



COVID-19 in pregnancy and birth

This advice takes effect upon the cessation of the State of Emergency in Western Australia which was enabled due to the COVID-19 pandemic through s56 of the Emergency Management Act 2005 (WA) on 16 March 2020 and s167 of the Public Health Act 2016 on 17 March 2020.

What is COVID-19 and coronavirus?

Coronavirus Disease 2019 (COVID-19) is caused by SARS-CoV-2 and is easily passed from person to person. In most people with good health, COVID-19 is mild, however pregnant women are considered an at-risk group. Pregnant women are not more likely to get COVID-19 but if they become infected with COVID-19, there is a higher risk of severe illness from COVID-19 and pregnancy complications such as stillbirth and premature birth.

How will COVID-19 affect you?

Pregnant women who become infected with COVID-19 have a higher risk of some complications, which may include:

- needing admission to hospital,
- an increased risk of needing admission to an intensive care unit
- an increased risk of needing breathing life support.

Some pregnant women are more likely to have severe illness from COVID-19, particularly if they:

- are older than 35 years
- are overweight or obese
- have pre-existing (pre-pregnancy) chronic kidney disease
- have pre-existing (pre-pregnancy) high blood pressure
- have pre-existing (pre-pregnancy) diabetes (type 1 or type 2)
- smoke
- have a heart or lung condition such as asthma.

For more information about the risks of COVID-19 in pregnancy see the Australian Government's [COVID-19 vaccination – Shared decision making guide for women who are pregnant, breastfeeding or planning a pregnancy](#)

How will COVID-19 affect your baby?

The risk of infection passing from mother to baby during pregnancy is known to be very low. When newborn babies are infected it is almost always from close contact with the mother after birth, and it is rare for these babies to develop severe illness.

Some babies born to women with COVID-19 infection have been born early (prematurely). In most cases doctors advised that the baby should be born early because the mother was very unwell and requiring intensive care treatment.

Your maternity care provider will ensure that an appropriate plan of care is discussed with you. This may include a scan to monitor your baby's growth during and following your recovery from

COVID-19. It is important that if you have any concerns about your pregnancy or baby that you contact your maternity care provider as early as possible.

If you have a high fever at any stage of your pregnancy call your healthcare provider or your General Practitioner (GP).

Should I have the COVID-19 vaccination if I am pregnant or planning a pregnancy?

Yes, COVID-19 vaccination is recommended for women who are pregnant, breastfeeding or planning a pregnancy.

It is important to know:

- Pregnant women are not more likely to get COVID-19 but if they become infected with COVID-19, there is a higher risk of severe illness from COVID-19 and pregnancy complications like preterm birth.
- COVID-19 vaccination may provide indirect protection to babies by transferring antibodies through the placenta (during pregnancy) or through breastmilk (during breastfeeding).

The Australian Technical Advisory Group on Immunisation (ATAGI) and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) recommended that pregnant women of all ages receive COVID-19 vaccines at any stage of pregnancy.

If you are pregnant and received a first dose of AstraZeneca COVID-19 vaccine can receive either an mRNA COVID-19 vaccine (Pfizer or Moderna COVID-19 vaccines) or the AstraZeneca COVID-19 vaccine for your second dose, although an mRNA vaccine is preferred.

Pregnant women are a priority group for COVID-19 vaccination with these mRNA vaccines and you are encouraged to discuss the decision in relation to timing of vaccination with your health professional. If you are trying to become pregnant you do not need to delay vaccination or avoid becoming pregnant after vaccination.

If you are pregnant or breastfeeding and have completed your primary 2-dose vaccination, it is recommended to have a booster three months after your primary course or a COVID-19 infection.

If you are pregnant and have health problems that increase your risk of severe COVID-19 (e.g. immunocompromise, chronic kidney disease, diabetes mellitus, chronic cardiac disease, severe obesity or severe underweight) you should speak with your doctor to discuss an additional winter booster dose (fourth dose). Fourth doses are not necessarily recommended for pregnant women without additional risk factors for severe COVID-19, but those over 30 years of age are included in the recommendation that it be considered.

Is it safe to come to hospital?

It is safe for you to come to hospital for antenatal clinic appointments. It is important to stay connected with your maternity care provider/s involved in your pregnancy and to contact them if you are worried about anything.

It is also important that you have all the usual tests, vaccinations and check-ups required during pregnancy.

Your maternity care provider will plan your care with you. Some of your appointments may be offered virtually using either phone or video. If you or your maternity care provider identifies any risks or concerns, then face to face appointments may be required and will be arranged with you.

Access to routine antenatal investigations, ultrasounds, maternal and fetal assessments can happen outside the hospital antenatal clinic. Your maternity care provider may make alternative arrangements for your care which may include being seen by your GP in the community or by a maternity care provider in your home.

Can COVID-19 be prevented or cured?

There is no cure, however vaccinations to reduce the severity of the disease are available. Other things you can do to reduce your chance of getting the infection include:

- wearing a mask in public places
- washing your hands regularly and frequently—use soap and water for at least 20 seconds or an alcohol-based hand rub (ABHR)
- using physical distancing (stay 1.5 metres away from other people)
- avoiding anyone who has a fever, cough or symptoms of a cold or chest infection
- avoiding touching your eyes, nose and mouth
- stay home and speak with your GP or health care provider about getting tested if you have any symptoms of COVID-19, however mild.

