



## Sars-Cov-2- Infection in Pregnancy

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### Editorial

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### Editorial

2019 (COVID-19) pneumonia pandemic, caused severe acute respiratory syndrome corona virus 2 (SARS-CoV-2), has become a major global health threat in its first identification in Wuhan, China, in December 2019, COVID-19 has spread globally at an accelerated rate with rapid increases in cases and mortality. Viral pneumonia is one of the evading causes of pregnancy deaths worldwide. Physiological changes during pregnancy, such as reduced functional residual volumes, diaphragm elevation, and edema of respiratory tract mucosa, as well as changes in cell immunity can lead to increased susceptibility to viral infections and can have worsened outcomes. However, to date, there are limited studies pertaining to [1] the outcomes of COVID-19 during pregnancy, differences in clinical course, and the potential risks to the unborn child. Studies have so far shown that the clinical, radiological, and laboratory [2] characteristics of COVID-19 pneumonia in pregnant women are similar to those reported for non-pregnant patients [5-10]. Moreover, currently there has been no evidence of intrauterine vertical transmission of SARS-CoV-2 infection in pregnant women with COVID-19 [1]. Pregnant women infected with Corona Virus (Covid-19) infection pose 22 times higher risk of death and 50% higher risk of pregnancy related complications, as compared to pregnant women without Covid-19 infection [2]. The INTERCOVID study – led by the University of Oxford – involved collaborations with 43 maternity hospitals from low, middle and high-income countries to conduct one of the first detailed comparative studies into the effects of the coronavirus on outcomes for mothers and babies during the pandemic. The study is unique because each woman affected by COVID-19 was compared to two non-infected pregnant women giving birth at the same time in the same hospital. The INTERCOVID Study results show that women infected with [3]. COVID-19 during pregnancy was at increased risk of pregnancy-related complications (premature birth, pre-eclampsia, admission to intensive care and death). The

newborns of the infected women were having three times higher risk of medical complications requiring admission to intensive care units (ICUs), mostly due to premature birth. About 10% of the babies born to infected mothers were tested positive for Covid-19 during the first days after birth [4]. Infection in newborns was likely to be associated with delivery by caesarian section and not with breast feeding; rather breastfeeding; was advocated to be promoted after taking preventive measure like handwashing and using face mask during nursing. Analysis of data, from same inter covid study of over 300 pregnant women, collected from Pakistan revealed a better outcome than rest of the world data, with lower pre-term births, intensive care unit admissions, neonatal oxygen requirements and length of hospital stay, which may be due to comparatively less frequent and less virulent variants of Covid-19 in Pakistan [5]. In the cohort from Pakistan, only two babies born to infected mothers tested positive for Covid-19. They were born premature and admitted to neonatal ICU for respiratory distress [6]. The health of pregnant women needs to be taken into account during this rapidly changing coronavirus pandemic. It is important to provide critical interventions necessary for pregnant women [7]. These carefully evaluated decisions must be extensively discussed while considering both maternal and fetal outcomes in the context of the potential impact of COVID-19 on the pregnancy [8]. World Health Organization (WHO) has reported that there is no apparent difference in the risk of developing clinical symptoms between non-pregnant and pregnant women of reproductive age. It seems the latter is also not at a higher risk of developing severe disease [9]. Patients most commonly present with mild symptoms of the infection including fever, cough, fatigue, and shortness of breath, the novelty of COVID-19, data on the effect of [10]. COVID-19 on pregnancy, the foetus, and the newborn are so far limited to a few small case series. Nevertheless, while pregnant women do better

than the population aged 80 years and above, they have twice the higher rate of PPROM and 3 times the higher rate of preterm births compared to the general pregnant population [11]. There is not enough evidence to support vertical transmission of SARS-CoV-2 infection to the unborn child. Due to a paucity of inconsistent data regarding the impact of COVID-19 on the newborn, caution should be undertaken to further investigate and monitor possible infection in the Neonate born to covid-19 infected mothers.

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