Severe SARS-CoV-2 in pregnancy

S. Watson[1], A. Saleem[2], V. Sathianathan[2], A. Richardson[2], N. Lucas[2]

1. Imperial school of Anaesthesia, London, UK; 2. London North West University Healthcare NHS Trust, London, UK

London North West University Healthcare NHS Trust

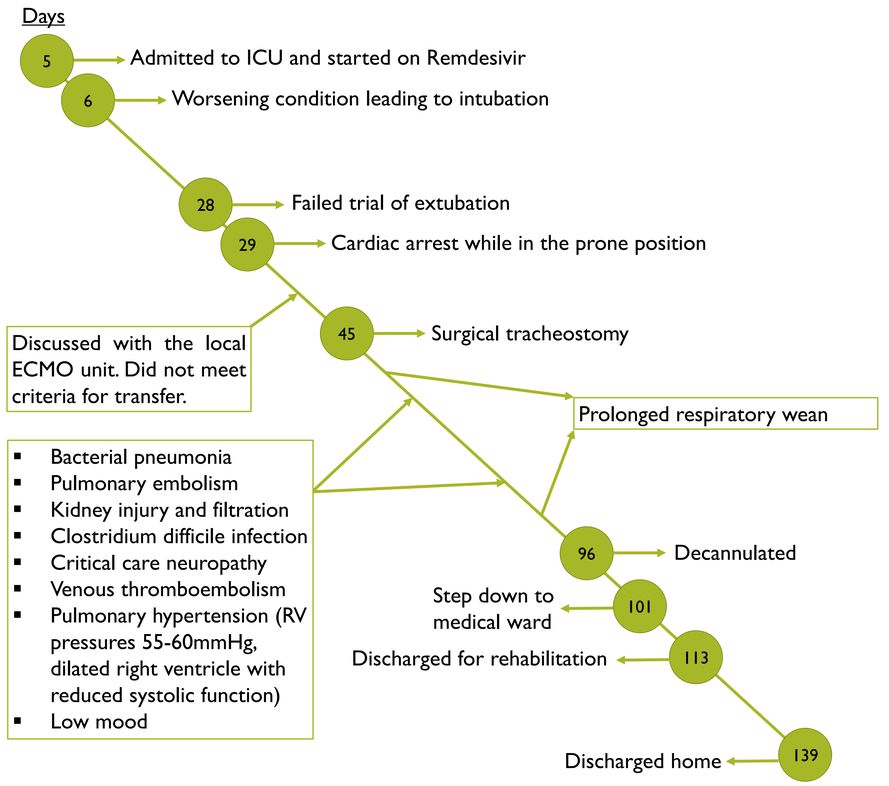
INTRODUCTION:

Pregnant women appear no more or less likely to contract SARS-CoV-2 infection than the non-pregnant population [1]. However, similar to other viral illnesses, they are at increased risk of developing severe disease, particularly in the third trimester of pregnancy. With patient consent we describe a case of severe SARS-CoV-2 in pregnancy, resulting in respiratory failure associated with a protracted and tumultuous intensive care (ICU) admission.

CASE REPORT:

A 30-year-old primigravida (non-smoker, booking BMI 50) presented at 32 weeks gestation with cough, fever and tachycardia. A viral PCR swab was positive for SARS-CoV-2. She received supportive therapy and steroids. On day 4 (D4), an MDT decision was made to deliver due to increasing oxygen requirement. A caesarean section under spinal anaesthesia was uneventful. Despite initial post-op improvement, she deteriorated further with increasing oxygen requirements and was transferred to ICU.

INTENSIVE CARE TIMELINE OF EVENTS:



A year from the initial presentation, she has returned to her premorbid activity level.

DISCUSSION:

The MBRRACE-UK rapid covid-19 report found that 10% of pregnant patients admitted to hospital with symptoms of SARS-CoV-2 were admitted to ICU, and 0.4% died [2]. Despite receiving treatment strategies available at the time of her illness, our patient suffered multiple complications of covid-19. Since the start of the pandemic, there have been significant advances in treatment strategies for covid-19. Pregnant women must receive the same therapeutic interventions as non-pregnant to minimise the risk of severe complicated infection. The RCOG recommends that all women should be offered vaccination.

REFERENCES:

1) Allotey J, Stallings E, Bonet M, et al. Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis. BMJ 2020;370:m3320.

2) 2) MBRRACE-UK. Rapid report 2021: Learning from SARS-Co-V-2 related and associated maternal deaths in the UK June 2020-March 2021. 2021. https://www.npeu.ox.ac.uk/assets/downloads/mbrrace-uk/reports/MBBRACE-UK_Maternal_Report_June_2021_-_FINAL_v10.pdf