

COVID-19: The Risk for Pregnant Women And Their Babies

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The considerations raised here on the topic are based on the references mentioned. Coronavirus Disease 2019 (COVID-19) pandemic has resulted in an unprecedented worldwide health crisis of our time. Due to the alarming incidence of identified cases, morbidity and mortality, changes have been observed in behavioural choices, such as attitudes, habits, norms and values. In addition to being a public physical health emergency, the COVID-19 affected mental health and little is known about levels of psychological impact, stress, anxiety and depression during and after this time.

A lack of adequate knowledge about this new Coronavirus Pneumonia and misunderstandings about the information that is available, may aggravate the panic among the general population. The need for distance or social isolation, lockdown, economic crisis, precarious living conditions for most individuals, the inappropriate use of financial resources available to minimize this social impact, offer an adequately and safety health assistance increase a generated hopelessness.

It is known that COVID-19 is a highly contagious respiratory disease caused by Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). Many systemic complications have been associated with this disease. Some arise as a postviral autoimmune process, and still others are the result of metabolic and systemic complications due to the associated critical illness, such as: pulmonary thrombotic phenomena, coagulation dysfunction, cardiovascular and hepatic complications, and neurological disorders, among many others.

COVID-19 affects everyone, indiscriminately. However, there are more vulnerable groups, as pregnant women. Physiological and mechanical changes in pregnancy, such as the aspects of anatomical, reproductive, endocrine and immune changes, increase susceptibility to infections in general, particularly when the cardiorespiratory system is affected, and encourage rapid progression to respiratory failure. The anatomical structure of the respiratory

system is changed during pregnancy, and the virus is more easily inhaled and is difficult to remove, with a worse prognosis after infection when compared with non-pregnancy women.

The increased vulnerability of pregnant women as well as past experience from previous coronavirus and also Zika Virus (ZIKV) epidemics; this last one that emerged suddenly in the Americas in 2015 and was associated with a widespread outbreak of microcephaly and other severe congenital abnormalities in infants born to mothers infected during pregnancy are cause for concern of maternal and fetal complications possibilities. In addition there is a possibility of vertical transmission of COVID-19, although strong evidence has not been established to support this possibility. But the preterm deliveries has been noticed.

Considering what was mentioned above, infected or suspected mothers should be carefully monitored before, during and after delivery, as well as their babies; particularly to the compatibility of maternal COVID-19 infection with breastfeeding. Also, mothers and their neonates should be taken care of in isolated rooms in order to prevent neonatal transmission. Optimize prenatal care and discussion of potential modifications to obstetric management and fetal procedures in SARS-CoV2-positive patients with fetal anomalies or disorder. Due to the absence of strong scientific evidence, it was suggested that women avoid pregnancy during the pandemic period. However, and even due to social isolation, a high number of pregnant women probably reflects the current scenario. It is up to us to reflect on such a follow-up, minimizing risks and stress, anxiety, factors that, independently of other variables, can significantly compromise the baby's development, with an impact on the quality of life of both.

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