Management of Pregnant COVID-19 Patients

Updated December 9, 2021

Assessment

- Pregnant individuals should be monitored closely for signs and symptoms of COVID-19 as they may be at increased risk of illness compared to non-pregnant people. Pregnant people with comorbid conditions (e.g. diabetes or hypertension), who are over age 25 or who are Latina or Black are at greater risk of adverse obstetric outcomes.
- Monitor persons under investigation (PUI) who are pregnant or pregnant individuals with COVID-19 closely for signs of decompensation. They should perform daily self-assessments and be given instructions about when to call their provider. Consider weekly telemonitoring and use of a pulse oximeter. Patients who exhibit increased work of breathing, chest pain, or desaturation (<94% on room air) following minimal ambulation should be considered for admission and monitored for signs of pneumonia, pulmonary embolus, pulmonary edema, or sepsis.
- Pregnant patients with clinical findings of COVID-19 that warrant pharmacologic treatments should be considered for inpatient observation, including fetal monitoring.

<table>
<thead>
<tr>
<th>National Institutes of Health COVID-19 Disease Severity Criteria</th>
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<tr>
<td><strong>Asymptomatic</strong></td>
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<tr>
<td><strong>Mild</strong></td>
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<tr>
<td><strong>Moderate</strong></td>
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<tr>
<td><strong>Severe</strong></td>
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<td><strong>Critical</strong></td>
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Adapted from https://www.covid19treatmentguidelines.nih.gov/overview/clinical-spectrum/

Treatment

- Pregnant patients should be evaluated for the same treatments that are available to non-pregnant patients, including monoclonal antibodies therapy.
- Therapeutics approved under an Emergency Use Authorization (EUA) should adhere to instructions and contraindications for use. See the COVID-19 Treatment Guide for more details.
- In pregnant patients at or after 32 weeks of gestation with refractory hypoxemia, delivery may
be considered if it will allow for further optimization of care. The severity of illness may dictate earlier delivery. Timing of delivery in critically ill pregnant women should be individualized weighing the risks and benefits to the patient and fetus.

- If fetal lung maturation is of concern, see the modified dexamethasone recommendations in the COVID-19 Treatment Guide.

- Fetal monitoring intervals should be based on clinical judgement and gestational age.

- Pregnancy is an additional risk factor for thrombosis, especially in the third trimester and immediately postpartum, and contributes to severe adverse morbidity and maternal mortality. Thus, anticoagulation may be considered for in-hospital management of COVID-19 disease in pregnancy. Providers should use their clinical judgement to determine whether anticoagulation is indicated.

Reference:

*SMFM COVID Management of COVID pos preg patients 2-2-21 (final).PDF*