

Podcast Contributor Show Notes

COVID-19: Pregnancy & Infants

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Summary: Sol interviews Children's Hospital of Philadelphia NICU doc Joanna Parga-Belinkie to discuss Covid-19 and the some of the peripartum issues that come up during the novel coronavirus pandemic for both pregnant moms and their newborns.

Objectives:

- Discuss what is known about the novel coronavirus and the risks to pregnant women
- Review hospital policies regarding labor and delivery and separation of moms and babies when mother is suspected to be COVID-19 positive
- Explore emerging data on pediatric cases for infants < 1 year of age, now considered to be higher risk than the rest of the pediatric population

Intro:

- Our knowledge of the effects of COVID-19 on pregnancy, newborns and infants is a quickly growing and ever changing
- Currently pregnant women are considered to be an at-risk group given the immune, cardiovascular, and respiratory changes in pregnancy
- There is weak evidence to support vertical transmission of the disease, but concern amongst healthcare proviers
- Infants seem to be the most at risk for severe illness from infection with COVID-19

Main Talking Points:

- Currently the virus is not believed to be transmitted by vertical transmission – however – fevers/infections during pregnancy can cause miscarriages, birth defects, preterm births,

and stillbirths and new evidence is coming out that vertical transmission may be possible (cases of concern reported in China, London, and New Mexico)

- Separation of mothers and infants is recommended at the time of delivery when COVID-19 is suspected or confirmed, additionally some labor and delivery units are asking mothers to deliver without partners
- Families are now requesting to leave with their infants at 24 hours of life given concerns re: staying in the hospital after deliver – there is a fear this pandemic could lead to an increase in home births – home births in the US are associated with high neonatal morbidity and mortality
- Infants seem to get the most sick from COVID-19, case report by Dong et. al. released in Pediatrics with 2143 pediatric patients from China showed: 10.6% of cases were severe/critical in the <1 year old age group
- NICUs are responding in different ways: minimizing visitors to parents (concerns for no visitors if pandemic worsens), minimizing teams at deliveries, protective gear for staff at deliveries with concerns about scarcity of PPE, cohorting of cases so infant might not wind up in NICU but in the PICU with a NICU consult
- Academy of Breastfeeding Medicine is still recommending direct breastfeeding and breastmilk usage – no known spread through breastmilk, could offer immune protection to infants – take precautions: washing hands, mask, cleaning pump parts well, home isolation for 5-7 days until symptoms subside
- AAP is still recommending that babies/infants < 18 months old get well child visits – specifically to get vaccines – also trying to encourage telemedicine when possible, well visits in the morning

[] **Medications:** Please denote when medications are mentioned

N/A – though there are antivirals and antimalarial drugs being used in treatment, along with the recommendation to avoid NSAIDs given ACE-2 entry into cells of virus

True or False. Mothers with suspected COVID-19 should not breastfeed.

ANSWER: **False.** Breastfeeding is up to the family. Research with other coronaviruses (SARS-CoV, MEARS-CoV) and limited evidence with COVID-19 has not shown transmission through breastmilk. In fact breastfeeding provides immune support to infants, and it's more than just antibodies. Remember this acronym when thinking of immunity and breastmilk: ACE CHOICE – antibodies, cytokines, epidermal growth factor, carotenoids, hormones, oligosaccharides, interleukin-10, cells that fight infection (ie. white blood cells), essential fatty acids for neurodevelopment.

References:

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