

Delivery Considerations for Patient with COVID-19

Delivery Considerations		
GA < 24 weeks	Non-Critically ill	<ul style="list-style-type: none"> If previsible PTL – can deliver in COVID unit or LDR
GA < 24 weeks	Critically ill	<ul style="list-style-type: none"> Avoid delivery in an UNSTABLE mother If previsible PTL – deliver in ICU, main OR if D&C required
GA 24-34 weeks	Severe but Non-Critically ill	<ul style="list-style-type: none"> Attempt to delay delivery and stabilize/ treat mother Betamethasone if imminent delivery within a week MgSO₄ for fetal neuroprotection if GA < 32 weeks (if benefits outweigh risk of pulmonary edema) Consider delivery for NRFHTs (category 3 or persistent category 2 fetal tracing) if stable mother Imminent need for SVD – move to LDR Imminent need for C/section – move to L&D OR
GA 24-34 weeks	Critically ill	<ul style="list-style-type: none"> Avoid delivery in UNSTABLE mother Attempt to delay delivery & stabilize / treat mother Case by case determination of delivery for maternal or fetal benefit if stable mother Betamethasone ONLY if HIGH risk for imminent delivery within a week MgSO₄ for fetal neuroprotection if GA < 32 weeks (if benefits outweigh risk of pulmonary edema) Imminent need for SVD – deliver in ICU Imminent need for C/section – move to Main OR Perimortem c/section – proceed in ICU
GA ≥ 34 weeks	Severe but Non-Critically ill	<ul style="list-style-type: none"> Attempt to delay delivery and stabilize / treat mother Case by case determination of delivery for maternal or fetal benefit if stable mother Consider delivery for NRFHTs if stable mother Avoid late preterm betamethasone Imminent need for SVD – move to LDR Imminent need for C/section – move to L&D OR
GA ≥ 34 weeks	Critically ill	<ul style="list-style-type: none"> Avoid delivery in UNSTABLE mother Case by case determination of delivery for maternal or fetal benefit if stable mother Avoid late preterm betamethasone Imminent need for SVD – deliver in ICU Imminent need for C/section – move to Main OR

If Perimortum/Resuscitative C-section proceed in ICU.

Schnettler WT, Al Ahwel Y, Suhag A, Severe ARDS in COVID-19-infected pregnancy: obstetric and intensive care considerations *American Journal of Obstetrics & Gynecology MFM* (2020), doi: <https://doi.org/10.1016/j.ajogmf.2020.100120>.