FEATURES OF THE PREGNANCY AND DELIVERY COURSE, FETAL AND NEWBORN STATUS IN WOMEN WITH COVID-19

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V.O. BENIUK
MD, professor, head of the Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, Kyiv
ORCID: 0000-0002-5984-3307

N.M. HYCHKA
PhD, associate professor, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, director of the Municipal Non-Profit Enterprise "Kyiv City Maternity Hospital No. 3", Kyiv
ORCID: 0000-0001-9863-6207

O.V. ZABUDSKYI
PhD, associate professor, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, responsible for organizing and providing of obstetric care to patients who are in deployed intensive care beds for the treatment of patients with coronavirus disease COVID-19 of the Municipal Non-Profit Enterprise "Kyiv City Maternity Hospital No. 3", Kyiv
ORCID: 0000-0003-1969-7031

T.M. FURSA-SOVHYRA
assistant, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, deputy director for organizational and methodological work of the Municipal Non-Profit Enterprise "Kyiv City Maternity Hospital No. 3", Kyiv
ORCID: 0000-0002-1146-7568

T.V. KOVALIUK
PhD, associate professor, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, Kyiv
ORCID: 0000-0001-9339-881X

V.F. OLESHKO
PhD, assistant, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, Kyiv
ORCID: 0000-0003-2493-2892

A.S. CHEBOTAROVA
assistant, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, Kyiv
ORCID: 0000-0002-8317-3737

Contacts:
Viktor F. Oleshko
Bogomolets National Medical University, Obstetrics and Gynecology Department No. 3
7 V. Kuchera str. 03148 Kyiv, Ukraine
Tel.: +38 (099) 043-16-50
Email: docolv@gmail.com

INTRODUCTION

Coronavirus infection caused by the SARS CoV-2 virus is currently one of the main topics discussed at all levels around the world. The first cases of the disease were registered in Wuhan (China), in December 2019 [8, 10, 24]. On January 30, 2020, the World Health Organization (WHO) declared the outbreak an international public health emergency, and on March 11, it declared it a pandemic [1, 2, 5, 10, 25].

According to the WHO, over 2 234 281 cases of SARS CoV-2 coronavirus infection and over 52 295 deaths have been confirmed in Ukraine [20].

SARS CoV-2, as for any coronavirus, is characterized by seasonality of the disease. Thus, as of June 1, 2021, 2137 infected people were officially registered in Ukraine, while as of April 1, 2021, the number of infected people was 20 341 [4].

Since the beginning of the pandemic, obstetricians and gynecologists have been investigating the impact of the new coronavirus on pregnancy, delivery and newborns status [6, 7, 9, 13, 14, 17, 22]. Today, it is known that pregnant women have no specific clinical manifestations of COVID-19, and the diagnosis criteria, features of the clinical course and complications do not differ from those for other categories of the adult population of the corresponding age [17, 21, 22]. Data on the risks of COVID-19 during pregnancy are extremely limited. Infected pregnant women should be under dynamic monitoring, as they belong to the risk group for severe viral diseases, including those caused by other Beta-CoV viruses [12, 15]. However, the current data do not confirm the existence of such a risk in COVID-19. Any pneumonia of infectious etiology is an important cause of morbidity and mortality among pregnant women. At the same time, there is currently no reliable information on the effect of SARS CoV-2 on the fetus and newborn status [13, 16, 18, 19, 21, 25].

Pregnant women with a history of somatic diseases form the group of increased risk for severe forms of COVID-19. These diseases include chronic lung diseases, moderate and severe bronchial asthma, heart diseases, weakened immune systems, including conditions after cancer treatment, severe obesity (body mass index more than 40 kg/m^2), diabetes mellitus, chronic kidney and liver diseases and anti-phospholipid syndrome [3–5, 9, 13, 18, 22, 23].

Examination of pregnant women with COVID-19 does not differ from the examination of adult patients with COVID-19. If necessary, it is possible to use X-ray diagnostic methods (survey radiography and computed tomography of the chest organs) with fetus protecting from radiation. A special obstetric examination is carried out in full in accordance with the gestational age [2–4, 7, 13, 17, 25].

Laboratory diagnostic methods in pregnant women and women in labor do not differ from standard methods acceptable for adult patients: performing a standard clinical and laboratory tests (clinical blood test, leukocyte formula, biochemical blood test (alanine aminotransferase, aspartate aminotransferase, urea, bilirubin, glucose, C-reactive protein, acid-base state, coagulation profile), general urine analysis) [3, 9, 11, 13, 17, 25].

