

Feto-Maternal Outcomes of Pregnant Women Infected with COVID-19: A Single-Center Observational Study

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ABSTRACT

Introduction: World health organization (WHO) declared COVID-19 a pandemic on 11th March 2020 but the outbreak of this infection was first reported in December 2019 in China and spread to other countries all over the world. This virus is a single-stranded RNA virus that was spread from wild animals sold at Huanan Seafood Market in Wuhan. COVID-19 affects all segments of the population including pregnant women. Pregnant women and their newborns are at high risk due to physiological changes in their immune and cardiopulmonary. The objective of this study was to explore the Feto-maternal outcome of infected pregnant women during the pandemic of COVID-19 virus infection.

Material and Methods: This is a single-center cross-sectional observational study that was carried out in the Government Hospital at Salmaniya Medical Complex (SMC). All laboratory-confirmed COVID-19-positive pregnant women (341) were included in this study during the period from December 2019 until February 2021. The Feto-maternal outcomes were recorded in a data sheet.

Results: 341 women were included. The age ranged between 17 and 45 years. (77.1% were multigravida and (22.9%) were primigravida. Most patients infected with COVID-19 were in their first and second trimesters. Most subjects (81.5%) do not have any comorbidities. Fever (47.2%), cough (47.2%), and dyspnea (36%) were the most common symptoms. Forty-four percent of the patients had a vaginal delivery, (17. 2%). underwent emergency section and early pregnancy loss was (3.8%). Among the (341) live births,77.1% were term and 22% were preterm, small for gestational age were (59.8%)

Conclusion: Although this study shows that pregnant women infected with COVID-19 are at risk of poor Feto-maternal outcomes, further study with the control group will be an asset to the management and counseling of those patients.

Keywords: Coronavirus disease 2019 (COVID-19); Feto-maternal outcome; Fetal death; Maternal mortality; Preterm birth; Severe acute respiratory distress.

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