

Pregnancy & COVID-19

F.A.Q.s

Frequently Asked Questions

ADDRESSING ALL YOUR QUERIES AND UNCERTAINTIES DURING THIS PANDEMIC

COVID-19'S IMPACT ON PREGNANCY AND THE UNBORN CHILD

1. Are pregnant ladies more at risk of getting infected by COVID-19? What can I do during my pregnancy to minimise risks of contracting COVID-19?

From the existing medical knowledge, it does not appear that pregnant women are at a higher risk of being infected by COVID-19 compared to non-pregnant women. It is important to stay safe by wearing your mask properly at all times, observing safe distancing, and maintaining hand and personal hygiene.

2. What happens if I get infected by COVID-19 during my pregnancy?

You would be admitted to hospital for close monitoring in a separate COVID-19 ward and will be looked after by a multi-disciplinary team of healthcare professionals. Blood tests, chest X-rays and other scans, all of which are safe in pregnancy, may be performed. Your oxygen levels will be closely monitored and if necessary, supplemental oxygen given. Medications may also be required for those with more severe disease. The team will work closely with obstetricians and neonatologists (specialists who look after babies) to monitor the progress of the pregnancy, as well as make decisions as to when and how to deliver your baby. This ensures that both you and your baby's interests are considered together, and should there be a need for delivery, this can be undertaken in a safe and coordinated manner.

3. How can the virus affect me and/or my pregnancy?

Pregnant women do not appear more likely to contract the infection than the general population. It is possible that an infected person may not have any symptoms at all (asymptomatic) or have only very mild symptoms. In a recent review¹ which included 11,000 women with current or suspected COVID-19 infection, 40% had fever, 39% had cough, and 74% had no symptoms. The more serious symptoms are shortness of breath, high fever and confusion. Locally, the mothers

¹ Allotey J, Stallings E, Bonnet M, et al. Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis. *BMJ* 2020;370:m3320

who had COVID-19 infection made a full recovery and continued with their pregnancies uneventfully.

If a mother becomes very ill as a result of COVID-19 or any other infection or severe medical conditions, there is a possibility that the illness may cause a miscarriage or premature labour. In some situations where the mother is very unwell, doctors may recommend for the baby to be delivered as this may help with the mother's heart and lung functions. This may also result in the baby being born prematurely. These potential complications explain why all pregnant women with any serious infections or illness need to be admitted for close observation, so that prompt treatment and intervention with expertise to look after both mother and baby can be carried out.

There has been no evidence of increased stillbirth or neonatal death among women with COVID-19. There is insufficient evidence to date about the risk of miscarriage or growth restriction of the foetus.

4. Will it be more difficult for pregnant ladies to recover from COVID-19?

To date, in Singapore, all of our pregnant mothers with COVID-19 have made a full recovery. This is in keeping with the rest of the world where the majority of infected mothers make a full recovery. A small proportion of them may require oxygen supplementation and ICU care. Pregnant women with a greater risk of complications are those who are older, obese or have medical conditions like diabetes and hypertension.

5. Can the virus be passed from the mother to the baby in the womb, or upon birth?

There is a small possibility of the virus passing from the mother to the baby in the womb or upon birth (vertical transmission). However, studies across the world have shown the risk of vertical transmission to be low, and most infected babies recover well. To date, in Singapore, none of the babies born to COVID-19 infected mothers have had the infection. Most newborns born to mothers with COVID-19 have been reported to be born in a good condition.

6. If I am infected with COVID-19 during pregnancy, is there a greater risk of my baby having abnormalities?

To date, there is no evidence that COVID-19 infection in pregnancy leads to a higher risk of babies developing abnormalities. This is because despite over 31 million confirmed COVID-19 infections, the incidence of congenital abnormalities has not increased. COVID-19 infection has no effect on one's risk of genetic or chromosomal abnormalities such as Down syndrome.