Laboratory testing for COVID-19 in the maternity hospitals/perinatal centers should be organized for all pregnant women, women in labor, including in case of emergency hospitalization, and if there was no pre-hospital examination [2, 5, 13].

Research objective. To evaluate the features of pregnancy and delivery course, fetal and newborn status in women with confirmed COVID-19.

MATERIALS AND METHODS

A retrospective clinical and statistical analysis of 106 pregnancy and delivery case histories and medical records of newborn from women with a gestation period of 22–41 weeks with a confirmed diagnosis of COVID-19 was carried out. These women were treated and delivered on the temporarily converted beds for providing obstetric care to pregnant women, women in labor and postpartum women with suspected and infected COVID-19 and gynecological patients at the Municipal Non-Profit Enterprise "Kyiv City Maternity Hospital No. 3" from September 2020 to May 2021.

Statistical analysis of results was carried out with methods of descriptive and variational statistics.

RESULTS

Temporarily converted beds for providing obstetric care to pregnant women, women in labor and postpartum women with suspected and infected COVID-19 at the Municipal Non-Profit

Enterprise "Kyiv City Maternity Hospital No. 3" were organized in April 2020 and closed in May 2021. During the study, 372 women were hospitalized, including 106 pregnant women with a gestation period of 22–41 weeks. The delivery took place in 48 women.

The dynamics of hospitalization of pregnant women to the Municipal Non-Profit Enterprise "Kyiv City Maternity Hospital No. 3" is shown in the Fig. 1.

Since September 2020, the number of pregnant women with COVID-19 has had a steady upward trend with a significant predominance of patients in February and March 2021 compared to September 2020 and May 2021 ($p < 0.05$).

The average age of pregnant women ranged from 21 to 39 years and was 33 ± 2.4 years, but significantly prevailed women aged 30–35 years ($p < 0.05$). 63 pregnant women were married (59.4%), 21 (19.8%) – single, 22 (20.8%) – in a civil marriage ($p < 0.05$).

Information about blood types and rhesus (Rh) factor of pregnant women is given in Table 1. Among the examined women, women with A (II) second blood group and Rh positive factor significantly prevailed – 51 (48.1%) and 85 (80.2%) respectively ($p < 0.05$).

At the same time a more thorough analysis of the Rh factor and blood type revealed that pregnant women with 0 (I) first blood group (12, 57.2%) and A (II) second (5, 23.8%) blood groups dominated among women with a negative Rh factor ($p < 0.05$) (Table 2).

Assessing the state of somatic health, we noticed that 68 (64.2%) pregnant women considered themselves healthy ($p < 0.05$). At the same time, 38 (35.8%) pregnant women had somatic pathology, including the combined pathology – 6 (15.8%). The structure of the existing extragenital pathology was dominated by diseases of the cardiovascular system – 8 (21.1%), diseases of the urinary tract – 9 (23.7%) and thyroid gland dysfunction – 7 (18.4%).

The average age of menarche in the significant majority of women was within the physiological norm and ranged from 11 to 13 years – 75 (70.8%) ($p < 0.05$). The vast majority of women (82, 77.4%) did not have a history of gynecological diseases ($p < 0.05$). Gynecological diseases were noted in 24 (22.6%) women, including combined gynecological pathology – 6 (25.0%). The structure of gynecological morbidity was dominated by inflammatory diseases of the female reproductive system – 12 (50.0%), background and precancerous diseases of the cervix – 8 (33.3%) and sexually transmitted infections – 6 (25.0%).

The significant majority of women (60, 56.6%) did not have a history of delivery. The vast majority among 46 pregnant women who had pregnancies in anamnesis were women with first delivery – 35 (76.1%) ($p < 0.05$).

In women who have already had pregnancy in the structure of obstetric history were dominated artificial abortions – 36 (76.2%) and spontaneous miscarriages – 20 (43.5%). 8 (17.7%) women had a history of preterm birth.

The structure of complications of a current pregnancy is shown in Table 3. Pregnancy coursed against the background of placental dysfunction in almost half women (46, 43.4%), which was confirmed by ultrasound. Abnormal amounts of amniotic fluid were observed in 24 (22.6%) cases. Anemia of varying degrees was noted in 33 (31.1%) cases. 37 (34.9%) pregnant women had preeclampsia of varying severity.

