVID-19 will harm your baby or cause abnormalities during pregnancy.

Does COVID-19 cause birth related complications?

In some women who become unwell with COVID-19 there is an increased risk of having a baby preterm (before 37 weeks). The risk of going into preterm labour does not appear to be higher than for women without COVID-19. However, for some mothers towards the end of pregnancy it may be safer for either the mother or the baby to be delivered earlier.

Newborn babies and infants do not appear to be at increased risk of complications from the infection but those born preterm may need to be cared for in the neonatal unit until they are ready to be discharged home.



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Should I continue my antenatal care during COVID-19 pandemic?

Routine antenatal investigations, ultrasounds, maternal and foetal assessments should continue, allowing for the modifications below. While it will not influence response to COVID-19 infection, whooping cough and influenza vaccination should continue to be administered in pregnancy.

Changes to routine antenatal care, that have been suggested, but are not limited to, include:

- Reducing, postponing and/or increasing the interval between antenatal visits
- Limiting time of all antenatal visits to less than 15 minutes
- Using telehealth consultations as a replacement, or in addition to, routine visits
- Cancelling face to face antenatal classes
- Limiting visitors (partner only) while in hospital
- Considering early discharge from hospital

Is it safe to give birth in hospital?

The safest place to birth your baby is in a hospital, where you have access to highly trained staff and emergency facilities, if they are required. A woman's experience of labour and vaginal birth, or caesarean section, including use of analgesia e.g. epidural, should not be significantly impacted and women should be encouraged, and supported, to approach their birth as planned.

Is it safe to breastfeed?

Women who wish to breastfeed should be encouraged and supported to do so. There is no current evidence that the virus is carried in breastmilk and, therefore, the well-recognised benefits of breastfeeding outweigh any potential risks of transmission. If the mother has COVID-19 infection she should not be automatically separated from her baby, but should take enhanced precautions with general hygiene and consider a face mask when feeding.

What general hygiene measures should I take?

- Hand washing regularly and frequently with an alcohol-based hand rub or soap and water
- Avoidance of anyone who is coughing and sneezing
- Avoid touching eyes, nose and mouth
- Social-distancing and reducing general community exposure
- Early reporting and investigation of symptoms
- Prompt access to appropriate treatment and supportive measures if infection is significant
- Limit support person to one and if your partner has COVID-19, or is symptomatic, they should not accompany you to the hospital
- Avoid all non-essential travel. Generally speaking, it is safest to stay at home and to avoid public spaces. Reduce your use of public transport and work from home, if possible.

What should I do if I have COVID-19 symptoms?

If you develop cold/flu symptoms (fever, cough, sore throat, nausea, vomiting, diarrhoea, fatigue, difficulty breathing) please arrange an urgent medical review (fever clinic, GP practice, Emergency Department). If you have any of these symptoms, or are required to self-isolate, or are diagnosed with COVID-19, you should notify your healthcare provider.

Who should I talk to if I have concerns?

Pregnancy and parenting are associated with anxiety and depression and the current environment will only exacerbate this risk for women, their partners and families. Screening, diagnosis,



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management and services for perinatal anxiety and depression, substance misuse and domestic violence must continue. Seek advice and help from your health professional if you are concerned.

Your doctors, midwives and other health workers care about you and your baby. We understand that you will feel worried. Rest, eat well and maintain your interests, where possible. Your baby's best protection is you, so caring for yourself, your emotional and physical health, is what is most important. We want to reassure you that the risk to you, and your baby, is extremely small and wish you every happiness.

Harmony Alliance: Migrant and Refugee Women for Change is a member-driven organisation, providing a platform for women from migrant and refugee backgrounds to advocate on issues that matter to us.

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is the lead professional training and standards body in women's health in Australia and New Zealand.