SAFETY OF HEALTHCARE FACILITIES

7. Is it safe for pregnant mothers to visit hospitals / antenatal clinics during this period of time?

Yes, it is safe for pregnant mothers to visit hospitals and antenatal clinics. There is no need to modify the schedule of antenatal visits and tests. All hospitals and clinics have strict screening and preventive policies in place including safe distancing. All visitors to hospitals and clinics are screened for symptoms, travel and contact history and have their temperatures checked. All visitors are also required to register their entry and exit with SafeEntry and some hospitals/clinics limit the number of accompanying persons allowed.

8. How do I keep myself safe during visits to hospitals / antenatal clinics?

Ensure that you wear your mask properly at all times and observe safe distancing. You will find that some seats will be blocked to enable distancing. There are also many hand sanitiser dispensers widely distributed throughout the hospitals and clinics that you can make use of to maintain hand hygiene.

COVID-19'S IMPACT ON ANTENATAL CARE

9. Are processes for antenatal visits more cumbersome during this period? Do I have to wait longer at these visits?

There will be a screening process upon entry into the hospital or clinic, but this should not take up a significantly longer time than usual.

In public hospitals and clinics, most uncomplicated pregnancies will have their tests done at the same clinic, so waiting times in general should not be significantly increased.

In private hospitals and clinics, ultrasound scans such as the first trimester screening scan and 20-week screening scan are often performed in a different location from the doctor's clinic, possibly not in the same building as the doctor. However, as all such visits are scheduled beforehand, there should be minimal disruptions to your waiting time.

10. Am I able to attend antenatal classes during this period (e.g. breastfeeding, breathing techniques, caring for newborns)?

Each hospital may have different policies as most classes had stopped with the Circuit Breaker. With the easing of measures, some may offer classes online whilst others may have started one to one classes or small classes with safe distancing. You should check with your respective hospitals to confirm their arrangements.

11. Can my husband accompany me into the delivery ward or operating theatre during the delivery?

Each hospital has their own policies with regards to accompanying persons. Please check with your respective hospitals for more information regarding this.

As a general principle if both of you are well and had no recent travel history, most hospitals still allow the husband in the delivery ward. As for the operating theatre as there are restrictions to the number of people allowed, the policy will differ with each hospital.

12. How does the delivery process differ for pregnant women who are infected with COVID-19?

Latest studies show that the rate of neonatal COVID-19 infection is no greater with vaginal deliveries compared to caesarean deliveries. Therefore, COVID-19 should not be a specific indication for caesarean birth and usual obstetric indications for caesarean deliveries should apply.

Mothers are assessed by the multidisciplinary team and will be cared for in single isolation rooms. The medical team will be in full personal protective equipment and will look after her like any other pregnant woman if the mother is well.

Other than usual temperature, respiratory rate, oxygen saturation will also be monitored and oxygen therapy will be given if needed. Epidural analgesia should be considered as it may circumvent the need of general anaesthesia if caesarean section is required.

The medical team will discuss with the mother depending on her medical condition and preference as well as the neonatal condition whether she should room in or be separated from her baby after delivery. In general, mothers will be supported to breastfeed if they and their babies are well.

13. Are my families and friends allowed to visit me at the hospital, or at home, after I have delivered my child?

At present, there is a daily cap of 5 visitors for each patient, with a maximum of 2 at a time. Hospitals are also allowed to exercise discretion on the visitors' policy, based on compassionate grounds or for exceptional circumstances. Children below the age of 12 should not visit the hospital.

COVID-19'S IMPACT ON POSTNATAL CARE

14. Are babies at higher risk of contracting COVID-19 infection? How do I keep my newborn safe?

Based on the existing data, babies do not seem to have increased risk for COVID-19 infection. Studies have also shown that the rate of neonatal infection is no greater when the baby remains with the mother or if the baby is breastfed with proper infection control practices in place. Evidence has shown that there is no active replicating virus in the breast milk. Breast milk contains many protective factors against a variety of infections. Hence, COVID-19 positive mothers do not routinely need to separate from their babies, and they can continue with breastfeeding. However, caution must be exercised during breastfeeding to minimise any risk of transmission to the baby, by wearing a mask and maintaining good hand and personal hygiene at all times. In certain situations, mothers may also express their milk to be given to baby by a carer.

