

**AHA COVID-19 Clinical Guidance Series**  
**High Risk Pregnancy**

**KEY ON-AIR CONTRIBUTORS:**

**HOST:**

**Laxmi Mehta, MD, FACC, FAHA**

Section Director of Preventative Cardiology & Women's Cardiovascular Health  
Director of Lipid Clinics  
Sarah Ross Soter Endowed Chair in Women's Cardiovascular Health  
Professor of Medicine  
The Ohio State University

**EXPERT**

**Jourdie Triebwasser, MD, MA**

Assistant Professor, Maternal-Fetal Medicine  
Penn Medicine, Pennsylvania Hospital  
Philadelphia, PA

**Speaker 1:**

Welcome, and thank you for joining us for this podcast brought to you by the American Heart Association. This podcast is part of a series focused on sharing information with healthcare providers who are caring for patients during the COVID-19 pandemic.

**Dr. Mehta:**

Welcome to American Heart Association podcast, part two, focusing on high-risk pregnancy and COVID-19. My name is Laxmi Mehta and I'll be your host today. I'm a professor of medicine and the Director of Preventative Cardiology and Women's Cardiovascular Health at The Ohio State University Wexner Medical Center.

**Dr. Mehta:**

This is your power bike. We'll be discussing pregnant patients with COVID-19 and how to fair for themselves, two, is when should you advise your patient to go to the emergency room. We'll also discuss delivery plans and breastfeeding recommendations, how to prevent getting COVID-19 and some stress management tips, including the importance of mental health.

**Dr. Mehta:**

Our previous program focused on women and heart disease as it relates to COVID-19. We talked about how women can take action in the midst of the pandemic in particular, if they have underlying heart disease. Today, we'll discuss what pregnant women should be concerned about with regard to COVID-19. We will discuss what to watch out for if you're pregnant, as well as utilization of telehealth visits and OB. I'm very excited to have Dr. Jourdan Triebwasser joining me today.

Dr. Mehta:

Dr. Triebwasser is an obstetrician and an assistant professor of obstetrics and gynecology at the Pennsylvania Hospital. She specializes in maternal fetal medicine. Welcome to the podcast Dr. Triebwasser.

Dr. Triebwasser:

Thanks for having me.

Dr. Mehta:

So many have reached out to the American Heart Association regarding pregnancy and COVID-19. We recognize that there are no specific guidelines, but the AHA and ACOG have the material available online. Dr. Triebwasser, what if your pregnant patient has COVID-19? What should she do to take care of herself? When should she call her OB and when should she go to the ER?

Dr. Triebwasser:

Those are really good questions. So for our pregnant patients who have COVID-19, the most important thing for them to do is to stay at home unless they need to get medical care. And if they are coming in for medical care, to let the facility know that they've tested positive and to wear a mask when they're around other people.

Dr. Triebwasser:

Additional self-care tips are those patients should continue to wash their hands often. They're often living with other family members including young children, so we want them to be cleaning the surfaces around them in the house and separate themselves physically if that's possible within their homes, including using a separate bathroom if that's available. It's also really important for those women to get the rest that they need and to increase their fluid intake and then to monitor for symptoms. So women may experience worsening shortness of breath, difficulty breathing or fever, in which case they should call their obstetric care provider and certainly, women should seek attention if that shortness of breath is getting in the way of speaking in full sentences, if they notice that their lips or hands are turning blue or if anyone around them notices that they have altered mental status.

Dr. Mehta:

And should they call 911 at any point?

Dr. Triebwasser:

If they have those more concerning symptoms of being unable to speak in full sentences or noting that hands and lips are turning blue, I think calling 911 is a very reasonable next step.

Dr. Mehta:

Good points. Dr. Triebwasser, what about your delivery plans? Are there differences if someone has COVID-19 versus not?

Dr. Triebwasser:

So for timing of delivery in most cases, COVID-19 shouldn't alter what we're recommending. For women who have suspected or confirmed COVID-19 early in pregnancy who recover, we actually don't need to

change any timing of delivery for them. For women who have the disease later in pregnancy, like at the end of the third trimester, we may try to push back their delivery until they've recovered if there are no medical indications to get them to deliver, especially to be able to maintain the mom in contact with her baby after the time of delivery. However, we're not pushing back deliveries that are medically indicated.

