COVID-19 in pregnancy

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Two papers in this issue, on births to women with coronavirus disease 2019 (COVID-19), are important additions to this rapidly evolving literature. They are both broadly reassuring.

The paper from Lombardy, the epicentre of the pandemic in Italy, is the first detailed report of pregnancies from this large region (Ferrazzi et al. BJOG 2020;127:1116–21). Among 42 affected women, 19 developed pneumonia, of whom seven required oxygen and four required critical care. Eighteen babies were delivered by caesarean section, although in eight the indication was unrelated to COVID-19. Three babies tested positive for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Two to women who had developed COVID-19 postnatally and had breastfed without a mask; the presumed source was the mother. One baby was delivered vaginally and did not breastfeed, but developed respiratory symptoms requiring 1 day of ventilation and tested positive for SARS-CoV-2. No mothers or babies died.

The paper from China reports SARS-CoV-2 viral tests in a range of body fluids from mothers and babies with COVID-19, cared for at Renmin Hospital of Wuhan University (Yanting Wu et al. BJOG 2020;127:1109–15). This hospital appears on the Global Research Identifier Database (https://grid.ac/institutes/grid.412632.0). Readers should know that this database reports that Renmin Hospital of Wuhan University has the following English aliases ‘People’s Hospital of Wuhan University’, ‘Hubei Provincial People’s Hospital’, ‘First Affiliated Hospital of Wuhan University’, ‘Wuhan University Renmin Hospital’ and ‘Hubei General Hospital’. This would normally raise the possibility that some or all of the cases may have been reported previously. However, in this case, the authors have explicitly clarified that one neonate subsequently tested positive for seroconversion has been the subject of a case report in JAMA, but no other cases have been reported in any other manuscripts. This clarification is good practice because duplication can give a potentially biased picture. This problem of overlap and reporting bias is a major issue, and may also affect the many country-specific and worldwide registries that do not prohibit data being included in more than one registry.

The detailed information that 1/9 stool samples, 0/13 vaginal samples and 1/3 breast-milk samples were positive is important. Of the five babies delivered, none tested positive for SARS-CoV-2, although two, both preterm, had pneumonia diagnosed on chest X-ray. Apart from one biochemical pregnancy in the first trimester in which a serum human chorionic gonadotrophin of 25.9 IU/l reverted to negative, no mothers or babies died.

Taken together with other accumulating data, it is already clear that COVID-19 is less severe in pregnancy than the two previous coronavirus infections, severe acute respiratory syndrome-related coronavirus (SARS) and Middle East respiratory syndrome-related coronavirus (MERS). Nevertheless, four of the mothers from Lombardy required critical care, and there have been other reports of both mother and baby deaths in association with COVID-19. It remains an important disease in pregnancy, which should be taken seriously.

Disclosure of interests
None declared. A completed disclosure of interests form is available to view online as supporting information.