COVID-19'S IMPACT ON FERTILITY TREATMENT

15. Should I wait until the pandemic is over before starting fertility treatment?

It is uncertain at this point in time when the pandemic will be over. Fertility for a woman is however time-sensitive and diminishes with age, especially after the age of 35. Currently, there is no need to wait until the pandemic is over as precautions are undertaken in Singapore's hospitals. All hospitals and clinics have strict screening and preventive policies in place including safe distancing measures above. Waiting indefinitely could reduce your chances of a pregnancy due to increasing age.

However, as the COVID-19 situation can be fluid, do look out for any new developments as some fertility treatments, e.g. In-vitro fertilisation treatment (IVF) that span over a few weeks may potentially be interrupted if the COVID-19 situation deteriorates. Fortunately, the situation in Singapore has remained stable, and so fertility centres in Singapore have been able to resume their usual practices.

16. Can my husband attend fertility appointments?

Yes, your husband can attend fertility appointments.

17. What happens if I test positive during fertility treatment?

If you are tested positive, you will be isolated and be referred to the appropriate specialty. Your treatment may need to be interrupted, delayed and even possibly abandoned in certain situations depending on the phase of fertility treatment you are undergoing at that point in time. It is important to stay safe by wearing your mask at all times and observe safe distancing.

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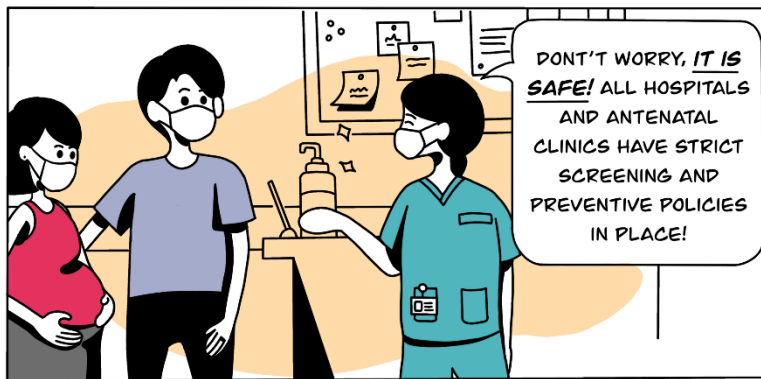
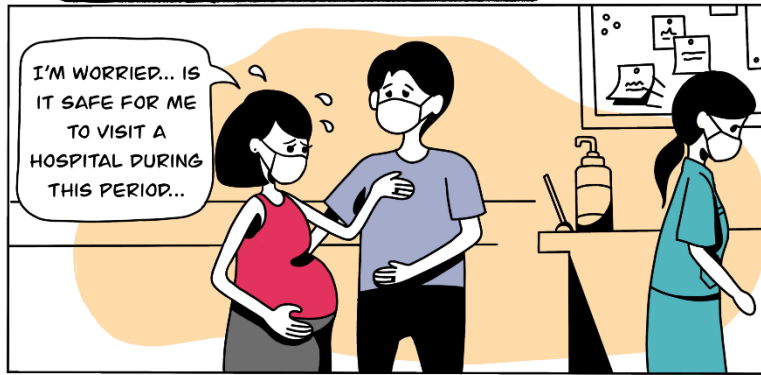
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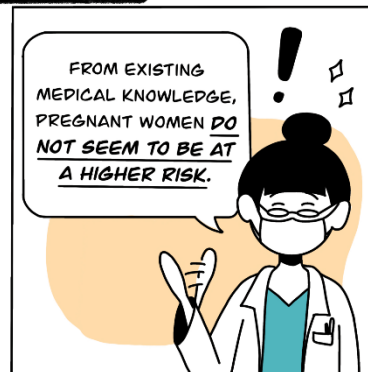
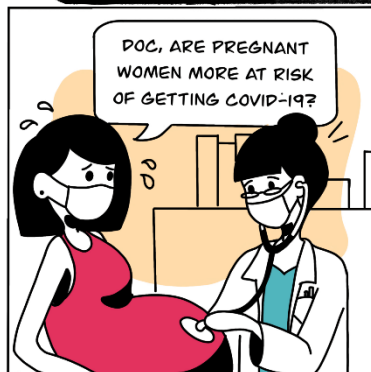
