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COVID-19: what you need to know about coronavirus and pregnancy

Until recently, doctors were reassuring pregnant women that they are no more at risk from COVID-19 than anyone else. However, on 16th March the Government announced that pregnant women should be 'shielded' from the virus. So how much should pregnant women worry, and what are the risks?

Use Patient's **coronavirus checker tool** if you have any symptoms of fever or a new cough. Until you have used the tool and been advised what action to take, please stay at home and avoid contact with other people.

Why has the government put pregnant women in a high-risk group?

Our knowledge about this form of coronavirus, which can lead to COVID-19 infection, is still in its infancy. This is true for [pregnancy](#) as for every other aspect of the condition. But we're learning more about it all the time, and for the most part, the news is reassuring for mothers-to-be.

However, we do know that pregnancy has an effect on your immune system. There's no question that for some other infectious diseases, women who are pregnant have a higher risk of complications. It's for this reason – as a precaution – that the government has recommended that pregnant women should take the same measures as other people at [higher risk](#) of severe complications from coronavirus.

What measures should I take if I am pregnant?

Currently, the government recommends that everyone should be practising [social distancing](#). However, it's highly likely that in the next week or two they will be recommending that people in high-risk groups should take steps to [self-isolate](#) to protect themselves.

The [NHS has issued guidance to all its organisations](#) to allow pregnant women to work remotely if possible, or to move to working in a lower-risk area.

If you are pregnant and also have significant heart disease of any sort, you should be **shielded** and should stay at home completely for 12 weeks at least from 23rd March 2020.

What should I do if I think I'm infected?

The main symptoms of coronavirus are fever (temperature about 37.8°C) and a new persistent cough that lasts at least half a day. If your symptoms are mild, use the [Patient Access Coronavirus checker tool](#) to find out what steps you and your family should take. If your symptoms get worse, you should contact NHS 111 or your maternity team immediately for advice.

You'll almost certainly need to put off any routine antenatal appointments – please contact your maternity team to inform them, so they can make other arrangements.

If you're close to your due date, you should let your maternity team know as they will need to make special arrangements if you go into labour.

Will the coronavirus epidemic affect my maternity care?

NHS hospitals are under increasing pressure because of patients being admitted with severe illness due to coronavirus.

During the current time:

- **Don't stay away from your appointments without talking to your team. Having regular maternity care is essential for the wellbeing of you and your baby.**
- If you have a routine scan or antenatal appointment booked, please contact your maternity unit. You will still need to attend, but timings for appointments may change because of staff shortages.
- If you are between appointments, please wait to hear from your maternity unit.
- If you have concerns about your pregnancy, you can still contact your maternity unit but you do need to be aware that it may take longer than usual to get back to you.
- For urgent non-coronavirus-related problems, use the emergency contact details you already have.
- Do not attend for an appointment if you have symptoms of coronavirus. **Contact your team** to make separate arrangements.
- Please do not bring children to antenatal appointments, and attend alone if possible.
- The number of routine appointments you have during pregnancy may be reduced. However, do not assume any appointment is cancelled unless you hear from your maternity team.

Am I at higher risk of dying?

Doctors took steps early to examine any possible link between pregnancy and higher mortality from COVID-19. Their concern arose from previous experience, which showed that pregnant women who catch [influenza](#) have a higher risk of serious complications and death – in fact, before the introduction of free NHS flu vaccination for all pregnant women, in [1 in 11 UK women who died during pregnancy, flu was the cause](#).

Reassuringly, the evidence thus far suggests that pregnancy alone does not increase the risk of severe complications of COVID-19. The large majority of pregnant women who do become infected will have only [mild or moderate symptoms](#) and will not need hospital admission.

However, it is important to bear in mind that many conditions put you at [increased risk of serious complications](#) of coronavirus infection. They include asthma or other long-term lung disease; diabetes; kidney problems; long-term neurological conditions such as multiple sclerosis; cancer and chemotherapy. Having any one of these conditions when you are pregnant does make you more vulnerable to severe illness.

Does coronavirus increase my risk of miscarriage?

There is currently no evidence that coronavirus infection in pregnancy increases your risk of [miscarriage](#) or losing your baby in the early stages of pregnancy. To date, there is [no evidence](#) that COVID-19 infection can be passed to your baby through the placenta during pregnancy.

Could coronavirus infection lead to my baby being born prematurely?

The answer to this is complicated. There is some evidence that women with coronavirus in China were more likely to give birth prematurely. However, we don't know about 'cause and effect'.

It's possible that their doctors made a decision to induce labour early because they were worried about the well-being of mother and baby. There has been one case where a mum went into labour prematurely, but we don't know whether that would have happened anyway. So having coronavirus per se may or may not increase the chance of premature birth.

Whatever happens, if you do give birth while you're infected, your team will be taking extra precautions to ensure your baby's well-being.

Could I infect my baby before they're born?

'Vertical transmission' of an infection occurs when infection is passed from a mother to her unborn baby through the placenta. To date, several studies have been carried out, and until March 26th 2020, they all suggested [no evidence of vertical transmission](#). This fitted with the fact that in two previous epidemics due to coronaviruses which caused illness in humans, [SARS and MERS](#), there were [no confirmed cases](#) of vertical transmission either.

However, a new report has found a single case where a baby whose mother had the infection was found to have [antibodies to coronavirus at birth](#). It's just one case so far but the overall numbers are very small, so your team will definitely be monitoring your baby very carefully if you do have coronavirus during pregnancy.

What will happen during delivery?

At the moment, unless you or your partner have symptoms of possible coronavirus infection, your partner should be able to stay with you during labour and the birth of your baby (unless you need a general anaesthetic).

Because of possible pressure on emergency ambulances if there is a problem during home birth, and the pressure on maternity services, [some hospital trusts have suspended home births](#).

Individual hospitals may have their own restrictions on whether you can have more than one birth partner, whether you're allowed visitors in the antenatal or postnatal wards and whether you can swap visitors after delivery.

But it is important to remember that this is a very fast moving situation, so the guidance may change.

Should I breastfeed during this epidemic?

Unless you're infected, it's always best to [breastfeed](#). Breastfeeding provides your baby with a host of benefits, including immunity passed from you to a host of infections.

Thus far, there is [no evidence](#) that coronavirus infection is passed to babies through breast milk. However, not that many women have been tested yet, so we can't be 100% certain. We do know that because newborn babies are in close contact with their mothers, your baby will be at higher risk of catching the infection from you in the days after delivery.

The [Royal College of Obstetricians and Gynaecologists](#) (RCOG) has produced guidance on steps to take to reduce the risk to your baby if you have coronavirus when you deliver. They include:

- Washing your hands thoroughly before touching your baby or any feeding equipment (including breast pumps).
- Avoiding coughing or sneezing on your baby.
- Considering wearing a face mask while feeding.
- Cleaning and sterilising all equipment, including bottles and pumps, after they're used.
- Considering expressing your milk for another caregiver who is well to feed to your baby.

This article was updated on 30th March following a change in RCOG guidance.

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