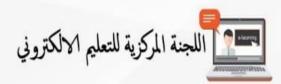


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علماً انه سيتم منح شهادات للمشاركة في المحاضرة

عنوان المحاضرة:

ADVICES ABOUT CORONAVIRUS IN PREGNANCY



Q. What effect does coronavirus have on pregnant women?

Pregnant women do not appear to be more likely to be seriously unwell than other healthy adults. It is expected the large majority of pregnant women will experience only mild or moderate cold/flu like symptoms. Cough, fever, shortness of breath, headache and loss of sense of smell are other relevant symptoms.

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More severe symptoms such as pneumonia, seem to be more common in older people. As yet, there is no evidence that pregnant women who get this infection are more at risk of serious complications than any other healthy individuals.

Q. What effect will coronavirus have on my baby if I am diagnosed with the infection?

As this is a very new virus we are just beginning to learn about it. There is no evidence to suggest an increased risk of miscarriage. Emerging evidence suggests that transmission from a woman to her baby during pregnancy or birth (vertical transmission) is probable. In all previously reported cases worldwide, infection was found at least 30 hours

after birth.



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Given current evidence, it is considered unlikely that if you have the virus it would cause problems with your baby's development, and none have been observed currently. In China, some babies have been born prematurely to women with symptoms of coronavirus. It is unclear whether coronavirus caused these premature births, or whether it was recommended that the baby was born early for the benefit of

the women's health.



Q. What can I do to reduce my risk of catching coronavirus?

- Regular hand washing
- Use a tissue when you or anyone in your family coughs or sneezes, discard this and wash your hands
- Avoid contact with someone who is displaying symptoms of coronavirus. These symptoms include high temperature and/or new and continuous cough
- Avoid non-essential use of public transport when possible.
- Avoid large and small gatherings in public spaces.
- Avoid gatherings with friends and family.

Keep in touch using remote technology such as phone,

internet, and scriel media.





Q. I am pregnant, what do I need to do?

As a precaution, you should follow government advice about social distancing; stay away from public places and avoid anyone who has symptoms suggestive of coronavirus It is still considered necessary for pregnant women to go out for essentials, such as food shopping, and to attend antenatal appointments.

If you are in your third trimester (more than 28 weeks pregnant) you should be particularly attentive to social distancing and minimizing any contact with others.



Advice for all pregnant women on attending antenatal care during the coronavirus pandemic Q. Should I attend my antenatal and postnatal appointments?

Yes. It is really important that you continue to attend your scheduled routine care when you are well. If you have symptoms of possible coronavirus infection, you should postpone routine visits until after the isolation period is over. Antenatal care is essential to support you in having a healthy pregnancy and so we strongly advise you do attend if asked to do so. If you have any concerns about this, please discuss with your doctor.



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The risks of not attending antenatal care include harm to you, your baby or both of you, even in the context of coronavirus. It is important that you keep in contact with your doctor and continue to attend your scheduled routine care when you are well. If you have symptoms of coronavirus, please contact your doctor and they will arrange the right place and time to come for your visits. You should not attend a routine clinic. At this time, we ask that other children do not accompany you.



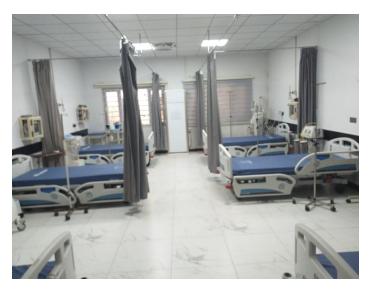


Q. Will my childbirth choices be affected by the coronavirus pandemic?

We understand this must be a stressful and anxious time if you are pregnant and due to give birth in the coming months. Maternity units everywhere are working around the clock right now to manage additional pressures and facilitate women's choices. Like all areas of NHS care, maternity services will be affected by the pandemic but units are working to ensure services are provided in a way that is safe, with the levels of staff that are needed and the ability to provide emergency care where

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If you have chosen to give birth at home or in a midwife-led unit, it is worth noting that these services rely on the availability of ambulance services to allow for rapid transfer to hospital, and the right number of staff to keep you safe.



Advice for pregnant women with suspected or confirmed coronavirus infection Q. What should I do if I think I may have coronavirus or been exposed?

If you are pregnant and you have either:

- a high temperature
- new, continuous cough

You should stay at home for 7 days. Do not go to your doctor, pharmacy or hospital. You do not need a test for coronavirus. At the present time, only people with severe symptoms who require overnight admission to hospital will be tested.

Go to coronavirus centers in your city if:

you feel you cannot cope with your symptoms at home your condition gets worse your symptoms do not get better after 7 days. If you have concerns about the wellbeing of yourself or your unborning by during your self-isolation period.



