

# COVID-19 Infection & Pregnancy

Currently, there is relatively little information about the influence of COVID-19 in early or late pregnancy. However, there are increasing signs of possible increased risks for the mother-to-be and the child, especially in the third trimester of pregnancy.

**Pregnant women are now included in the at-risk group and the principle of increased caution now applies.** A severe case of COVID-19 can have unfavorable effects on pregnancy.

Studies conducted on small sample sizes show that pregnant women have a 5x higher risk of hospitalization and intensive care in the case of COVID-19 infections compared to non-pregnant women of the same age. Pregnant women also may be at an increased risk of a severe course, especially if they are over 35 years of age, obese and/or have high blood pressure.

For pregnant woman with COVID-19, the chances of a premature birth increase in the case of admission to an intensive care unit. In this case, a premature delivery would be necessary if the condition of the pregnant woman worsens.

Transmission of COVID-19 via the placenta is doubtful in the first trimester. However, there have been cases of transmission during the second and third trimester of pregnancy, albeit few. The course of an intrauterine infection is usually favorable in newborns. In the unborn child, damage to the placenta as a result of circulatory issues can lead to reduced growth.

A statement on the risk of miscarriages and malformations cannot be made with certainty, due to the limited amount of data, but these risks do not appear to have significantly increased so far.

## **Recommendations:**

Pregnant women and their partners should wear a mask in public spaces and strictly observe the recommended hygiene measures (frequent hand washing or hand disinfection). It is recommended to avoid shaking hands, frequented places and rush hours on public transport. They should as well keep a distance of more than 1.5 meters to other people.

A pregnant woman's employer is obliged to allow her to work from home. In the case of dangerous or arduous work, a risk assessment must be carried out by a professional in order to assess the dangers for the expecting mother and how to avoid them. The employer must implement the necessary protective measures.

If you have symptoms of COVID-19, we kindly ask that you do not come to our Praxis. Please inform us via telephone or e-mail in order to postpone your appointment and/or register you in the hospital.

Without symptoms or contact with infected persons, pregnant women do not need to be tested for COVID-19.

In the case of active fertility therapy, the respective cycle must be terminated. The patient will bear the costs of more complex fertility therapies.

Please keep in mind that these recommendations can change at any time.

Basel, 17.08.2020

Dr. med. Jean-Claude Spira Dr. med. Erika Ocon

# Questionnaire ART-Triage COVID-19

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	YES	NO
1. Have you been sick in the last 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have fever (over 37,5° C)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you coughing at present?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a sore throat?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you lost your sense of smell or taste?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you been in contact with somebody who has any of these symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you travelled to an area at high risk for COVID-19, nationally or internationally?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you work in a hospital/nursing home or healthcare facility?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you been in contact with somebody who has COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you been diagnosed with COVID-19?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you live in a household with somebody who has been diagnosed with COVID-19-Infection or has COVID-19-Symptoms (fever, cough, loss of smell)?	<input type="checkbox"/>	<input type="checkbox"/>
12. If you have been COVID-19 positive and recovered, do you have certified medical evidence of clearance?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a severe medical condition like diabetes, respiratory disease, chronic kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>

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Name

First name

Date of birth

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Date

Signature of patient

# Fertility Therapy and COVID-19

Dear couple,

Currently there is little practical knowledge of a COVID-19 infection in a pregnant woman and its influence on the child. Please read our detailed fact sheet on COVID-19 infections.

If you and/or your partner get infected (as evidenced by a positive test or by identified symptoms according to the triage questionnaire below), the fertility therapy must be stopped and put on hold. In this case, we would have to charge you non-mandatory services, if any.

Couples will receive a COVID-19 triage questionnaire before starting the stimulation phase. This questionnaire should be filled out by both partners before the egg retrieval. The day before egg retrieval, the laboratory will contact you in the morning to make sure that no new relevant symptoms have surfaced and to answer any questions you might have. Semen collection will be carried out at home.

We kindly ask you to arrive at the Bethesda Hospital punctually at the time indicated, and not too early, so that the waiting room is not too busy. At the main entrance, you will be given a face mask and you will be instructed to disinfect your hands. We regret to inform you that your partner cannot accompany you to the waiting room nor be present at the moment of embryo transfer. Your partner will wait for you outside the hospital until you are allowed to go home. We will inform him by phone about your condition and the results.

Before, during, and after fertility therapy, the preventive measures recommended by the Swiss Federal Council must and will be strictly observed.

Thank you for your understanding.

Dr. med. Jean-Claude Spira  
Dr. med. Erika Ocon

Patient's full name and birth date \_\_\_\_\_

Patient's signature and date \_\_\_\_\_