

September 2021 update General Information Pregnancy and COVID-19

THE NEW NORMAL

Pregnancy and COVID-19



The information contained in this document is intended as a general guide and is not meant to provide personal medical advice, as individual clinical situations vary widely. Your healthcare provider is the best person for advice based on your own situation. Each Regional Health Authority is responsible for its individual arrangements for the management of patients. The pandemic and the scientific information continue to evolve. This information replaces any earlier COVID-19 information released by the Ministry of Health on pregnancy.

How can I protect myself against COVID-19?

Follow all the national recommendations including the wearing of masks in public, handwashing, use of alcohol-based sanitizers, physical distancing, frequent sanitizing of surfaces, cough and sneeze etiquette, avoid touching of face, and stay at home unless necessary.

You must attend your scheduled antenatal visits at the time you have been allocated. Do not bring other family members except for your partner, who must also comply with all recommendations. Children should not accompany you at these visits.

If you are unwell, seek early medical attention if any symptoms develop especially cough, fever or difficulty breathing. Call the national or local hotlines for advice. If you have an emergency call the ambulance services at 811.

What are my risks?

Pregnancy is considered a higher risk condition for developing severe illness in comparison to a well person. About two in every three women will have no symptoms at all. However, one in 10 to one in 20 women may get severe symptoms and require care in a High-Dependency or an Intensive Care Unit, especially if in the second half of pregnancy.

Additional risks factors include pregnant women with pre-existing or 'comorbid' conditions. These tend to be women over 35 years of age, diabetes mellitus, high blood pressure, asthma, obesity, and heart disease. Women in the late stages of pregnancy also appear to be at higher risk, although worldwide, severe cases were reported at all stages of pregnancy.

International reports have also suggested a possible greater likelihood of severe disease in certain populations such as black and minority groups, especially migrant communities, but this may be a feature of social and economic inequities in these countries where these populations have less access to healthcare.

I am pregnant and diagnosed with COVID-19

At this time, all COVID-19 pregnant patients are being cared for by the public health system. Private facilities are encouraged to liaise with the local Regional Health Authority (RHA) and the office of the County Medical Officer of Health, if a pregnant woman is diagnosed with COVID-19. Low risk patients are offered home isolation, as decided by your healthcare team.

If you are not a candidate for home isolation, the following applies to you:

If you do not have a pregnancy-related emergency (e.g. labour, close to delivery date) for which you require admission at an Obstetrics and Gynaecology (maternity) unit, you will be admitted to a state-run facility where you will be monitored for the development of any COVID-19 related complications. Whilst there, in addition to the day-to-day healthcare that the on-site staff will offer, telephone and other support will also be provided by pregnancy specialists from the maternity units. There are no onsite maternity or neonatal services at these facilities, and you will be transferred back if required. There are safe services at the maternity units designated for the care of pregnant patients with COVID-19 (see below) if you are in labour or have an obstetric emergency.

I am pregnant with COVID 19 and have an emergency

All public maternity units in Trinidad and Tobago are equipped to manage COVID-19 pregnant patients with emergencies. This includes early and late pregnancy complications.

What are the risks of the virus to my baby during pregnancy?

The overall risk of transmission of the virus from mother to baby appears to be low. There is no evidence that there is an increased risk of miscarriage. There is an increased risk of going into labour before the due date (preterm delivery). This can increase the chance of the baby being admitted to a neonatal specialist unit. There is also an increased risk of stillbirth.

Management of delivery in a patient who has COVID-19

The delivery will occur in a maternity unit at a public hospital which is equipped with the necessary facilities for mother and baby. Each RHA is responsible for its individual arrangements. These may vary depending on the layout of the institution. The facility will do its best to accommodate safe and respectful care of you and your family, while adhering to all medical and national guidelines.

After delivery, patients may also be transferred to a state-run facility if symptomatic or offered home quarantine if well. Temporary separation of mother and baby may be required especially if the COVID-19 symptoms are severe.

Breastfeeding and COVID-19

Breastmilk is the nutrition of choice for newborn babies unless medically contraindicated. Suspected or confirmed infection is not a contraindication to breastfeeding. Carefully supervised breast-pumping and storage of milk can also be considered for mothers who are separated for medical reasons after delivery.

Skin-to-Skin contact is encouraged, whilst adhering to other protocols including wearing of masks, sanitizing and the washing of hands before and after handling the baby. In addition to the many benefits of breastmilk, there are important antibodies (infection fighting substances) that are found in breastmilk and not in formula feeds.

Masks or cloth face coverings should never be placed on neonates or children younger than 2 years of age.

Safe vaccines are available for mothers who wish to access them. You can continue to breastfeed after receiving the vaccine. Currently there are two brands approved (Pfizer BioNTech and Sinopharm). Check in your area for the closest vaccination site. At some maternity units this is available on the postnatal ward.

I need to manage stress, anxiety, and depression, where can I get help?

Help is available to you. You can visit findcarett.com for additional resources. Stay active with regular exercise, have a healthy balanced diet. Please feel free to contact your local healthcare provider.

Vaccination

As of August 2021, the Pfizer BioNTech vaccine was approved for use after the first trimester of pregnancy (after completing 12 weeks). Ask your healthcare provider for further information. You will require two doses, at least three weeks apart.

As noted before, you can commence vaccination with either the Sinopharm or the Pfizer BioNTech vaccine after you have delivered. You can safely continue to breastfeed.

At this time, you can receive other usual vaccines in pregnancy (e.g. seasonal flu, tetanus) if two weeks have passed after the completion of the Pfizer BioNTech vaccine.

Currently, if you received one dose of the Astra Zeneca version and then discovered that you are pregnant, you are eligible to receive one dose of the Pfizer BioNTech vaccine after the first trimester. You do not require a third vaccine dose. Other combinations have not been approved e.g. Sinopharm.