



Which is the ideal treatment for Covid 19 Positive Pregnant Women ?

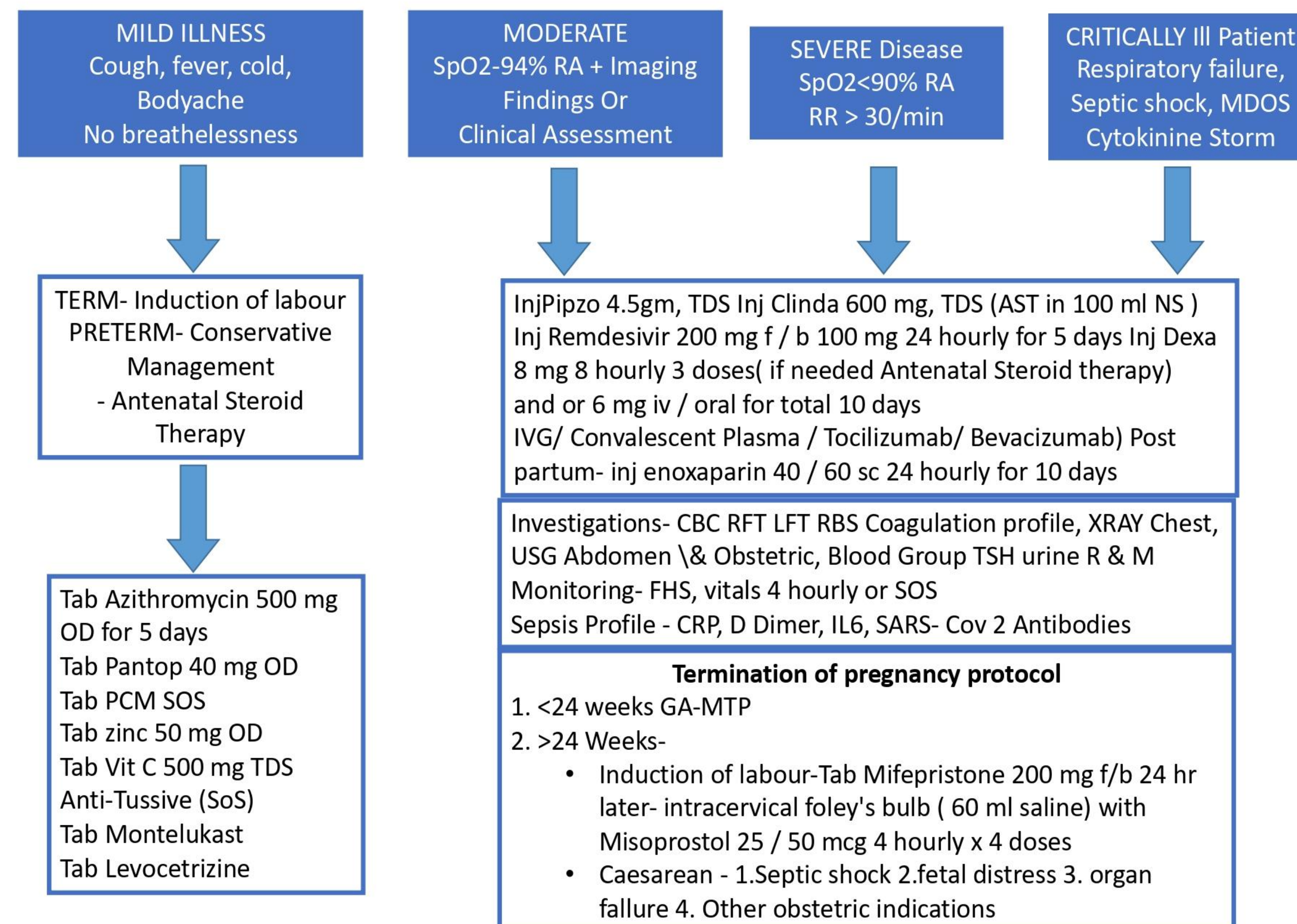
(An observational study in a Dedicated COVID 19 Hospital in Central India)

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INTRODUCTION

- **2019 - COVID-19-Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) - a global public health emergency**
- Covid19 infection upsurged as a havoc for humans as a whole ,pregnant women were affected too
- **In Past 2 decades -2 notable β -coronaviruses - SARS-CoV & MERS-CoV**
- **COVID-19 belongs to the same β -coronavirus subgroup - Shares genome similarity**
- Pregnancy and Covid 19 was a different scenario altogether
- With different variants of the virus constantly emerging
- Information is constantly evolving rapidly, Guidance by organizations regularly being updated and modified
- The main dilemma was the treatment protocol in pregnancy
- **First wave** of pandemic –asymptomatic and mild disease was seen , early termination of pregnancy was not indicated
- **Second wave** more of severe and critically affected cases – and more of maternal deaths in cases in whom inspite of morbid condition continuation of pregnancy was being considered
- But for the benefit of mother and to improve respiratory function we thought of termination as an option, specially after inputs of the multidisciplinary covid management team

Maharaja Tukojirao Holkar MTH Dedicated Covid Hospital Protocol for Management of Pregnant Patients with COVID-19 Positive