Almost the half of pregnant women (55, 51.9%) was delivered to the Municipal

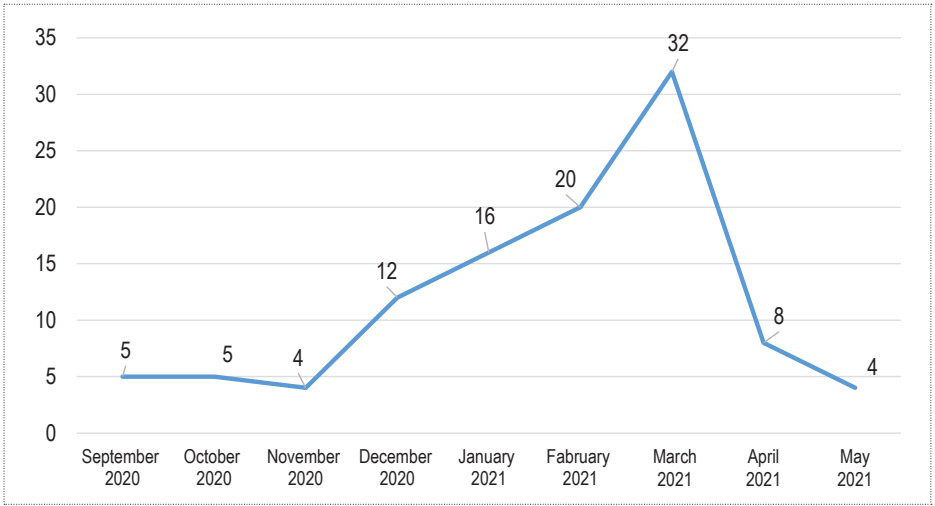

Figure 1. Number of pregnant women with COVID-19 hospitalized to Municipal Non-Profit Enterprise "Kyiv City Maternity Hospital No. 3", n

Table 1. Blood groups and Rh factor of the examined women (n, %)

Blood groups, Rh factor	Examined women (n = 106)
I	27 (25.5)
II	51 (48.1)*
III	21 (19.8)
IV	7 (6.6)
Rh positive	85 (80.2)*
Rh negative	21 (19.8)

* statistically significant differences

Table 2. Rh factor depending on blood groups of the examined women (n, %)

Blood groups	Examined women (n = 106)	
	Rh positive (n = 85)	Rh negative (n = 21)
I	17 (20.0)	12 (57.2)*
II	45 (52.9)*	5 (23.8)
III	16 (18.8)	2 (9.5)
IV	7 (8.3)	2 (9.5)

* statistically significant differences

Non-Profit Enterprise "Kyiv City Maternity Hospital No. 3" by ambulance (Fig. 2). 34 (32.1%) pregnant women admitted for medical help on their own, 94 (88.7%) women had a positive Polymerase Chain Reaction (PCR) test, in 6 (11.3%) cases the diagnosis was confirmed by performing a rapid test in the emergency department, in 6 (11.3%) cases the test results were negative.

Leading complaints at the time of admitting (Fig. 3) to the hospital were fever, cough and fatigue in 85 (80.2%), 90 (84.9%) and 73 (68.9%) women, respectively ($p < 0.05$).

Dyspnoea at rest and during physical exertion was noted in 76 (71.7%) pregnant women. Characteristic neurological manifestations of SARS CoV-2 were noted by almost every third pregnant woman: headache – 44 (41.5%), anosmia – 42 (39.6%) and in every fourth pregnant woman there was parosmia (25, 23.6%) and myalgia (22, 20.8%).

Almost half of pregnant women (51, 48.1%) reported about typical manifestations of SARS CoV-2 within 1–3 days. Almost every fifth pregnant woman had the duration of the disease for a one day, from 3 to 6 days and more than 7 days – 20 (18.8%), 18 (16.9%), 17 (16.0%) cases respectively ($p < 0.05$).

The general status at the time of hospitalization was assessed as "satisfactory" in 81 (76.4%) pregnant women ($p < 0.05$) and as "moderate" and "severe" in 21 (19.8%) and 4 (3.8%) pregnant women, respectively.

Average body temperature values between 36.6–36.9 °C were measured in 21 (19.8%) pregnant women (Fig. 4).

