

APEC are making the following statement regarding antenatal care and pre-eclampsia risk following the COVID19 pandemic.

Pre-eclampsia

- 1 in 30 women will develop pre-eclampsia during pregnancy, and this may be as high as 1 in 4 if a woman has significant risk factors. Pre-eclampsia is rare before 24 weeks.
- Pre-eclampsia is a condition that can be managed safely when detected and managed appropriately. This can include the need for earlier delivery.
- Measuring blood pressure remains a key way to detect pre-eclampsia. All women should have this performed during pregnancy, along with urine assessment to detect protein.
- Symptoms such as headache, epigastric pain (beneath the rib cage), visual disturbance or sickness and vomiting can be a sign of pre-eclampsia. Severe pre-eclampsia can still occur without these symptoms.

COVID19 in pregnancy

- Anyone can be a carrier of COVID19 and able to infect others even if they feel well. It is important to maintain social distancing while pregnant to reduce the risk of infection.
- A woman who becomes infected with COVID-19 in pregnancy is most likely to have mild symptoms (such as a temperature, dry cough, muscle aches, loss of sense of smell/taste) and make a full recovery without any harm to her baby.
- There have been very few maternal deaths reported of pregnant women in the world, related to COVID19 infection. An increasing number of pregnant women have been infected.
- It appears unlikely that the baby can catch COVID19 from the mother while she is pregnant. Although there are a few reports of infected new-born babies, these still maybe due to infection after delivery. The virus has never been isolated in the baby at the time of delivery or found in amniotic fluid, the baby's cord or placenta. Neither has it been detected in breast milk. Testing for the virus is easy and accurate, so these findings are reassuring.
- There are no cases of harm described in development of the baby in earlier pregnancy, although data is limited from given the short timeframe of the pandemic.
- Women with high blood pressure in pregnancy do not seem to be at increased risk with a COVID19 infection. Non pregnant and older patients with high blood pressure are at higher risk if infected.
- The current advice regarding pregnancy, by the government, to be more stringent about social distancing, is based on concerns that pregnant women are more likely to get seriously sick in the last trimester (after 28 weeks) of pregnancy compared to

other patients. This is based on the experience with other virus such as flu and SARS, and has not yet been linked to COVID19.

Antenatal care schedules

- In the COVID19 crisis, many health systems will try and reduce face to face contact to protect women from COVID19 exposure. This may also be influenced by staff availability. Inevitably there will be less opportunity to have blood pressure and urine testing performed.
- All pregnant women should discuss with their midwife local arrangements to deliver antenatal care, including blood pressure assessment. When available, home blood pressure monitors can be used. If possible, those recommended for pregnancy are advised as not all devices are accurate in pre-eclampsia.

Andrew Shennan OBE MBBS MD FRCOG

Professor of Obstetrics

Clinical Director South London CRN

**Department of Women and Children's Health, School of Life Course Sciences,
Kings College London.**

Chair of Trustees, Action on Pre-eclampsia