WHO-Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected: Interim guidance-13Mar2020

Caring for pregnant women with COVID-19

To date, there are limited data on clinical presentation and perinatal outcomes after COVID-19 during pregnancy or the puerperium. There is no evidence that pregnant women present with different signs or symptoms or are at higher risk of severe illness. So far, there is no evidence on mother-to-child transmission when infection manifests in the third trimester, based on negative samples from amniotic fluid, cord blood, vaginal discharge, neonatal throat swabs or breastmilk. Similarly, evidence of increased severe maternal or neonatal outcomes is uncertain, and limited to infection in the third trimester, with some cases of premature rupture of membranes, fetal distress, and preterm birth reported *(68, 69).*

This section builds on existing recommendations from WHO on pregnancy and infectious diseases and provides additional remarks for the management of pregnant and recently pregnant women.

- **Considering asymptomatic transmission of COVID-19 may be possible in pregnant or recently pregnant women, as with the general population, all women with epidemiologic history of contact should be carefully monitored.**

- **Pregnant women with suspected, probable, or confirmed COVID-19, including women who may need to spend time in isolation, should have access to woman-centred, respectful skilled care, including obstetric, fetal medicine and neonatal care, as well as mental health and psychosocial support, with readiness to care for maternal and neonatal complications.**

Remark 1: Appropriate IPC measures and prevention of complications as described above also apply to pregnant and recently pregnant women, including those with miscarriage, late pregnancy fetal loss, and postpartum/postabortion women. These IPC precautions should be applied for all interactions between an infected caregiver and a child.

Remark 2: Mode of birth should be individualized based on obstetric indications and the woman's preferences. WHO recommends that caesarean section should ideally be undertaken only when medically justified (https://apps.who.int/iris/bitstream/handle/10665/161442/WHO_RHR_15.02_eng.pdf?sequence=1).

Emergency delivery and pregnancy termination decisions are challenging and based on many factors such as gestational age, severity of maternal condition, and fetal viability and well-being.

Remark 3: Multidisciplinary consultations from obstetric, perinatal, neonatal and intensive care specialists are essential.

- **All recently pregnant women with COVID-19 or who have recovered from COVID-19 should be provided with information and counselling on safe infant feeding and appropriate IPC measures to prevent COVID-19 virus transmission.**

- **At this point, there is no evidence that pregnant women present with increased risk of severe illness or fetal compromise. Pregnant and recently pregnant women who have recovered from COVID-19 should be enabled and encouraged to attend routine antenatal, postpartum, or post-abortion care as appropriate. Additional care should be provided if there are any complications.**

Remark 1: All pregnant women with or recovering from COVID-19 should be provided with counselling and information related to the potential risk of adverse pregnancy outcomes.

Remark 2: Women's choices and rights to sexual and reproductive health care should be respected regardless of COVID-19 status, including access to contraception and safe abortion to the full extent of the law.

12. Caring for infants and mothers with COVID-19: IPC and breastfeeding

Relatively few cases have been reported of infants confirmed with COVID-19; those that have been reported experienced mild illness. No vertical transmission has been documented. Amniotic fluid from six mothers positive for COVID-19 and cord blood and throat swabs from their neonates who were delivered by caesarean section all tested negative for the COVID-19 virus by RT-PCR. Breastmilk samples from the mothers after the first lactation were also all negative for the COVID-19 virus *(68, 69)*.
Breastfeeding protects against morbidity and death in the post-neonatal period and throughout infancy and childhood. The protective effect is particularly strong against infectious diseases that are prevented through both direct transfer of antibodies and other anti-infective factors and long-lasting transfer of immunological competence and memory. See *WHO Essential newborn care and breastfeeding* (https://apps.who.int/iris/bitstream/handle/10665/107481/e79227.pdf). Therefore, standard infant feeding guidelines should be followed with appropriate precautions for IPC.

