

Pregnant women with severe COVID-19 face additional risks and early delivery

8 October 2020



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Pregnant women with severe or critical COVID-19 and their unborn infants face increased health risks before and after delivery, a Rutgers study finds.

Meanwhile, the study, published in the *American Journal of Obstetrics and Gynecology*, also found that pregnant women with mild cases of coronavirus disease 2019 had similar outcomes compared to those who were uninfected.

"We know that women are more susceptible to some <u>viral respiratory infections</u> during pregnancy, but needed to understand how the severity of this novel coronavirus might affect maternal and neonatal health," said lead author Justin Brandt, an assistant professor of obstetrics and gynecology in the Division of Maternal-Fetal Medicine at Rutgers Robert Wood Johnson Medical School. "A major advantage of our study was the matched casecontrol design that allowed comparisons of pregnant women with COVID-19 to uninfected pregnant controls," he said.

The researchers looked at 183 <u>pregnant women</u> who delivered between 16 and 41 weeks of

gestation between March to June 2020, comparing 61 who were diagnosed with COVID-19 and 122 who were uninfected. Among the positive cases, 54 were mild, six were severe and one was critical.

They found that Black and Hispanic women, women who were obese, women over 35 and those with medical conditions such as diabetes and high blood pressure were at greatest risk of having severe or critical COVID-19. These women were at risk of delivering early, having preeclampsia, requiring supplemental oxygen or mechanical ventilation, and extended hospital stays.

Neonatal risks, which were largely driven by premature births, included <u>respiratory distress</u>, bleeding in the brain, bowel inflammation, low Apgar scores, an abnormal fetal heart rate despite interventions to increase oxygen and blood flow to the placenta, and higher admissions to the NICU.

More than 60 percent of the women with a mild case of COVID-19 were asymptomatic; the rest had a cough, fever and muscle aches.

All the women with severe and critical COVID-19 required supplemental oxygen, and some received other interventions such as hydroxychloroquine in the early stages and steroids toward the end of the study.

More information: Justin S. BRANDT et al, Epidemiology of COVID-19 in Pregnancy: Risk Factors and Associations with Adverse Maternal and Neonatal Outcomes, *American Journal of Obstetrics and Gynecology* (2020). DOI: 10.1016/j.ajog.2020.09.043

Provided by Rutgers University



APA citation: Pregnant women with severe COVID-19 face additional risks and early delivery (2020, October 8) retrieved 24 April 2021 from https://medicalxpress.com/news/2020-10-pregnant-women-severe-covid-additional.html

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