Almost every third pregnant woman (39, 36.8%) had subfebrile body temperature values between 37.0–37.5 °C, and 38.0–38.5 °C were observed in 15 (14.1%) and > 38.5 °C in 6 (5.7%) pregnant women.

The average saturation rates were in the range of 96–99% in more than half of pregnant women (67, 63.2%). The average saturation rates were in the range of 90–95% in a third of pregnant women (33, 31.1%). Less than 90% of saturation indicators were determined in 6 (5.7%) pregnant women. Respiratory failure of I and II degrees was diagnosed in 19 (17.9%) and 8 (7.5%) hospitalized patients respectively.

Table 3. Complications of current pregnancy (according to the archive data) (n, %)

Complications	Examined women (n = 106)
Threatening early spontaneous abortion	18 (16.9)
Threatening late spontaneous abortion	12 (11.3)
Threatening premature delivery	21 (19.8)
Placental dysfunction	46 (43.4)
Oligohydramnios	8 (7.5)
Polyhydramnion	16 (15.1)
Anemia	33 (31.1)
Vaginitis	20 (18.8)
Pathological placental location	6 (5.7)
Asymptomatic bacteriuria	14 (13.2)
Gestational pyelonephritis	7 (6.6)
Gestational diabetes	4 (3.8)
Preeclampsia	37 (34.9)

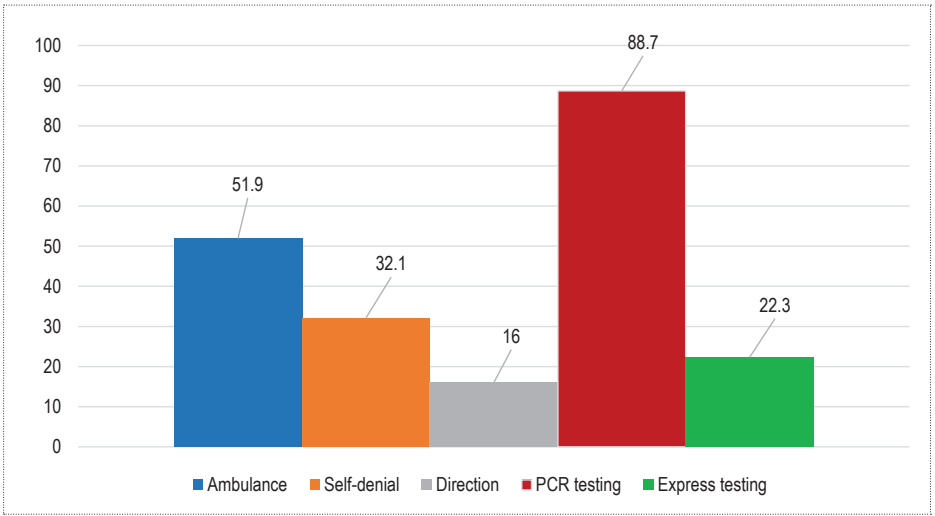

Figure 2. Type of hospitalization of pregnant women with COVID-19 to the Municipal Non-Profit Enterprise "Kyiv City Maternity Hospital No. 3", %

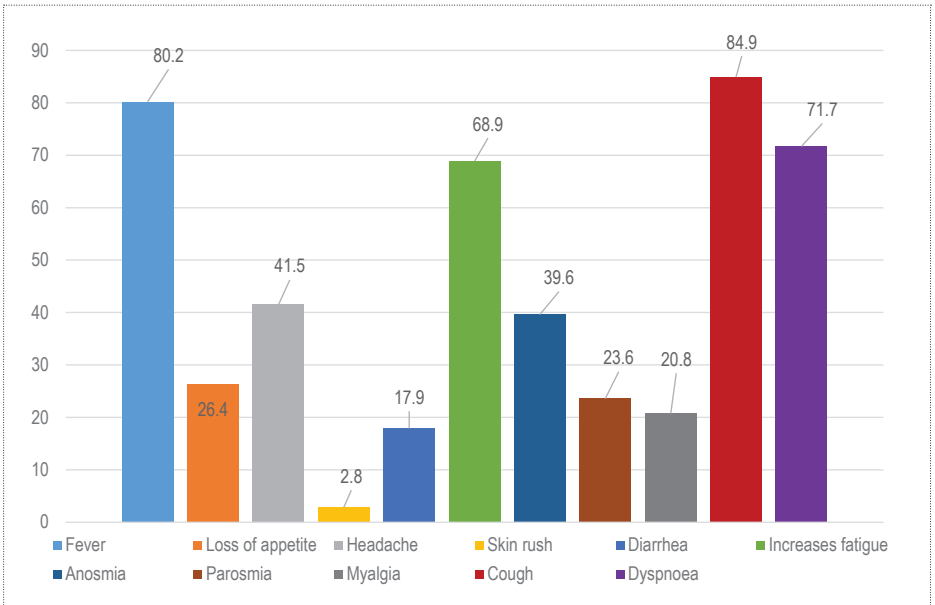

Figure 3. Complaints at the time of hospitalization of pregnant women with COVID-19, %