Dr. Triebwasser:

The other thing that we're keeping in mind is the protective equipment and facilities needed for the delivery of these women may vary. And we're getting new information all of the time. So currently, we are considering caesarian deliveries to be aerosolizing procedures, and so using extra precautions including N95 masks. The use of N95 masks may vary also across institutions for vaginal deliveries because we don't know as of yet if those are air sterilizing procedures.

Dr. Mehta:

Those are all great points. And it's complex because delivery is already stressful for patients and then to add on COVID-19 makes it challenging. But along those same lines, what about breastfeeding? Any particular recommendations for those without or with COVID-19?

Dr. Triebwasser:

So at the American College of Obstetricians and Gynecologists, or ACOG, continues to recommend breastfeeding or breast pumping for women who are COVID-19 positive or those women who are under investigation. However, the neonate maybe at risk of viral acquisition due to respiratory droplets while breastfeeding. We don't have any data so far that the SARS virus can be transmitted via breast milk itself, so the decision to use a breast pump and have an unexposed caregiver feed the baby or to have the mother breastfeed needs to take into account patient desires, local hospital practices and getting pediatricians involved to see what the safest and best way to feed the baby is for that family.

Dr. Mehta:

Are there any particular additional preventative recommendations for pregnant patients?

Dr. Triebwasser:

So the Center for Disease Control is not considering pregnancy to be an increased risk condition for COVID, so we're recommending that our patients take the same kind of precautions as all other patients who may be susceptible to COVID-19.

Dr. Triebwasser:

What can be different about our pregnant patients is that many of them are also caring for small children at home, so we are recommending that those women continue good hand hygiene and recognize that while children seem to be less affected by the virus, our families are still responsible for protecting those around us at higher risk. And the American Academy of Pediatrics is still recommending that children get outside time during the pandemic, but that may take a different form than it has in the past for your family. We're still reminding people to follow their local public health guidance, maintain a distance of six feet from others and that children and adults should be washing their hands when they come back inside from outside time.

Dr. Mehta:

All great tips. Now, are there any particular additional stress management recommendations for pregnant patients?

Dr. Triebwasser:

Being home a lot and physically isolating from others can be really hard. Additionally, postpartum depression and anxiety, or depression and anxiety during pregnancy are extremely common even in the absence of a global pandemic, so a few tips that we can share with our patients to stay mentally healthy include staying connected with their friends and family, that may be over the phone or online. We should take breaks from the Coronavirus news every once in a while and take breaks from social media. Those women should be telling their OBGYNs or other health care professionals if they're feeling sad or anxious, especially if those symptoms are worsening. And we can share mental health resources, and these will vary pretty significantly across institutions, but there are likely to be social work consultations available, local therapy referrals that may include telemedicine. And the Substance Abuse and Mental Health Services Administration does have a helpline for women who are feeling distressed during this disaster.

Dr. Mehta:

Thank you, Dr. Triebwasser. So overall, the number of pregnant women with COVID-19 are fortunately very low, but COVID-19 is a particularly worrisome disease with many unanswered questions. All patients pregnant or not should call their physician's office if they're exhibiting signs of COVID-19.

Dr. Mehta:

Here's some call to action items that you could tell your patients. One, if you're pregnant, discuss with your obstetrician regarding pregnancy risks, plans for delivery and breastfeeding. Two most importantly, remember the prevention tips. Whether you're pregnant or not and also regardless of age, gender, we should all be washing our hands, avoid touching our faces, making sure we're wearing a mask and definitely maintaining social distance.

Dr. Mehta:

And number three, when in doubt, speak with your primary care physician, cardiologist or obstetrician. Thank you and namaste Dr. Triebwasser for sharing clinical perspectives today on COVID-19 as it pertains to your pregnant patients. Namaste is where you put your hands together and give a little bit of a bowing presence to people. It's an alternative way of handshaking. It's what's used in India. The good thing about namaste is that you're not touching anyone else's hands to greet them. You're just touching your own. So it ends up being germ-free.

Dr. Triebwasser:

Thank you for having me. Namaste.

Dr. Mehta:

Please return online to the AHA Professional Heart Daily for additional podcast planned for this series, which includes COVID-19 in stroke, diabetics, pulmonary hypertension, and other concurrent cardiovascular diseases during this disruptive time in healthcare delivery.

Speaker 1:

The views expressed here do not necessarily reflect the official policies or positions of the American Heart Association and American Stroke Association. For more information, please visit at [professional.heart.org](http://professional.heart.org).