

March 26: COVID-19 Clinical Update

Guidance for Pregnant/Lactating Providers

To facilitate the sharing of important clinical information during the COVID-19 healthcare crisis and to help respond to questions from physicians across the health system, Northwestern Medicine has implemented a new daily communication for physicians – the COVID-19 Clinical Update. This resource will provide the most current recommendations for the care and treatment of patients with suspected or confirmed COVID-19 infection, as well as guidelines to help contain the spread and keep you, your staff and your patients safe.

In this second issue, you will find guidelines and answers to frequently asked physician questions regarding pregnant and lactating healthcare providers involved in the care of patients with COVID-19 infection, along with a clarification on COVID-19 clinical research.

COVID-19 Clinical Research Clarification

There are two COVID-19 studies open at Northwestern Medicine to provide evidence on how best to treat patients:

1. [NIH Adaptive COVID-19 Treatment Trial \(ACTT\)](#)
2. [Evaluation of the Efficacy and Safety of Sarilumab in Hospitalized Patients with COVID-19](#)

If you have questions or a patient who should be considered for a clinical trial, contact the NMH COVID Infectious Disease pager at 312.472.6651.

For other patients who may benefit from remdesivir, at present the Gilead compassionate use program is suspended. Please check the [Gilead website](#) for updates on a future expanded access program. For questions regarding non-hospitalized patients with COVID-19, please call the **NM COVID Hotline at 312.47.COVID** or email them to COVID-19MD@nm.org.

GUIDANCE FOR PREGNANT OR LACTATING HEALTHCARE PROVIDERS

Questions regarding members of the workforce who are currently pregnant or lactating have been raised. Insufficient data exist to make specific recommendations with confidence, but it does not appear that pregnant or lactating patients are either at higher risk of infection or have worse outcomes. At this time, the U.S. Centers for Disease Control and Prevention (CDC) recommends that pregnant healthcare workers can continue to work, but may want to consider limiting exposure to patients with confirmed COVID-19 infections or

suspected/patients under investigation (PUI). Lactating women may continue to work in all clinical settings, adhering to standard contact and airborne precautions, and following strict infection control guidelines for contact and airborne precautions for patients with suspected or confirmed COVID-19. NM recommends that pregnant healthcare providers talk to their personal physicians about COVID-19 to discuss if any specific limitations or modifications should be established during pregnancy.

YOUR QUESTIONS ANSWERED

Q: Are pregnant women more likely to become infected with COVID-19 than non-pregnant women?

A: Current minimal evidence suggests that pregnant women are no more likely to become infected with COVID-19 than non-pregnant women. Most cases of COVID-19 cause mild to moderate symptoms such as cough and fever. However, a small number of young healthy people (< 45 years old) get severe symptoms, and require hospitalization and potential respiratory support.

Q: As in other viral illnesses, are COVID-19 symptoms more severe in pregnant women?

A: We do know some viral illnesses such as Influenza A and B can be more severe in pregnant women than in non-pregnant women. At this point, case reports of pregnant women suggest this is not the case for COVID-19. However, we currently do not have enough evidence to conclusively state that COVID-19 is not worse in the setting of pregnancy.

Q: Does COVID-19 infection increase the complications of pregnancy?

A: Pregnant women who are severely ill with any viral illness, such as the flu, can have complications during pregnancy, such as preterm delivery. We do not yet know if this happens more frequently with COVID-19.

Q: Can COVID-19 be transmitted to the baby during pregnancy?

A: Thus far, most of the data regarding COVID-19 does not suggest a risk of vertical transmission, through the passage of the virus from the mother to the baby during pregnancy, labor or breastfeeding. In the limited case series published, the virus has not been detected in amniotic fluid and none of the babies have tested positive immediately after birth.

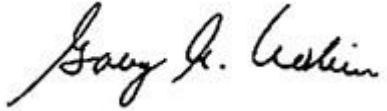
Q: Can COVID-19 be transmitted to the baby during breastfeeding?

A: The limited data on breastfeeding have not shown transmission through breast milk. Antibodies against COVID-19 have been detected in breast milk, which may offer some protection to the baby.

If you think that you have had an exposure to coronavirus either at home or work, or feel that you have symptoms, please call the NM COVID-hotline (312.47.COVID) for further guidance. Symptomatic healthcare workers may receive COVID-19 testing at the alternative testing sites.

For a full description of these recommendations, please view [Guidance for Pregnant or Lactating Healthcare Personnel and COVID-19](#). Additional clinical resources can be found on the COVID-19 pages on [Physician Forum](#) and [NMI](#). Remember, these resources are updated regularly, so please bookmark these pages and visit them frequently.

Thank you for your dedication to providing care to our patients and supporting each other during this challenging period. As this healthcare crisis evolves, we will continue to provide you with the most current information through this daily COVID-19 Clinical Update, as well as monitor your questions submitted to COVID-19MD@nm.org to help inform future communications.

A handwritten signature in black ink, reading "Gary A. Noskin". The signature is fluid and cursive, with the first name "Gary" and last name "Noskin" clearly legible.

Gary A. Noskin, MD
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