

2019-nCoV epidemic: what about pregnancies?

On Feb 3, 2020, WHO confirmed 17 238 cases of novel coronavirus (2019-nCoV) infections in China. Among them, 2296 (13%) cases were reported as severe, and 361 deaths were declared (2%).¹

Members of the coronavirus family responsible for severe acute respiratory syndrome (SARS-CoV) and Middle East respiratory syndrome (MERS-CoV) are known to be responsible for severe complications during pregnancy.^{2,3}

12 pregnant women were infected with SARS-CoV during the 2002–03 pandemic.² Four (57%) of seven women in the first trimester had a miscarriage. In the second to third trimester, two (40%) of five women had fetal growth restriction, and four (80%) of five women had preterm birth (one spontaneous; three induced for maternal condition). Three (25%) women died during pregnancy.

In a review of 11 pregnant women infected with MERS-CoV,³ ten (91%) presented with adverse outcomes, six (55%) neonates required admission to the intensive care unit, and three (27%) died. Two neonates were delivered prematurely for severe maternal respiratory failure.

Considering that the 2019-nCoV seems to have a similar pathogenic potential as SARS-CoV and MERS-CoV,⁴ pregnant women are at increased risk of severe infections, there are no specific clinical signs of coronavirus infections preceding severe complications,⁵ coronaviruses have the potential to cause severe maternal or perinatal adverse outcomes, or both,^{2,3} and the current lack of data on the consequences of a 2019-nCoV infection during pregnancy, we recommend systematic screening of any suspected 2019-nCoV infection during pregnancy. If 2019-nCoV infection during pregnancy is confirmed, extended follow-up should be recommended for mothers and their fetuses.

We declare no competing interests.

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