SYNOPSIS

02/13/2020

Review of “Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records”


One-minute summary

- This study retrospectively examined the clinical characteristics and vertical transmission potential of 9 pregnant women with laboratory-confirmed COVID-19 pneumonia, with specimens (amniotic fluid, cord blood, breast milk and neonatal nasopharyngeal swab) collected at 6 of 9 of the births.
- Clinical characteristics were similar to those reported in non-pregnant adults. The most common symptoms were fever (7/9), cough (4/9), and myalgia (3/9). Only 1 patient had shortness of breath. One patient experienced gastrointestinal symptoms.
- 4 patients had pregnancy complications after onset of illness (fetal distress and premature rupture of membranes) but it is unclear if this was related to COVID-19.
- No viral RNA was detected in amniotic fluid, cord blood, or neonatal throat swabs sampled at delivery or in breast milk, using two PCR assays.
- All neonates appeared healthy (APGAR scores of 8-10) at the time of delivery.
- No evidence to support adverse birth outcomes, intrauterine infection, or vertical transmission of COVID-19.

Additional information

- Patients were admitted over the period of January 20-31, 2020 and were in the third trimester.
- None developed severe pneumonia or died.
- All neonates were delivered by C-section.
- The time between symptom onset and delivery ranged from 1-7 days.
- 1 patient was also infected with influenza when tested on admission; 6 patients were given antiviral therapy.
- There were 4 preterm births (with 2 neonates with low birth weight) from causes unrelated to COVID-19.
PHO reviewer’s comments

- The study findings do not address the question of COVID-19 transmission during vaginal delivery, as vaginal samples were not collected and all neonates were delivered by C-section. In addition, the risk of intrauterine vertical transmission during the first or second trimester was not assessed as all patients were infected late in their third trimester.

Citation


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