- **Infants born to mothers with suspected, probable, or confirmed COVID-19 should be fed according to standard infant feeding guidelines, while applying necessary precautions for IPC.**

Remarks: Breastfeeding should be initiated within 1 hour of birth. Exclusive breastfeeding should continue for 6 months with timely introduction of adequate, safe and properly fed complementary foods at age 6 months, while continuing breastfeeding up to 2 years of age or beyond. Because there is a dose-response effect, in that earlier initiation of

breastfeeding results in greater benefits, mothers who are not able to initiate breastfeeding during the first hour after delivery should still be supported to breastfeed as soon as they are able. This may be relevant to mothers who deliver by caesarean section, after an anaesthetic, or those who have medical instability that precludes initiation of breastfeeding within the first hour after birth. This recommendation is consistent with the *Global strategy for infant and young child feeding* (https://apps.who.int/iris/bitstream/handle/10665/42590/9241562218.pdf), as endorsed by the Fifty-fifth World Health Assembly, in resolution WHA54.2 in 2002, to promote optimal feeding for all infants and young children.

- **As with all confirmed or suspected COVID-19 cases, symptomatic mothers who are breastfeeding or practising skin-to-skin contact or kangaroo mother care should practise respiratory hygiene, including during feeding (for example, use of a medical mask when near a child if the mother has respiratory symptoms), perform hand hygiene before and after contact with the child, and routinely clean and disinfect surfaces with which the symptomatic mother has been in contact.**

- **Breastfeeding counselling, basic psychosocial support, and practical feeding support should be provided to all pregnant women and mothers with infants and young children, whether they or their infants and young children have suspected or confirmed COVID-19.**

Remark 1: All mothers should receive practical support to enable them to initiate and establish breastfeeding and manage common breastfeeding difficulties, including IPC measures. This support should be provided by appropriately trained health care professionals and community-based lay and peer breastfeeding counsellors. See *Guideline: counselling of women to improve breastfeeding practices* (https://apps.who.int/iris/bitstream/handle/10665/280133/9789241550468-eng.pdf) and the WHO *Guideline: protection, promoting and supporting breastfeeding in facilities providing maternity and newborn services* (https://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf).

- **In situations when severe illness in a mother with COVID-19 or other complications prevents her from caring for her infant or prevents her from continuing direct breastfeeding, mothers should be encouraged and supported to express milk, and safely provide breastmilk to the infant, while applying appropriate IPC measures.**

Remarks: In the event that the mother is too unwell to breastfeed or express breastmilk, explore the viability of relactation, wet nursing, donor human milk, or appropriate breastmilk substitutes, informed by cultural context, acceptability to the mother, and service availability. There should be no promotion of breastmilk substitutes, feeding bottles and teats, pacifiers or dummies in any part of facilities providing maternity and newborn services, or by any of the staff. Health facilities and their staff should not give feeding bottles and teats or other products within the scope of the *International Code of Marketing of Breast-milk Substitutes* and its subsequent related WHA resolutions, to

breastfeeding infants. This recommendation is consistent with the WHO guidance *Acceptable medical reasons for use of breast-milk substitutes* (https://apps.who.int/iris/bitstream/handle/10665/69938/WHO_FCH_CAH_09.01_eng.pdf;jsessionid=709AE28402D49263C8DF6D50048A0E58?sequence=1).

- **Mothers and infants should be enabled to remain together and practise skin-to-skin contact, kangaroo mother care and to remain together and to practise rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable, or confirmed COVID-19.**

Remarks: Minimizing disruption to breastfeeding during the stay in the facilities providing maternity and newborn services will require health care practices that enable a mother to breastfeed for as much, as frequently, and as long as she wishes. See WHO *Guideline: protection, promoting and supporting breastfeeding in facilities providing maternity and newborn services* (https://apps.who.int/iris/bitstream/handle/10665/259386/9789241550086-eng.pdf).

- **Parents and caregivers who may need to be separated from their children, and children who may need to be separated from their primary caregivers, should have access to appropriately trained health or non-health workers for mental health and psychosocial support.**

Remarks: Given the high prevalence of common mental disorders among women in the antenatal and postpartum period, and the acceptability of programmes aimed at them, interventions targeted to these women need to be more widely implemented. Prevention services should be available in addition to services that treat mental health difficulties. This recommendation is consistent with the IASC Reference group for Mental Health and Psychosocial Support in Emergency Setting 2020 *Briefing note on addressing mental health and psychosocial aspects of COVID-19 outbreak – version 1.1* (https://interagencystandingcommittee.org/system/files/2020-03/MHPSS%20COVID19%20Briefing%20Note%202%20March%202020-English.pdf)

and the *Improving early childhood development: WHO guideline* (https://www.who.int/publications-detail/improving-early-childhood-development-who-guideline).