



COVID 19 and pregnancy: the RCOG response



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What I will cover

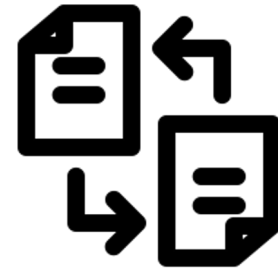
- The RCOG COVID 19 guidance
- Methodology used
- Key recommendations

What has been developed?

A suite of guidance documents

Continual review and revisions

Most recent: v10 of COVID in pregnancy guideline



10

Methodology used for guidance development



Updates based on:

- Literature review
- Feedback



Expert consensus for advice statements

Post production review



Key guidance recommendations

v10
(1/2)



Self-isolating at home: stay well hydrated and mobile throughout this period



Perform a (VTE) risk assessment as per the RCOG Green-top Guideline No 37a.



Infection with SARS-CoV-2 should be considered as a transient risk factor



If already prescribed thromboprophylaxis this should continue



Concerns for VTE during a period of self-isolation: a clinical VTE risk assessment (in person or remotely) should be performed and prophylaxis prescribed.



Local procedures followed to ensure a supply of low molecular weight heparin (LMWH)

Key guidance recommendations v10 (2/2)



If self-isolating: thromboprophylaxis until recovered from the acute illness (between 7 and 14 days). If ongoing morbidity and limited mobility, seek advice from a clinician with expertise in VTE.



All pregnant women admitted with confirmed or suspected COVID-19 should receive prophylactic LMWH, unless birth is expected within 12 hours.



If severe complications of COVID-19: dosing regimen of LMWH should be discussed an MDT, including a senior obstetrician/ clinician with expertise in managing VTE in pregnancy.



If hospitalised + confirmed COVID-19: thromboprophylaxis for 10 days following hospital discharge. If persistent morbidity, consider a longer duration of thromboprophylaxis.



If postpartum admission with confirmed/suspected COVID-19 within 6 weeks of birth:

**LMWH for the duration of admission
LMWH for least 10 days post discharge
Extend for 6 weeks if ongoing morbidity**

Relevant references and links

RCOG COVID 19 Hub

<https://www.rcog.org.uk/en/guidelines-research-services/coronavirus-covid-19-pregnancy-and-womens-health/>

RCOG COVID in pregnancy guidance

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-06-04-coronavirus-covid-19-infection-in-pregnancy.pdf>

COVID related queries or feedback:

COVID-19@RCOG.ORG.UK (monitored mailbox)

DISCLAIMER: The Royal College of Obstetricians and Gynaecologists (RCOG) has produced this guidance as an aid to good clinical practice and clinical decision-making. This guidance is based on the best evidence available at the time of writing, and the guidance will be kept under regular review as new evidence emerges. This guidance is not intended to replace clinical diagnostics, procedures or treatment plans made by a clinician or other healthcare professional and RCOG accepts no liability for the use of its guidance in a clinical setting. Please be aware that the evidence base for COVID-19 and its impact on pregnancy and related healthcare services is developing rapidly and the latest data or best practice may not yet be incorporated into the current version of this document. RCOG recommends that any departures from local clinical protocols or guidelines should be fully documented in the patient's case notes at the time the relevant decision is taken.



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