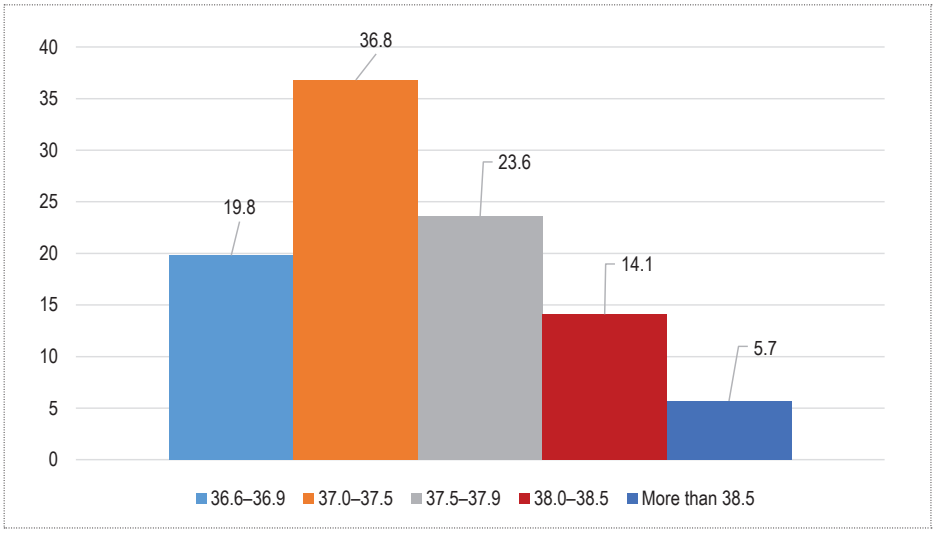

Figure 4. Average temperature during hospitalization of pregnant women with COVID-19, %

The vast majority of pregnant women (86, 81.1%) did not need oxygen support ($p < 0.05$). Oxygen support with nasal cannulas and a 100% oxygen mask was used in 16 (15.1%) and 4 (3.8%) cases respectively.

During their stay, a "mild" course of the disease was observed in 76 (71.7%) women, "moderate" and "severe" course were noted in 24 (22.6%) and 6 (5.7%) women, respectively.

All pregnant women hospitalized the temporarily converted beds for providing obstetric care to pregnant women, women in labor and postpartum women with suspected and infected COVID-19 and gynecological patients were examined in accordance with the quality standards of medical care [4]. In all pregnant women, except for generally accepted laboratory tests, the C-reactive protein (CRP), procalcitonin, and D-dimer were examined and lung ultrasound was performed.

The average CRP value as a marker that correlates with the severity of the disease and allows assessing the prevalence of the inflammatory process and predicting the development of acute respiratory failure and sepsis, are shown in Table 4. Average CRP values less than 5 mg/l, which correspond to the norm, were determined only in 3 (2.8%) cases. A slight increase in the indicator (5–20 mg/l) was observed in 40 (37.7%) pregnant women. At the same time, 20 (16.9%) women had an average CRP value that exceeds the permissible norm by 16 times.

Average procalcitonin values, as a marker used to predict the risk of sepsis and systemic inflammatory response, are shown in Table 5. The average values of procalcitonin in 83 (78.3%) pregnant women were within the permissible physiological norm. An increase in the average procalcitonin value was observed in 23 (21.7%) respondents.

The average D-dimer values, as a marker indicating the possibility of a disorders of the blood coagulation system in case of its increase, were within the physiological norm only in 11 (10.4%) pregnant women (Table 6). A stable or increasing acceleration in the D-dimer may indicate increased thrombosis, which is often fatal in patients with SARS CoV-2.