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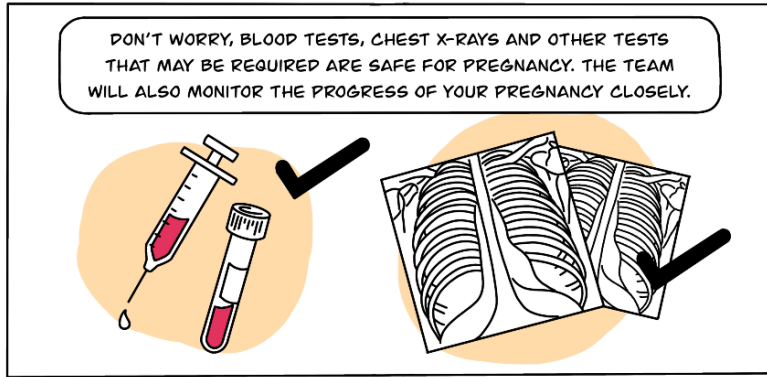
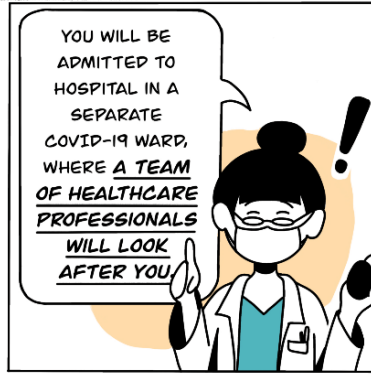
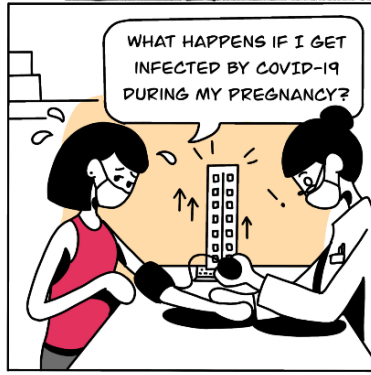
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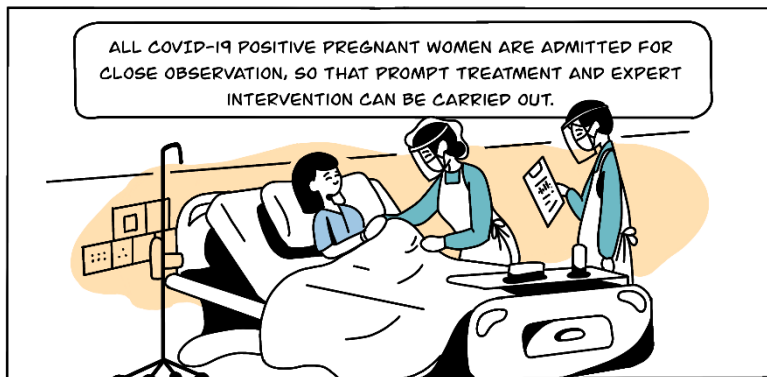
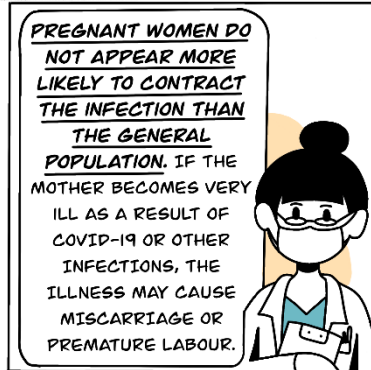
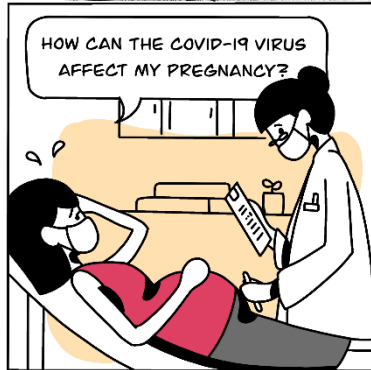
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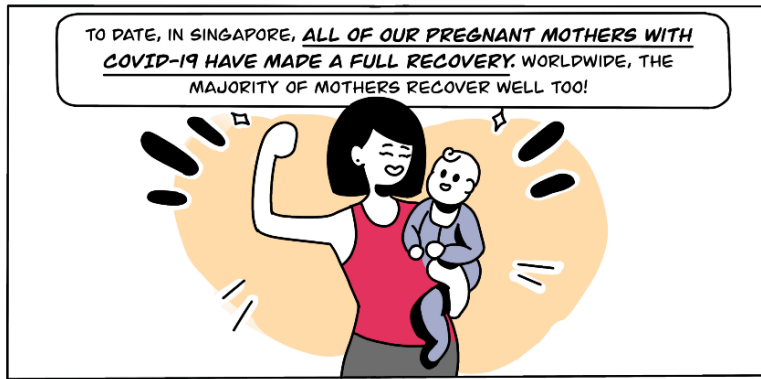
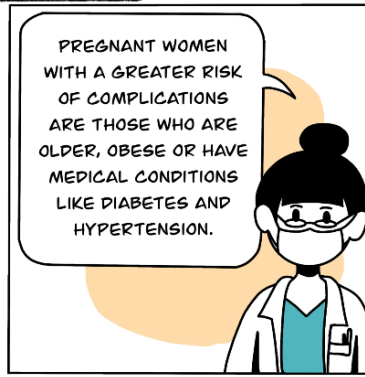
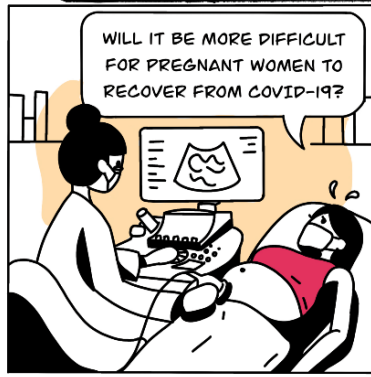
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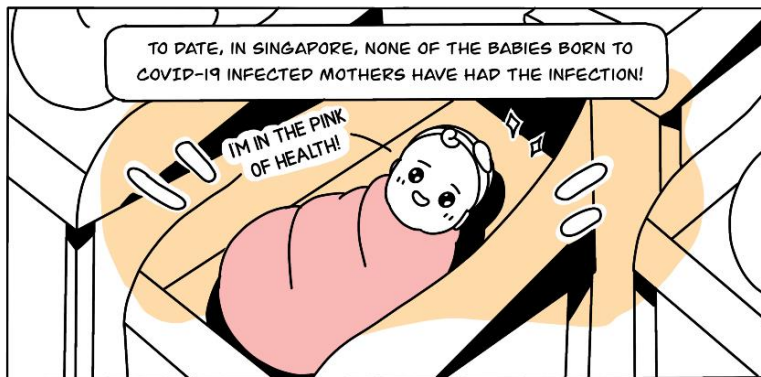
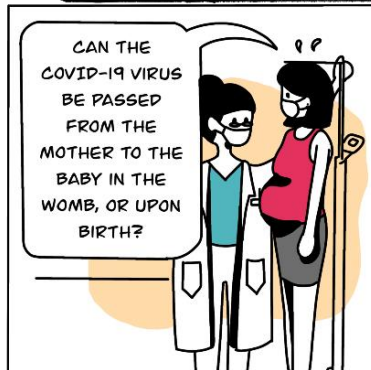
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For more information on the comprehensive suite of support measures available to support marriage and parenthood in Singapore, visit [madedorfamilies.gov.sg](https://www.madedorfamilies.gov.sg).