What's Changed: Added new information about risk of illness to both health care workers and newborns as the result of COVID-19 during pregnancy. Pregnant women with COVID-19, as compared to non-pregnant women with COVID-19, are at increased risk for severe illness, which may impact the infant at birth. Updated guidance from ACOG indicate the pregnant HCW may continue to work with strict adherence to PPE.

Data and Risk of Illness:

While pregnancy alone does not increase risk, current available data suggest that symptomatic pregnant women with COVID-19 are at increased risk of more severe COVID illness compared with their non-pregnant peers. Pregnant patients with comorbidities such as obesity and gestational diabetes may be at an even higher risk of severe illness consistent with the general population with similar comorbidities.

- Although the absolute risks of severe illness are low overall, pregnant women are at increased risk compared with non-pregnant women with COVID-19; and risk of severe outcomes were highest among women in the oldest age group (ages 35 – 44). Hispanic or Black women were found to be disproportionately affected by COVID-19 during pregnancy. Further, pregnant Hispanic women with severe illness were more likely to die as compared to non-pregnant women. Non-Hispanic Black women were disproportionately represented in the total number of deaths among women with COVID-19, regardless of pregnancy status*. Given the growing evidence, the CDC now includes pregnant women in its “increased risk” category for COVID-19 illness.

- Should the mother become seriously unwell with COVID-19 infection, adverse pregnancy outcomes such as preterm birth and pregnancy loss have been reported. For this reason, all pregnant health care professionals, especially those in high risk areas, are advised to take appropriate transmission precautions and to discuss their individual circumstances with their supervisor and/or local Employee Health Department as needed.

- Currently, there are insufficient data in pregnant health care personnel that stratify these risks by either gestational age, medical comorbidities, the availability of recommended personal protective equipment (PPE), capacity to screen for SARS-CoV-2 infection, or the effect of the level of community prevalence of SARS-CoV-2 infection. Information regarding the frequency and severity of perinatal (potentially including in utero, peripartum, and postnatal) infection is also lacking. While findings suggest that there is emerging evidence that vertical transmission may be possible, serious limitations on available studies indicate that further investigation is needed (Ellington, Strid, Tong, et al, p.6).

- There is currently limited data available regarding susceptibility of COVID-19 and the severity of infection in pregnancy women. There also are currently no data suggesting an increased risk of miscarriage or early pregnancy loss in relation to COVID-19. Case reports from early pregnancy studies with SARS (2003) and MERS (2012), also caused by newly emerging coronaviruses, do
not demonstrate a convincing relationship between infection and increased risk of miscarriage or second trimester loss.

**Prevention:**

- To reduce severe COVID-19-associated illness, it is important that health care providers counsel pregnant women that SARS-CoV-2 infection might increase the risk for preterm birth and that infants born to women whose infection is identified >14 days before delivery might have a lower risk of having test results positive to SARS-CoV-2. Pregnant women should be aware of their potential risk for acquiring severe COVID-19 illness.

- **Pregnant individuals may continue to work in patient-facing roles until they give birth if they so desire and if all recommended PPE is available.** Adherence to recommended infection prevention and control practices is critically important for protecting all health care personnel in health care settings. Importantly, the correct and comprehensive use of recommended PPE, alongside hand hygiene and environmental cleaning, leads to the optimal decreased risk of transmission of respiratory viruses; and this is likely true for COVID-19. Recent data suggests that universal masking and close evaluation of extended use or reuse of N95 respirators in the health care setting can play a crucial role in decreasing health care-related COVID-19 infections (Degesys 2020, Seidelam 2020); but that community acquired infection for health care personnel may still remain at the same incidence rate as for other community members (Seidelam 2020). Prevention of COVID-19 should be emphasized and potential barriers to adherence to these measures should be addressed: o Pregnant health care workers (HCW) should follow the same risk assessment and infection prevention and control practices [Droplet + Contact + Standard precautions], as any other, non-pregnant HCW when caring for patients with suspected or confirmed COVID-19. Ministries may want to consider limiting exposure of pregnant HCW to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.

  - When possible, and based on staffing availability, colleagues who are pregnant should review assignments with their supervisor prior to providing those types of care activities that produce a higher concentration of respiratory secretions (e.g., aerosol-generating procedures). If there are alternative personnel that can provide these, then use this option.

  - When staffing levels do not permit reassignment, pregnant HCW should be alerted to utilize infection prevention precautions, especially Standard precautions for care of ALL patients as some patients do not have the usual signs and symptoms of infection, including COVID-19. Atypical presentation has been described so it is important to always keep hands clean and use PPE based on the type and nature of care being provided for those who are or are not on isolation precautions.

- **Additional ways that HCW who are pregnant can reduce their risk:**

  - Do not skip prenatal care appointments. Based on prevalence of COVID-19 in the community, a telemedicine visit may be an alternative to skipping a prenatal care appointment.

  - Limit general interactions with other people as much as possible (physical distancing).

  - Limit exposure to patients with confirmed COVID-19 as with other infectious cases.

  - Maintain at least a 30-day supply of any medications that may be needed.
Call your health care provider if you have any questions related to your health.
Do not delay seeing emergency care because of COVID-19.

*Practice stress reducing techniques. *Although the absolute risks for severe COVID-19–associated outcomes among women were low, pregnant women were at significantly higher risk for severe outcomes compared with non-pregnant women. This finding might be related to physiologic changes in pregnancy, including increased heart rate and oxygen consumption, decreased lung capacity, a shift away from cell-mediated immunity, and increased risk for thromboembolic disease. Compared with the initial report of these data in which increased risk for ICU admissions and invasive ventilation among pregnant women was reported, this analysis includes nearly five times the number of symptomatic women and a higher proportion of women with known pregnancy status (36% versus 28%). Further, to avoid including pregnant women who were tested as part of asymptomatic screening practices at the delivery hospitalization, this analysis was limited to symptomatic women. In this analysis 5.7% of symptomatic women aged 15–44 years with COVID-19 were pregnant, corresponding to the anticipated proportion of 5% of the population at any point in time.

**References**


If You Are Pregnant, Breastfeeding, or Caring for Young Children https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html

