

## COVID-19 in Pregnancy: A Maternal Compromise

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### **Abstract**

Few studies have reported the effects of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) on pregnancy albeit the exact mechanism of maternal compromise requiring escalated management is not known. This case demonstrated how a pregnant woman deteriorated and recovered from COVID-19 after delivery. A 37-year-old lady, G4P3, at 29 weeks gestation presented with reduced fetal movement, fever, chest pain and cough, with a background of gestational diabetes. She was proven positive for COVID-19 and was started on treatment promptly. Initially, she was maintaining her oxygen saturations but later deteriorated despite maximum oxygen therapy. She was escalated to the Intensive Care Unit (ICU) and treated with non-invasive mechanical ventilation requiring up to a FiO<sub>2</sub> – 0.7. In view of the patient's best interest, multiple Multidisciplinary Team discussions took place and unanimously decided to proceed with emergency lower segment caesarean section under spinal anaesthesia which was uneventful. She made gradual recovery and was discharged from ICU after 2 weeks. During her admission, she was found to be MRSA positive from her Caesarean section wound and was treated accordingly. Both mother and baby were fit for discharge after 1 month of admission. There is a lack of evidence regarding implications of COVID-19 on pregnancy. Gestational diabetes on top of the physiological immunosuppressed status may put pregnant women in a vulnerable group. Further studies are required to identify factors generating increased rate of surgical intervention, preterm deliveries, and ICU admission in COVID-19 positive pregnancies.

**Keywords:** COVID-19, acute respiratory distress syndrome, gestational diabetes

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