Analyzing the coagulogram parameters, we found no significant deviations from the norm that could correlate with the indicators of CRP, procalcitonin and D-dimer. Deviations from the norm of the prothrombin index were revealed in 7 (6.6%) cases. Fibrinogen more than 4 was found in 34 (32.1%) cases, fibrinogen B was detected in 14 (13.2%) cases.

According to the lung ultrasound, no pathology was detected in 24 (22.6%) pregnant women (Table 7). During ultrasound examination in this category of pregnant women, the image of lung tissue was displayed as uniform and gray in the intercostal spaces when the transducer was located between the cranial and caudal lobes of the lungs. A thin, bright pleural line was defined on the anterior surface of the lungs between the ribs and moved back and forth with each inhale and exhale. Usual parallel white line (A-line) behind the pleura was visualized in most cases.

Table 4. Average CRP value in blood plasma, mg/l (n, %)

Value	Examined women (n = 106)
< 5	3 (2.8)
5–20	40 (37.7)
20–39	24 (22.6)
40–59	13 (12.3)
60–80	6 (5.7)
> 80	20 (18.9)

Table 5. Average procalcitonin value, ng/ml (n, %)

Value	Examined women (n = 106)
< 0.1	83 (78.3)
0.1–0.2	14 (13.2)
> 2.0	9 (8.5)

Table 6. Average D-dimer value, mg/l (n, %)

Value	Examined women (n = 106)
< 0.5	11 (10.4)
0.5–0.9	7 (6.6)
1.0–1.5	16 (15.1)
1.6–1.9	11 (10.4)
2.0–2.5	11 (10.4)
2.6–2.9	10 (9.4)
> 3.0	40 (37.7)

Table 7. Results of the lung ultrasound

Indicators	Examined women (n = 106)*
No pathology	24 (22.6)
Bilateral pneumonia	44 (53.6)
Lower lobe pneumonia	14 (17.1)
Upper lobe pneumonia	6 (7.3)
Multisegmental pneumonia	36 (43.9)
Core pneumonia	2 (2.4)
Mild lung injury	10 (12.2)
Moderate lung injury	43 (52.4)
Severe lung injury	29 (35.4)

* statistically significant differences, calculated from general number (82 pregnant women) with pneumonia confirmed by ultrasound

The most frequently ultrasound signs of bilateral (44, 53.6%) and multisegmental (36, 43.9%) pneumonia were revealed. Lower and upper lobe pneumonia was diagnosed in 20 (24.4%) pregnant women.

Mild lung tissue damage, which was detected in 10 (12.2%) pregnant women, was characterized by the formation of B-lines, which are white lines originating from the pleura and descending into the lung area. The lines move along with the breath and are dispersed over a small area. The contours of the pleural line thickened, which gave the lines a rounded structure. Usually, the zones where there are an increased number of these lines border on the zones of their absence, which serves as an indicator of segmental lung damage.

In the vast majority of women (43, 52.4%) lung ultrasound showed moderate damage, which was characterized by a significant increase in the number of B-lines, primarily in the basal areas of the lungs (pattern 1).

Severe lung damage was diagnosed in 29 (35.4%) pregnant women, in the form of partial "hepatization" of lung tissue, pleural effusion in the form of black areas of different sizes in the pleural cavity (pattern 2).

In 48 (45.3%) pregnant women delivery took place in the temporarily converted beds for providing obstetric care to pregnant women, women in labor and postpartum women with suspected and infected COVID-19 and gynecological patients of the Municipal Non-Profit Enterprise "Kyiv City Maternity Hospital No. 3". In 42 (87.5%) cases urgent delivery took place, in 6 (12.5%) there was premature in the gestation period of 28–36 weeks + 6 days. 58 (54.7%) women were discharged home for self-isolation or transferred to the second stage of treatment.

The labor structure was dominated by physiological ones in 35 (72.9%) cases. Complicated and pathological labor occurred in 4 (8.3%) and 9 (18.8%) pregnant women respectively.

At the first minute after delivery 19 (39.6%) newborns were estimated at 8 points on the Apgar scale, 27 (56.3%) newborns had 7 points, and 2 (4.2%) newborns had 6 points. At the fifth minute after delivery 26 (54.2%) newborns were estimated at 9 points on the Apgar scale, 18 (37.5%) newborns had 8 points, 4 (8.3%) newborns had 7 points.