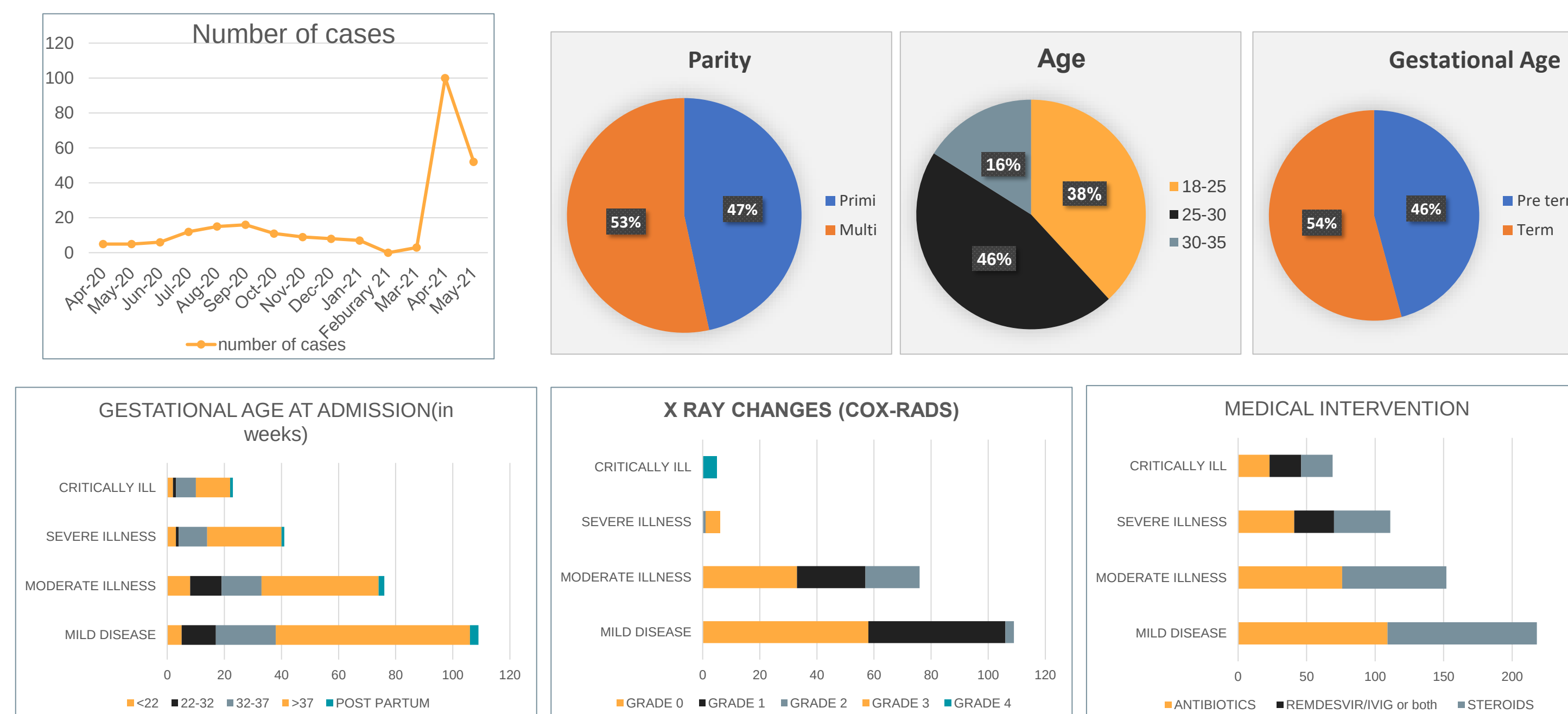
AIMS & OBJECTIVES

- **To study the outcome of various treatment modalities on COVID 19 positive pregnant women**
- **To propose a suitable treatment protocol**
- **To study the outcome of women who were delivered for maternal benefit**

METHODOLOGY

- A prospective observational study was done in MTH Dedicated Covid Hospital in Indore MP from **17 April 2020 to 31 May 2021** .
- The clinical outcome of **249 pregnant women** admitted during the first & second waves of the COVID 19 pandemic were analysed in reference to the treatment given as per national and international guidelines .
- As per institutional protocol induction of labor for termination of pregnancy was done in very severe illness, Remdesavir & IVIG were given on compassionate grounds

OBSERVATIONS



Indication for termination of pregnancy

Gestational Age	Obstetric Indication			Non Obstetric Indication		
	Discharged well	ICU Admission	Mortality	Discharged well	ICU Admission	Mortality
First Trimester	1	0	0	0	0	0
Second Trimester	5	4	0	0	2	2
Third Trimester	77	21	10	36	45	14
Total	83	25	10	36	47	16

Gestational Age	Remdesivir alone			Remdesivir and IVIg		
	Conservative management	Termination of pregnancy	Mortality	Conservative management	Termination of pregnancy	Mortality
<22 weeks	0	0	0	0	0	0
22-32 weeks	0	2	1	0	1	0
32-37 weeks	0	7	3	0	3	1
>37 weeks	0	18	13	0	13	2
Post Partum	2	0	1	1	0	1
Total	2	27	6	1	17	4

CONCLUSION

- Less mortality and higher recovery rate in those who given newer modalities of treatment and had early termination of pregnancy for severe illness
- Thereby emphasizing their use in future such infections
- Each case is different in its way and this is the reason why an individualized approach needs to be adopted for optimizing maternal & fetal wellbeing
- Its importance needs to be emphasized inspite of strict guidelines
- This is possible only with multidisciplinary team involvement.

RECOMMENDATIONS

An Individualized approach would help in optimizing maternal and fetal wellbeing. The world strives to gather more and more data so that more could be known about the virus and better maternal and fetal outcome could be ensured

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