

# 6.

## RECOMMENDATIONS FOR PREGNANT WOMEN

1. Reduce access of pregnant women to prenatal care, limiting only to high-risk cases (32).
2. Infants born to mothers with confirmed COVID-19 should be considered as suspects. As such, these infants should be isolated from others (33).
3. Separation (i.e. in an individual room) of the infant from the mother with COVID-19 confirmed or suspected, until the precautions based on the transmission risk of the mother are suspended. The decision should be discussed carefully between the caring team and the mother, evaluating risk and benefits of this choice, including the protective potential of colostrum, breast milk and feeding time (32,33).
4. The discharge of mothers after childbirth must follow the recommendations for discharge of COVID-19 or suspected patients (32).
5. In the case of a woman with suspected SARS-CoV-2 infection or with COVID-19, according to her clinical conditions and desire, breastfeeding should be started and / or maintained directly on the breast or with expressed breast milk (33). If mother and child must be temporarily separated because of mother clinical conditions, one should help the mother to maintain milk production through manual or mechanical/electric expressing (33). In a limited series reported to date, the presence of the virus in the breast milk of infected women has not been reported, but anti-SARS-cov2 antibodies have been found (31). So breast milk would be protective.
6. A mother with confirmed COVID-19 or ongoing swab samples because symptomatic should take all possible precautions to avoid spreading the virus to the baby, including washing hands before touching the baby and wearing a face mask, if possible, during breastfeeding. If using a manual or electric breast pump, the mother must wash her hands before touching the breast pump or parts of the bottle. If possible, have another person administer the milk to the baby (33). It is not yet known whether COVID-19 can be transmitted through breast milk. At present, the main concern is not whether the virus can be transmitted through breast milk, but rather whether an infected mother can transmit the virus through respiratory droplets during breastfeeding (32).
7. For assisting the delivery of women with confirmed or suspected COVID-19, staff must use the safety precautions provided for non-pregnant patients (33).
8. Pregnant women with suspected or confirmed SARS-COV2 infection should be treated with supportive therapies, however taking into account the physiological characteristics of pregnancy (2).
9. The use of experimental therapeutic agents outside of a research study should be guided by an individual risk-benefit analysis based on the potential benefit to the mother and the safety of the foetus, with the consultation of an obstetrician specialist and an ethics committee (2).
10. The decision to proceed to a pre-term birth is based on many factors: gestational age, maternal conditions and foetal stability and requires a collegial evaluation by obstetric, neonatal and intensive care specialists (depending on the mother's condition) (2).
11. Positivity in itself to Coronavirus is not an indication for a caesarean section which in these patients should only be performed based on other obstetric or medical indications (33).
12. In COVID-19 pregnant women, it is useful to be very cautious in inducing maturity of the lung by means of corticosteroids, since these drugs seem to worsen the course of the infection. If possible, evaluate each case with a neonatologist.