Q. For suspected or confirmed coronavirus affect where I give birth?

As a precautionary approach, pregnant women with suspected or confirmed coronavirus when they go into labour, are being advised to go to obstetric unit for birth, where the baby can be monitored using continuous electronic fetal monitoring, and your oxygen levels can be monitored hourly. The continuous fetal monitoring is to check how your baby is



coping with labour.

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As continuous fetal monitoring can only take place in an obstetric unit, where doctors and midwives are present, it is not currently recommended that you give birth at home or, where there would not be doctor present and where this monitoring would not be possible.

Q. For suspected or confirmed coronavirus affect how I give birth?

There is currently no evidence to suggest you cannot give birth vaginally or that you would be safer having a caesarean birth if you have suspected or confirmed coronavirus. However, if your breathing (respiratory condition) suggests that your baby needs to be born urgently, a caesarean birth may be recommended. It is not recommended that you give birth in a birthing pool in hospital if you have suspected or confirmed coronavirus, as the virus can sometimes be found in faeces. This means it could contaminate the water, causing infection to pass to the baby. It may also be more difficult for healthcare staff to use adequate protection equipment during a water birth. There is no evidence that women with suspected or confirmed coronavirus cannot have an epidural



or a spinal block.

Q. Could I pass coronavirus to my baby?

As this is a new virus, there is limited evidence about caring for women with coronavirus infection when they have just given birth. A small number of babies have been diagnosed with coronavirus shortly after birth, so there is a chance that infection may have occurred in the womb, but it is not certain whether transmission was before or soon after birth.



Q. Will I be able to stay with my baby/give skin-toskin if I have suspected or confirmed coronavirus?

Yes, if that is your choice. Provided your baby is well and doesn't require care in the neonatal unit, you will stay together after you have given birth. In some other countries, women with confirmed coronavirus have been advised to separate from their baby for 14 days. However, this may have potential negative effects on feeding and bonding.



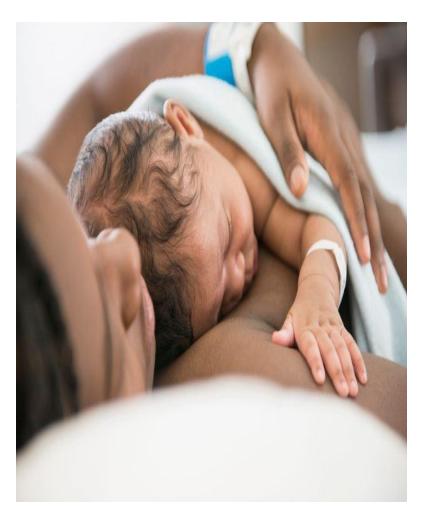
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A discussion about the risks and benefits should take place between you and your family and the doctors caring for your baby (neonatologists) to individualise care for your baby.



Q. Will I be able to breastfeed my baby if I have suspected or confirmed coronavirus?

Yes. There is no evidence showing that the virus can be carried or passed on in breast milk. The well-recognized benefits of breastfeeding and the protection it offers to babies outweigh any potential risks of transmission of coronavirus through breast milk. The main risk of breastfeeding is close contact between you and your baby, as if you cough or sneeze, this could contain droplets which are infected with the virus, leading to infection of



the baby atterbirth.

When you or anyone else feeds your baby, the following precautions are recommended:

- Wash your hands before touching your baby, breast pump or bottles
- Try to avoid coughing or sneezing on your baby while feeding at the breast
- Consider wearing a face mask while breastfeeding, if available
- Follow recommendations for pump cleaning after each use
- Consider asking someone who is well to feed your expressed breast milk to your baby.

If you choose to feed your baby with formula or expressed milk, it is recommend that you follow strict adherence to sterilization guidelines.

Q: will covid-19 affect fertility?

In the short term: it can be temporarily affected on male fertility. The long-term outcome is a little less clear. Considering that one of the primary symptoms of COVID-19 is a high fever, it's reasonable to assume that men infected with coronavirus will also experience reduced fertility. "Currently, it is believed that is similar to a common seasonal flu virus regarding its impact on male fertility".



Q:Is it safe to be pregnant during the coronavirus COVID-19 pandemic?

During any pandemic or crisis, we expect essential services like maternity wings and neonatal centers to continue to operate. However, outpatient services at major hospitals and clinics, including their fertility centers, are likely to have their services suspended.

Right now, there's very little data on how COVID-19 might affect pregnant people. We do know that pregnancy alters the immune system in such a way that increases the risk of infections, such as influenza, and could make illness more severe. And we know that related infections such as MERS and SARS can cause adverse pregnancy outcomes, such as miscarriage, premature delivery, intrauterine growth restriction, and maternal death.