Some people with risk factors for severe COVID-19 may be offered treatments to reduce the risk of severe disease. If you have existing medical conditions, contact your healthcare provider for advice.

If you are unwell:

- telephone your healthcare provider as soon as possible
- take paracetamol for fever or pain, as per instructions on the packaging (avoid medications that contain ibuprofen if possible)
- rest and drink plenty of water.

What if you or your family has COVID-19?

If you think you or a family member might have COVID-19, access the [Coronavirus Symptom Checker](#), call your general practitioner, or the National Coronavirus Helpline 1800 020 080.

When should you get tested for COVID-19?

You should consider discussing with your GP or medical provider about getting tested for COVID-19 if you have symptoms of COVID-19 or are a close contact of someone who is a confirmed COVID-19 case. Symptoms of COVID-19 include fever, cold or flu-like illness, including symptoms such as sore throat, cough, fatigue, runny nose, loss of taste and smell and/or difficulty breathing; new gastroenteritis like symptoms such as vomiting and/or diarrhea.

It is recommended that you isolate if you have:

- Tested positive for COVID-19 or
- been tested for COVID-19 and are awaiting your result, or
- have been identified as a close contact of a positive case of COVID-19.

How do you self-isolate?

If you have symptoms or a positive test result it is recommended that you stay indoors and avoid contact with others.

This means:

- avoid going to school, work or public areas
- avoid using public transport
- staying at home and not bringing visitors to your home
- ventilate rooms by opening windows
- sleeping apart, where possible
- using your own linen
- using your own cutlery and utensils
- separating yourself from other members of the household, where possible
- increasing cleaning of shared areas.

Can you come to antenatal appointments if you are positive for COVID-19

Contact your healthcare provider or hospital to:

- inform them that you are COVID-19 positive or symptomatic of COVID-19.
- request advice on attending routine antenatal appointments.

What if you are positive to COVID-19 and feel unwell or are worried?

If you begin to feel unwell (have a fever, cold or flu-like illness, including symptoms such as sore throat, cough, fatigue, runny nose, loss of taste and smell and/or difficulty breathing, experiencing any new gastroenteritis like symptoms such as vomiting and/or diarrhea), seek immediate medical attention. Call ahead to your GP or emergency department and tell them about your situation before you arrive.

What if I go into labour when positive with COVID-19?

If you go into labour, call the hospital, or your healthcare provider. Tell them that you have tested positive to COVID-19. They will tell you what to do, and when and how to come to hospital.

If the suggested transport is by ambulance, call for an ambulance by dialling 000. Let the call taker at St John Ambulance WA know you are in labour and have tested positive to COVID-19.

Will COVID-19 affect your birth plan?

You have the right to a safe and positive birth experience. Having COVID-19 will not by itself affect how your baby is born. If you are booked for an induction of labour or caesarean section, and have COVID-19, notify your health care provider immediately to discuss a plan.

If you are COVID-19 positive:

- you will be asked to wear a mask
- you will still be able to move in labour and birth to the position of your choice, but you will not be able to have a water birth
- you will have access to a range of pain relief options including an early epidural

- your baby's heart rate may be continuously monitored during labour
- you will be assisted with respiratory and hand hygiene prior to holding your baby.

Continuous monitoring of your baby in labour is recommended (but is not compulsory). This is because some babies (whose mothers had COVID-19) showed signs of distress during labour. Monitoring can help detect problems as early as possible. This recommendation is the same as for other infections in pregnancy. Talk to your healthcare provider about any concerns you may have.

Care providers

Your maternity care providers will provide you with support and care during your labour and birth.

Maternity care providers caring for you will wear personal protective equipment (such as a face mask, face shield, gloves and apron/gown).

Support person

- We recognise the importance of having a partner/support person to participate in your care. You can have a nominated partner/support person with you during labour and birth, to act as a participant in care.
- The person you choose to be your participant in care should not be COVID-19 positive, symptomatic or be a close contact, and should also consider their own individual health risk factors including COVID-19 vaccination status.
- The participant in care may be required to undertake a RAT or PCR and wear personal protective equipment. The staff will provide guidance on how to wear the equipment.
- Because you have COVID-19, your participant in care may become a close contact and should monitor for symptoms after the birth.
- Consider any local hospital exclusion periods that may apply to COVID-19 positive and close contacts visitors
- Further information can be found on your local health service website and in their visitor guidelines.

If you have any concerns or questions, contact your maternity care provider.

Will having COVID-19 affect contact with my baby?

In most cases keeping a mother and baby together is best. If either of you are very unwell this may not be possible. Your healthcare provider will talk with you about what you want and what your choices are. If you are very unwell, one option may be for your baby to go home with a well adult (e.g. well partner or relative).

If you have or may have COVID-19 it is important to do everything you can to prevent your baby getting the virus, even if you don't have symptoms. It is very important that you:

- get vaccinated
- wash your hands before and after touching your baby-use soap and water for at least 20 seconds or an alcohol-based hand rub (ABHR)
- routinely clean and disinfect surfaces you have touched
- have a healthy adult assist you to care for your baby where possible
- wear a mask while in close contact with your baby, including while feeding.

A small number of babies may develop mild or moderate symptoms in the weeks following birth and some may require additional hospital care. If your baby becomes unwell following birth, contact your GP or hospital. Call ahead and advise them you have or have recently had COVID-19.

Will your baby be tested for COVID-19?

The need for testing your baby will be determined by the symptoms your baby has. In general, well babies will not be tested.

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