CONCLUSIONS

During the work of the temporarily converted beds for providing obstetric care to pregnant women, women in labor and postpartum women with suspected and infected COVID-19 and gynecological patients of the Municipal Non-Profit Enterprise "Kyiv City Maternity Hospital No. 3" 106 pregnant women with a gestation period of 22–41 weeks were treated, 48 women delivered. A significant number of patients were hospitalized in the department in February (20 women) and March (32 women) 2021. A significant majority of patients had A (II) second blood group and Rh+ (positive) status. 46 (43.4%) women had placental dysfunction, 33 (31.1%) women had varying degrees of anemia and 37 (34.9%) women had varying degrees of preeclampsia.

The main complaints typical for SARS CoV-2 in hospitalized pregnant women were fever (85, 80.2%), cough (90, 84.9%), fatigue (73, 68.9%) and shortness of breath at rest and during physical exertion (76, 71.7%). Characteristic neurological manifestations of SARS CoV-2 were noted by almost every third pregnant woman: headache in 44 (41.5%), anosmia in 42 (39.6%); parosmia and myalgia were noted by every fourth pregnant woman: 25 (23.6%) and 22 (20.8%) women retrospectively. In 103 (97.2%) women the average CRP values were determined to be higher than normal. Lung ultrasound is a significant diagnostic technique that allows clearly identifying the affected areas and determining the degree of damage to the lung tissue.

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FEATURES OF THE PREGNANCY AND DELIVERY COURSE, FETAL AND NEWBORN STATUS IN WOMEN WITH COVID-19

V.O. Beniuk, MD, professor, head of the Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, Kyiv
N.M. Hychka, PhD, associate professor, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, director of the Kyiv City Maternity Hospital No. 3, Kyiv
O.V. Zabudskyi, PhD, associate professor, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, responsible for organizing and providing of obstetric care to patients who are in deployed intensive care beds for the treatment of patients with coronavirus disease COVID-19 of the Kyiv City Maternity Hospital No. 3, Kyiv
T.M. Fursa-Sovhyra, assistant, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, deputy director for organizational and methodological work of the Kyiv City Maternity Hospital No. 3, Kyiv
T.V. Kovaliuk, PhD, associate professor, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, Kyiv
V.F. Oleshko, PhD, assistant, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, Kyiv
A.S. Chebotarova, assistant, Obstetrics and Gynecology Department No. 3, Bogomolets National Medical University, Kyiv

Research objective. To evaluate the features of pregnancy and delivery course, fetal and newborn status in women with confirmed COVID-19.
Materials and methods. A retrospective clinical and statistical analysis of 106 pregnancy and delivery case histories and medical records of newborn from women with a gestation period of 22–41 weeks with a confirmed diagnosis of COVID-19 was carried out. Women were treated and delivered on the temporarily converted beds for providing obstetric care to pregnant women, women in labor and postpartum women with suspected and infected COVID-19 and gynecological patients of Municipal Non-Profit Enterprise "Kyiv City Maternity Hospital No. 3" from September 2020 to May 2021.
Results. Delivery took place in 48 women. Women with A (II) blood group were significantly predominant – 51 (48.1%) and rhesus-positive factor – 85 (80.2%) ($p < 0.05$). One third of pregnant women sought medical help on their own – 34 (32.1%). 94 (88.7%) women had a positive PCR test, in 6 (11.3%) cases the diagnosis was confirmed by a rapid test in the admission department; in 6 (11.3%) cases the test results were negative. The leading complaints when pregnant women were hospitalized were fever, cough and fatigue in 85 (80.2%), 90 (84.9%) and 73 (68.9%) pregnant women respectively ($p < 0.05$). Almost every third woman (39, 36.8%) had a subfebrile temperature – 37.0–37.5 °C. In 15 (14.1%) patients the temperature was 38.0–38.5 °C, in 6 (5.7%) patients over 38.5 °C. At the lung ultrasound the signs of bilateral and polysegmental pneumonia were diagnosed in 44 (53.6%) and 36 (43.9%) cases. Lower and upper lobe pneumonia was diagnosed in 20 (24.4%) pregnant women. Severe lung damage was detected in 29 (35.4%) pregnant women in the form of partial "hepatization" of lung tissue, pleural effusion in the form of black areas of various sizes in the pleural cavity.
Conclusions. The main typical SARS CoV-2 complaints in hospitalized pregnant women were fever, cough, fatigue and shortness of breath at rest and during exercise. Such neurological manifestations of SARS CoV-2 as headache, anosmia were noted by almost every third pregnant woman, and parosmia and myalgia were noted by every fourth pregnant woman. The average level of C-reactive protein was above normal in 97.2% of women. Lung ultrasound allowed clearly identifying areas of damage and determining the degree of lung tissue damage.

