

## **Covid-19, pregnancy and childbirth**

*Press release from the National Academy of Medicine*

*March 30, 2020*

The Covid-19 epidemic in France will not prevent the occurrence of 130,000 to 140,000 births in 2 months, or 200,000 births in 3 months. Even in the absence of the proven evidence of a foetal contamination by Sars CoV-2, new-borns, together with their mothers, therefore constitute a population of 300,000 to 400,000 people who must be protected.

The French National Academy of Medicine wishes to express its total support and solidarity to all public and private healthcare workers, obstetrician-gynaecologists, midwives, anaesthetists, neonatologists, nurses, nursing auxiliaries, childcare workers, all those who, through their function, competence, devotion and generosity, contribute, in exceptionally delicate and often extremely tense circumstances, to making the birth a controlled, safe and successful event.

In support of the feedback from the areas most affected by the epidemic, the French National Academy of Medicine recommends:

- 1) The establishment in all maternity hospitals of a network dedicated to the Coronavirus, with a protected care pathway from the time of entry into the maternity ward until the return home, and isolated care in the delivery room and then in the post-natal hospitalisation, in order to allow uninfected parturients to give birth in the maternity hospital and not at home, and thus to benefit from optimal safety conditions;
- 2) The continuation, with the necessary adaptation, of the medical procedures recommended during the last months or weeks of pregnancy - information consultation including by telephone, obstetrical examination, ultrasound, pre-anaesthetic visit, biological testings - in order to maintain all the optimal conditions of safety for the upcoming delivery, with an increased vigilance for high-risk pregnancies;
- 3) The supply of maternity hospitals with protective devices for caretakers, particularly for those working in the delivery room, including, in addition to masks and hydro-alcoholic gel, equipment suitable for significant exposure to body fluids during vaginal delivery and caesarean section: over-blouses, over-shoes, carts, glasses, to avoid any possibility of reciprocal contamination between parturient women and caretakers, since both of whom may be asymptomatic carriers of the virus;

4) Maintaining an empathic welcome for couples at an emotionally specific moment, the presence of the father remaining possible provided that the necessary individual precautions are taken, without forgetting that these measures are essential in priority on the carers in the event of limited availability.

5) The maintaining, with the necessary precautions, of breastfeeding which, in addition to the nutritional and immune benefits, maintains and develops the valuable mother-child relationship established during pregnancy, since current scientific data exclude the passage of the virus in breast milk.

