

A Case of Symptomatic COVID in Pregnancy and Pre-Term Delivery

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Background

- Parturients are a high-risk population when infected with SARS-CoV-2 virus
- Evidence-based recommendations for management of pregnant women are limited



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What is the anesthesiologist role in multidisciplinary communication when caring for a parturient with COVID-19?



Case Description

23 year old unvaccinated G3P2002 at 30w5d who presented to an outside hospital for symptomatic COVID-19 infection

Transferred and admitted to VUMC labor and delivery

Clinical status worsened and interdisciplinary meeting held to discuss the patient and guide her clinical management

Taken for C-section, uncomplicated, but immediate post-operative clinical status worsened; taken to ICU from OR

Intubated in ICU → Treated for viral pneumonia with antivirals, steroids, and diuretics and extubated after 7 days

Discharged on POD 14 with a home O2 requirement

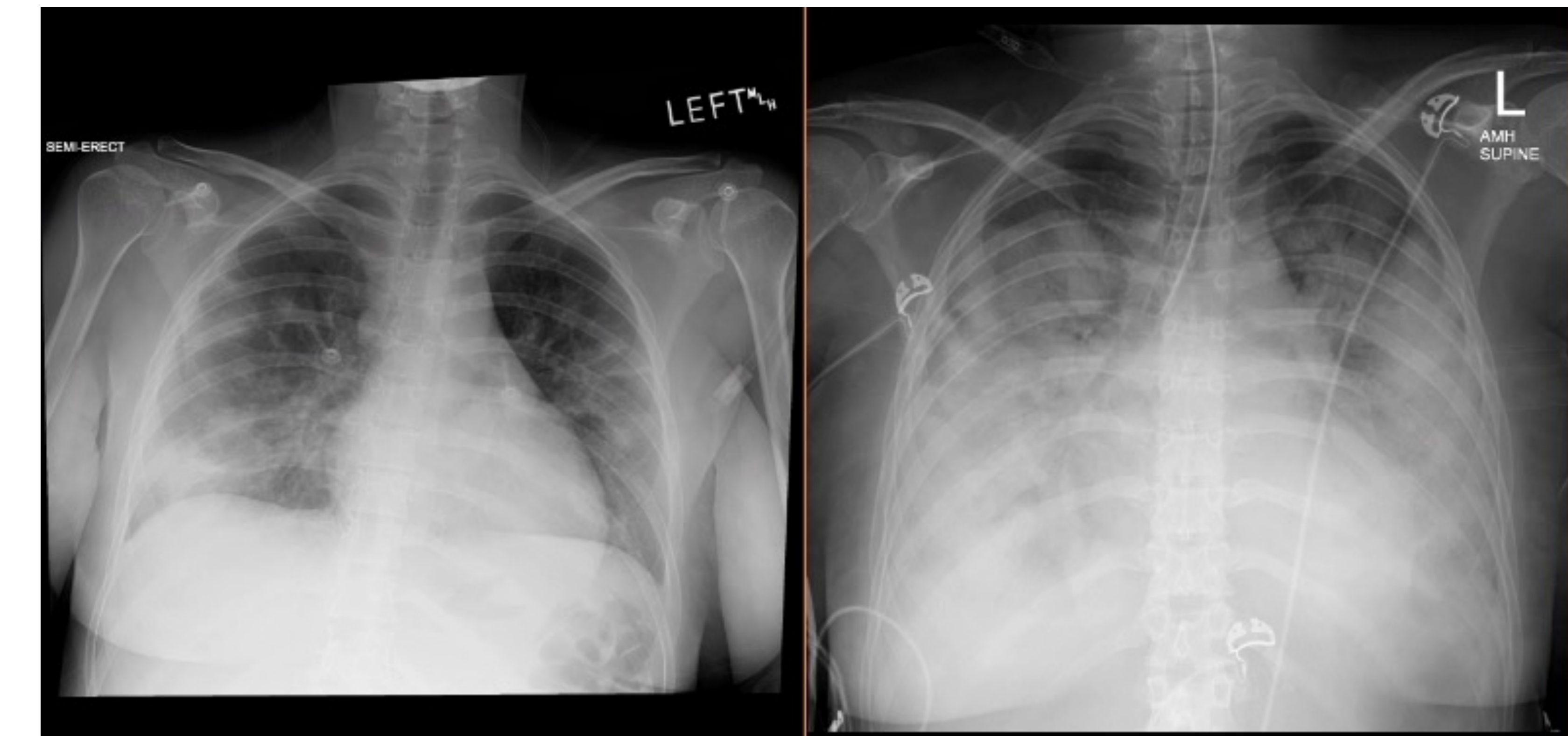
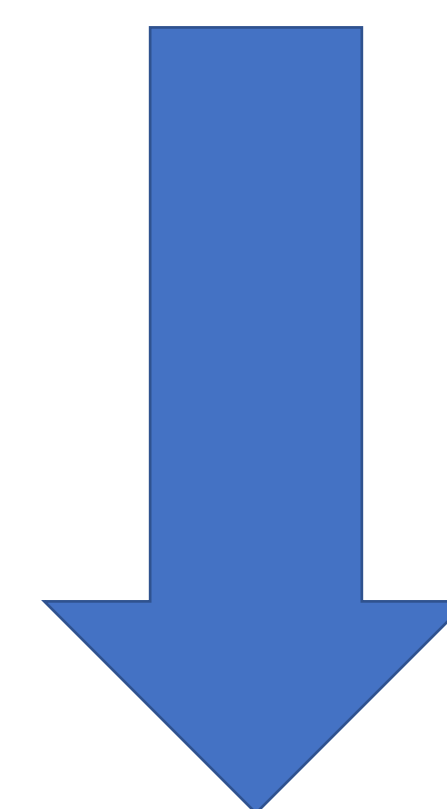


Image 1. Left shows CXR one day prior to intubation. Right shows post-intubation CXR in the ICU.



Conclusions

Data surrounding medical management and clinical outcomes in the treatment of a parturient with symptomatic COVID-19 remains limited



It is important for early collaboration between the anesthesia and obstetrics providers for the care and safety of mother and baby as we continue to work to advance maternal safety and outcomes during pregnancy

