



PREGNANCY DURING COVID-19: RISKS AND HEALTH GUIDELINES

The Bottom Line

There is no evidence to suggest COVID-19 can be passed from mother to fetus during pregnancy or breastfeeding; however, severe COVID-19 symptoms have occurred in pregnant women and newborns. Women who are/were pregnant during the COVID-19 pandemic have experienced increased negative mental health, which can be mitigated through information-sharing and encouraging participation in anxiety-reducing techniques and physical activity.

Physical Health Impacts and Pregnant Women During COVID-19

Long-term impacts on babies born to mothers who had contracted COVID-19 during their pregnancy have yet to be established. Currently, there is no evidence to suggest that COVID-19 is transferable from the woman who is pregnant to her fetus. In research with women who were pregnant and had contracted COVID-19, the virus was not detected in amniotic fluid, the placenta, breast milk, or in blood of the umbilical cord of their babies.

Some research has shown that pregnant women are at increased risk of complications compared to the general public should they contract COVID-19. While rare, severe symptoms of COVID-19 have occurred in women who are pregnant and in newborn babies. Recently, emergent small-scale research has shown that pregnant women who have COVID-19 transfer fewer antibodies to their fetus, therefore; researchers believe newborns may be at greater risk of severe cases of COVID-19 as they lack the level of maternally-transferred immunity they usually receive for other viruses. Generally, it has been found that pregnant women and newborn babies who have contracted COVID-19 only have mild to moderate symptoms.

Prenatal, Labour, and Postpartum Health and Safety Guidelines

- Women who are pregnant should continue to attend prenatal and postpartum appointments for themselves and their fetus/newborn baby. Virtual appointments may be available. If an in-person appointment is necessary, the service provider will explain why and what safeguards are in place to ensure the safety of the woman and her baby.
- In-person appointments should be booked in advance over the phone and include a screening process for COVID-19. If a pregnant woman is positive for COVID-19 or has symptoms, they should be honest about these factors. They will never be turned away from services.
- Women who are pregnant are encouraged to learn about their province's evolving health guidelines in relation to hospital accompaniment and visitor restrictions. Visitors will be screened upon entry and cannot be symptomatic.
- Mothers should avoid coughing, sneezing, or wheezing on their babies postpartum. If a mother sneezes into their chest or arm, proper sanitization should take place before coming into contact with the baby.
- It is not recommended that face shields or masks be used on any baby under the age of two.
- If a pregnant woman tests positive for COVID-19:
 - A hospital birth is recommended and is the safest.
 - During and after labour, wearing a mask will be required.
 - An early epidural may also be recommended.
 - It is still recommended that the mother provides immediate and ongoing skin-to-skin contact with the newborn after birth.
 - When holding, touching, or breastfeeding the infant, the mother should wear a mask and wash their hands and chest beforehand to protect the baby. Available research suggests that COVID-19 is not transferable through breast milk; thus, breastfeeding is still recommended. Special properties in breast milk, like antibodies, may actually protect the baby from getting an infectious disease.
 - If using a breast pump, it should be sanitized before and after and not shared with anyone else. If the mother is too unwell to breastfeed the baby, it is recommended a healthy segregate living in the home performs feeding duties until the mother is well enough to begin care for their infant.

Mental Health Impacts and Pregnant Women During COVID-19

During COVID-19, many services have been restricted or closed. Some women who are pregnant have experienced fear of medical facilities, which has prevented them from attending their medical appointments and can lead to pregnancy complication.

Women who are pregnant are experiencing increased pressure around the possibility of contracting COVID-19, knowing they are responsible for the health of themselves and their fetus. Simultaneously, they are experiencing anxiety over what the birth of their baby will look like, if their family can attend the birth, and many other questions of uncertainties. Additionally, financial stress and anxiety over future economic security has increased for women who are pregnant. Isolation and lack of support systems have exacerbated these feelings of high stress.

Women who are pregnant or have given birth during COVID-19 have shown high rates of toxic stress, depression, anxiety, post-traumatic stress disorder (PTSD), and postpartum depression. Research has shown a notable increase in negative mental health and mental illness in women who are/were pregnant during - as compared to before - COVID-19.

Many mental health impacts can have physical health consequences. Among other things, maternal depression has been associated with irregular fetal heart rate, behavioural problems, and obesity in childhood. Prenatal anxiety has been associated with increased cortisol levels, premature births, and cognitive effects such as lower mental development and internalizing problems.

PTSD in women who are pregnant has been associated with low birth weight, infant eating/sleeping problems, and less breastfeeding. Mental health challenges during pregnancy can lead to prolonged postpartum depression and decreased ability to care for the child.



Possible Responses

- Women who are pregnant should be encouraged to join a virtual peer support group. This will allow them to speak to others who understand, learn new information, and widen their support system.
- Information should be made available for women who are pregnant on health and safety guidelines and emerging research on COVID-19 and pregnancy.
- Information should be given to all women who are pregnant on the effects of and ways to cope with anxiety and toxic stress. Focus on shifting thinking habits from 'possibility' to 'probability'. This may be switching the thought of "I am possibly going to contract COVID-19" to "if I practice diligent hand hygiene and physical distancing, I will probably not contract COVID-19".
- Screen all women who are pregnant for depression, anxiety, and PTSD. Treat all as if they have requested to be screened or provided with information, as many times screening does not occur and some may not ask.
- Encourage women who are pregnant to ask several questions and stay away from too much social media. Be in frequent contact as they go through their pregnancy so they know there is a service provider available for them.
- Encourage engagement in at least 150 minutes of moderately intense physical activity per week. This has been shown to improve the mental health of women who are pregnant during COVID-19.



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