

Pregnancy_and_covid_19.edited .docx

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Pregnancy and COVID-19

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Clinical Questions

COVID-19 is a mono RNA virus that has been encapsulated. COVID-19 immunologic response, like many other viruses, is dependent on a functioning immune system. COVID-19 disease can cause either moderate illness, in which the Virus is virtually eliminated by the immune function, or serious infections, with significant death rates. A pregnant female's location on this spectrum is uncertain. During gestation, the immune system changes to permit the formation of a semi-allogenic fetus, leading to an altered immunological response to viral infection.

Existing evidence from the United Kingdom indicates that pregnant women are no more highly likely than other healthy individuals to contracting COVID-19. Still, they are at a significantly increased risk of becoming extremely ill if they do contract coronavirus. They are also highly likely to have severe problems such as premature births or stillbirth. Approximately two-thirds of expectant mothers infected with COVID-19 exhibit no symptoms, which is referred to as asymptomatic). The majority of pregnant women who do have symptoms have a moderate cold or flu-like symptoms. COVID-19, on the other hand, can cause illness in a tiny proportion of pregnant ladies. Expectant mothers who contract COVID-19 have a slightly higher chance of being very ill than non-pregnant females, particularly in the third trimester. According to studies, pregnant ladies with COVID-19 have a greater hospitalization frequency to critical care units than women who are not expecting COVID-19. It is crucial to highlight that this might be due to physicians being more cautious when determining whether to admit somebody to the intensive care unit when a woman becomes pregnant. At this time, it is unknown if pregnancy will affect

the fraction of women who have 'long COVID' or a post-COVID-19 syndrome (Wastnedge et al., 2021).

PICOT Question: How do expectant mothers with confirmed COVID-19 infection affect together with their infants during and pregnancy?

This paper will evaluate the signs for the consequences of SARS-CoV-2 virus through pregnancy period. Similarly, the paper will look at the physiological adaptations to pregnancy and the inferences for COVID-19, the influence of coronavirus on perinatal outcomes, and areas of doubt where further research needs to be done.

Levels of Evidence

The type of question being asked in this incident is the meaning. Therefore, the severity of CCOVID-19 infection and the effects of the Virus on the mother and their infants is examined. The best evidence present in response to this question is a qualitative analysis of information already been presented concerning this subject.

For instance, in the United Kingdom, information about all expectant women who require hospitalization due to coronavirus is recorded in a registry known as the UK Obstetric Surveillance System (Phoswa & Khaliq, 2020). Expectant mothers with COVID-19 symptoms are significantly more likely to have an early birth, putting the infant at risk of preterm. A previous study also discovered that pregnant women who contracted the COVID-19 Virus at the time of conception were twice as likely to experience pre-eclampsia. They were also likely to require an emergency cesarean section and twice as likely to have pregnancy complications, even though the exact figure of stillbirths stays low. Expectant mothers from Black, Asian, and minority ethnic origins are more likely than other ladies to be taken to hospital for COVID-19, according to UKOSS research and more recent articles. Pregnant ladies over the ages of 35,

those with a BMI of 25 or higher, and those with pre-existing health conditions like hypertension and diabetes are also at a higher risk of developing acute sickness and requiring hospitalization. Living in locations or families with higher socioeconomic disadvantage has also been linked to an increased chance of getting a severe disease.

On the contrary, current data shows that if women have the Virus, it is unlikely to affect their baby's development; there have been no instances of this happening thus far. There is also no indication that COVID-19 disease during early pregnancy affects the probability of miscarriages. The spread of the coronavirus from a woman to her infant during pregnancy or delivery appears unusual. The manner of birth, feeding preference, or whether the mother and baby remain together do not affect whether or not a newborn infant has COVID-19. Similarly, it is essential to note that the infants survived in most recorded cases of newborns acquiring COVID-19 shortly after delivery. According to studies, pregnant women who get severely ill with COVID-19 have up to three times greater chance of delivering prematurely. Most of the time, it was advised that their infants be born early for the sake of the female wellbeing and to allow them to recuperate. Infants born before the time of delivery (before 37 weeks) are prone to the complications connected with preterm birth - the sooner in the gestation a child is born, the more susceptible they become. The January 2021 report of the UK Obstetric Surveillance Study (UKOSS) details 1,148 expectant women with coronavirus who were hospitalized within March and September 2020. Almost one out of every five women with symptomatic COVID-19 gave birth prematurely. Mothers who tested positive for COVID-19 but did not exhibit any symptoms were not more likely to deliver birth prematurely. Newborns to COVID-19 infected mothers were likely to be hospitalized in the neonatal intensive care unit (NICU), although virtually all

infants survived. There has been no statistically significant increase in stillbirths or infant deaths among infants delivered to COVID-19-positive mothers.

Nonetheless, a recent UK research assessed 3,500 females who had COVID-19 disease at the time of delivery versus approximately 340,000 women who did not have COVID-19. This study discovered that expectant women who tested positive for coronavirus at the time of delivery were twice as likely to have a premature birth and two times more likely to have a stillbirth. However, the actual incidence of stillbirths remained low.

Search strategy

The search terms used during this research were;

- Coronavirus
- SARS-CoV-2
- Pregnancy and coronavirus
- Effects of coronavirus infection throughout gestation
- Neonatal outcomes
- Pathophysiology

The results related to the COVID-19 Virus and its deadly effects on the elderly and expectant women, particularly those with pre-existing conditions. The databases used for this research were Medline, Embase, Google scholar, and CU Library.

The initial decision I made in refinement to get my required articles down to a reasonable number of reviews was to track which research techniques worked for me in a research log. This technique assisted me when the time to modify my search approached. I had a record of what worked and didn't work for me; therefore, refining the articles was easy. In addition, I used the option of using limits to narrow down my search results provided by the databases. These limits

were the date, full text, peer-reviewed/scholarly journals. These limits assisted me in identifying the two most relevant articles that would guide this paper.

Conclusion

Expectant mothers do not appear to be predisposed to SARS-CoV-2, the virus leading to coronavirus disease. However, research has indicated that infected pregnant ladies have a higher chance of having severe COVID-19 disease than non-pregnant females of comparable age. COVID-19 exposure during gestation has also been linked to an increased risk of premature delivery. Pregnant women over the age of 35, obese, or those with pre-existing medical problems like hypertension or diabetes are at a higher risk of severe COVID-19 complications. Nonetheless, there is yet insufficient evidence to determine if COVID-19, in particular, is linked to fetal loss, miscarriage, or stillbirth. However, it is not known that high fevers during pregnancy, particularly during the first trimester, might increase the chance of birth abnormalities (Trocado et al., 2020). As a result, pregnant mothers have been advised to avoid any sickness that produces fever, such as flu.

References

- Phoswa, W. N., & Khaliq, O. P. (2020). *Is Pregnancy A Risk Factor Of COVID-19?*. European Journal of Obstetrics & Gynecology and Reproductive Biology, 252, 605-609.
- Trocado, V., Silvestre-Machado, J., Azevedo, L., Miranda, A., & Nogueira-Silva, C. (2020). Pregnancy and COVID-19: A Systematic Review of Maternal, Obstetric and Neonatal Outcomes. The Journal of Maternal-Fetal & Neonatal Medicine, 1-13.
- Wastnedge, E. A., Reynolds, R. M., Van Boeckel, S. R., Stock, S. J., Denison, F. C., Maybin, J. A., & Critchley, H. O. (2021). *Pregnancy and COVID-19. Physiological Reviews*, 101(1), 303-318.

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