Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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We thank Dr Al-Lami and colleagues for their interest regarding our work. In our case series of 54 pregnant women with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection, we aimed to report the impact of coronavirus disease 2019 (COVID-19) on pregnancy and neonatal outcomes. However, our data are limited to answer the specific comments made by Dr Al-Lami and colleagues.

Correspondingly, we agree with the hypothesis that SARS-CoV-2 may induce specific placental vascular diseases and spontaneous prematurity. As our paper has been published online, 2 systematic reviews, including mainly retrospective and case reports studies, found an association of COVID-19 cases with meaningful rates of miscarriage, preterm birth, premature prelabor rupture of membranes, fetal growth restriction, perinatal death, and preeclampsia. Clinical evidence pointed to a correlation between COVID-19 and preeclampsia. Several papers published since January 2020 specifically reported cases of hypertensive disorders and/or preeclampsia associated with COVID-19 or even cases of patients that developed these pathologic conditions during the course of infection, leading to the concept of preeclampsia-like syndrome associated with COVID-19. Further studies are needed to confirm whether the hypothesis suggested by Dr Al-Lami and colleagues explains these complications.

At the initial phase of the epidemic, concerns about the use of corticosteroids, including antenatal administration of corticosteroids, have emerged as stated by Dr Al-Lami and colleagues but were not confirmed. In response to new data supporting the possible benefit of treatment with corticosteroids in patients with COVID-19, the American College of Obstetricians and Gynecologists guideline recommends that SARS-CoV-2 status should not alter decision-making regarding antenatal corticosteroid administration. Thus, without evidence suggesting adverse effects of antenatal glucocorticoids administration, we assume that their benefits overweight any theoretical risks.

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No funding was received for this work.

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