Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus (COVID-19)

Historically, pregnant individuals have been thought to be at increased risk of severe morbidity and mortality from specific respiratory infections. With regard to COVID-19, the limited data currently available do not indicate that pregnant individuals are at an increased risk of infection or severe morbidity (eg, need for ICU admission or mortality) compared with nonpregnant individuals in the general population. Pregnant patients with comorbidities may be at increased risk for severe illness consistent with the general population with similar comorbidities. To date, consistent with our experience with other respiratory viruses such as MERS, SARS, and influenza, there is no conclusive evidence of vertical transmission of COVID-19. ACOG will continue to diligently monitor the literature for any COVID-19 risk signals in pregnancy.

This algorithm is designed to aid practitioners in promptly evaluating and treating pregnant persons with known exposure and/or those with symptoms consistent with COVID-19 (persons under investigation [PUI]). If influenza viruses are still circulating, influenza may be a cause of respiratory symptoms and practitioners are encouraged to use the ACOG/SMFM influenza algorithm to assess need for influenza treatment or prophylaxis.

Please be advised that COVID-19 is a rapidly evolving situation and this guidance may become out-of-date as new information or prophylaxis.

Assess Patient’s Symptoms

Symptoms typically include fever ≥38°C (100.4°F) or one or more of the following:
- Cough
- Difficulty breathing or shortness of breath
- Gastrointestinal symptoms

Routine Prenatal Care

Yes

No

Conduct Illness Severity Assessment

- Does she have difficulty breathing or shortness of breath?
- Does she have difficulty completing a sentence without gasping for air or needing to stop to catch breath frequently when walking across the room?
- Does patient cough more than 1 teaspoon of blood?
- Does she have new pain or pressure in the chest other than pain with coughing?
- Is she unable to keep liquids down?
- Does she show signs of dehydration such as dizziness when standing?
- Is she less responsive than normal or does she become confused when talking to her?

No Positive Answers

Routine Prenatal Care

Any Positive Answers

Elevated Risk

Recommend she immediately seek care in an emergency department or equivalent unit that treats pregnant women. When possible, send patient to a setting where she can be isolated. Notifying the facility that you are referring a PUI is recommended to minimize the chance of spreading infection to other patients and/or healthcare workers at the facility. Adhere to local infection control practices including personal protective equipment.

Low Risk

- Refer patient for symptomatic care at home including hydration and rest
- Monitor for development of any symptoms above and re-start algorithm if new symptoms present
- Routine obstetric precautions

No Positive Answers

If no respiratory compromise or complications and able to follow-up with care

Admit patient for further evaluation and treatment. Review hospital or health system guidance on isolation, negative pressure and other infection control measures to minimize patient and provider exposure

If yes to respiratory compromise or complications

Moderate Risk

See patient as soon as possible in an ambulatory setting with resources to determine severity of illness. When possible, send patient to a setting where she can be isolated. Clinical assessment for respiratory compromise includes physical examination and tests such as pulse oximetry, chest X-ray, or ABG as clinically indicated. Pregnant women (with abdominal shielding) should not be excluded from chest CT if clinically recommended.

Abbreviations: ABG, arterial blood gases; CDC, Centers for Disease Control and Prevention; HIV, human immunodeficiency virus. Healthcare providers should immediately notify their local or state health department in the event of a PUI for COVID-19 and should contact and consult with their local and/or state health department for recommendations on testing PUIs for COVID-19.

This information is designed as an educational resource to aid clinicians in providing obstetric and gynecologic care, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. The American College of Obstetricians and Gynecologists reviews its publications regularly, however, its publications may not reflect the most recent evidence. Any updates to this document can be found on www.acog.org or by calling the ACOG Resource Center.

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