



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 herself or her baby.
- Serious illness can occur in pregnancy, but is no more likely than in similar non pregnant women. If a woman is pregnant it is more complicated managing her illness, and the baby may have to be delivered early to aid her care.
- It appears unlikely that the baby can catch COVID19 from the mother while she is pregnant, although rare cases are reported. After delivery, infection from mother to baby is also unlikely. If the mother has a vaginal delivery, breast feeds or stays close to her baby, the chance of neonatal infection is not increased.
- There are no cases of harm described in development of the baby in earlier pregnancy. Babies usually recover well if they or their mother becomes infected.
- COVID19 infection does not increase the risk of pre-eclampsia. Risk factors in pregnancy are the same as in non pregnant individuals, and are related to being overweight or obese, underlying high blood pressure, diabetes, older age and BAME background.
- The current advice regarding pregnancy, by the government, to be more stringent about social distancing, is based on concerns that pregnant women are more challenging to manage.
- Many vaccines are safe in pregnancy, but studies have not yet proven their use and safety in pregnancy. Many of the current vaccines being developed are likely to be safe in pregnancy. Currently there is no recommendation for pregnant women to be vaccinated.

Antenatal care schedules

- In the COVID19 crisis, it is important to continue regular blood pressure and urine checks as the risk of COVID19 exposure is far less than the risk of missing pre-eclampsia.
- 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.

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