



What Is the Current State of Knowledge About the Novel Coronavirus Infection During Pregnancy?

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As being a global public health emergency, the outbreak of novel coronavirus infection (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was declared as a pandemic on March 11, 2020 by the World Health Organization (WHO). After originating at the end of 2019 and infecting a high number of individuals in China, Europe is now the world's COVID-19 pandemic epicenter, in which Italy is the country currently most affected.

For time being, COVID-19 is a very little-known respiratory disease with respect to its effects not only on the general population but also on the people in specific situations like pregnancy. It is very well-known that pregnant women are susceptible to viral respiratory infections due to physiologic and immunologic changes of pregnancy. Most of the current knowledge about its effect on pregnant women is based upon limited case series, expert opinions and some predictions from previous experiences with other coronaviruses such as severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV) together with other viral respiratory infections, such as influenza. Although these potentially severe respiratory infections appear to be more prone to develop severe disease in pregnancy, the preventive measures as well as diagnostic and therapeutic methods do not differ between pregnant women with suspected COVID-19 and non-pregnant individuals. Current data also does not support the idea that compared to the general population, the pregnant women are more susceptible to the effects of COVID-19 infection. However, the ones with concomitant medical illnesses are exceptional. In contrast to SARS and MERS, no death has been reported in pregnant women due to COVID-19 till now (1).

Although neonatal cases of infection have been documented (2), intrauterine or perinatal transmission has not been identified for SARS-CoV-2 with laboratory evidence (3-7). Therefore, this virus is unlikely to cause any congenital defects (1). Since there is no evidence

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of transmission through genital fluids, usual obstetric practice should direct the mode of delivery. Although SARS-CoV-2 has not been identified in breast milk until now, we are not certain whether it may be transmitted through breast milk or not. The American College of Obstetricians and Gynecologists (ACOG) recommends that infants born to mothers with confirmed COVID-19 should be considered a patient under investigation and isolated (8). It is also recommended that a mother with confirmed COVID-19 or who is a symptomatic patient under investigation should take all possible precautions by various means to avoid spreading the virus to her infant while breastfeeding since droplet transmission could occur through close contact. Alternatively, a different individual may be considered to feed the infant with expressed breast milk (8).

Currently, no data suggests that COVID-19 increases the risk of miscarriage or early pregnancy loss (1). We are also not sure whether some of preterm births observed in these patients resulted from spontaneous labor or they were always iatrogenic. Maternal indications with the effects of viral infection or fetal indications such as preterm premature rupture of membranes or fetal distress could have led to iatrogenic prematurity in these cases (4).

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As a result, current data related to the consequences of COVID-19 on pregnancy is limited and this leads the health care professionals to be intentionally cautious due to high case fatality rates experienced with SARS and MERS in pregnant women. The knowledge about the effects of SARS-CoV-2 on pregnant women continues to evolve daily and it will be updated if or when new information becomes available. Unless otherwise provided, the pregnant women should be considered an at-risk rather than increased risk population for COVID-19.

Ethical Issues

Not applicable.

Conflict of Interests

The authors have no conflicts of interest to disclose.

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