Keywords: pregnancy, COVID-19, SARS CoV-2.

ОСОБЛИВОСТІ ПЕРЕБІГУ ВАГІТНОСТІ, ПОЛОГІВ, СТАНУ ПЛОДА Й НОВОНАРОДЖЕНОГО В ЖІНОК ІЗ COVID-19

В.О. Бенюк, д. мед. н., професор, завідувач кафедри акушерства і гінекології № 3 НМУ ім. О.О. Богомольця, м. Київ
Н.М. Гичка, к. мед. н., доцент кафедри акушерства і гінекології № 3 НМУ ім. О.О. Богомольця, директор КНП «Київський міський пологовий будинок № 3», м. Київ
О.В. Забудський, к. мед. н., доцент кафедри акушерства і гінекології № 3 НМУ ім. О.О. Богомольця, відповідальний за організацію та надання акушерської допомоги пацієнтам, які перебувають на розгорнутих ліжках інтенсивної терапії для лікування хворих із коронавірусною хворобою COVID-19 КНП «Київський міський пологовий будинок № 3», м. Київ
Т.М. Фурса-Совгира, асистент кафедри акушерства і гінекології № 3 НМУ ім. О.О. Богомольця, заступниця директора з організаційно-методичної роботи КНП «Київський міський пологовий будинок № 3», м. Київ
Т.В. Ковалюк, к. мед. н., доцент кафедри акушерства і гінекології № 3 НМУ ім. О.О. Богомольця, м. Київ
В.Ф. Олешко, к. мед. н., асистент кафедри акушерства і гінекології № 3 НМУ ім. О.О. Богомольця, м. Київ
А.С. Чеботарьова, асистент кафедри акушерства і гінекології № 3 НМУ ім. О.О. Богомольця, м. Київ

Мета дослідження. Оцінити особливості перебігу вагітності, пологів, стану плода й новонародженого в жінок із підтвердженим COVID-19.
Матеріали і методи. Проведено ретроспективний клініко-статистичний аналіз 106 історій вагітності та пологів жінок (і медичних карт їхніх новонароджених) на термині гестації 22–41 тиждень, які перебували на лікуванні й розродженні на тимчасово перепрофільованих ліжках для надання акушерської допомоги вагітним, роділлям і породіллям із підозрою та інфікованих COVID-19 і гінекологічних хворих КНП «Київський міський пологовий будинок № 3» від вересня 2020 р. до травня 2021 р. із підтвердженим діагнозом COVID-19.
Результати. Пологи відбулись у 48 жінок. Серед обстежених достовірно переважали жінки з А (II) групою крові (51, 48,1%) і резус-позитивним фактором (85, 80,2%) ($p < 0,05$). Третина вагітних звернулися по медичну допомогу самостійно – 34 (32,1%). 94 (88,7%) жінок мали позитивний ПЛР-тест, у 6 (11,3%) випадках діагноз підтверджено експрес-тестом у приймальному відділенні, у 6 (11,3%) випадках результати тестів виявилися негативними. Провідними скаргами при надходженні вагітних до стаціонару були гарячка, кашель і втомлюваність, які турбували 85 (80,2%), 90 (84,9%) та 73 (68,9%) вагітних відповідно ($p < 0,05$). Практично кожна третя вагітна (39, 36,8%) мала субфебрильну температуру тіла – 37,0–37,5 °С. У 15 (14,1%) хворих температура сягала 38,0–38,5 °С, у 6 (5,7%) – понад 38,5 °С. Під час УЗД легень ознаки двобічної та полісегментарної пневмонії діагностовано в 44 (53,6%) і 36 (43,9%) випадках, нижньо- і верхньочасткова пневмонія – у 20 (24,4%). У 29 (35,4%) вагітних виявлено тяжке ураження легень у вигляді часткової «гепатизації» легеневої тканини, плеврального випоту у вигляді чорних ділянок різного розміру в плевральній порожнині.
Висновки. Основними скаргами, характерними для SARS CoV-2, у госпіталізованих вагітних були гарячка, кашель, втомлюваність і задишка в стані спокою та при фізичному навантаженні. Такі неврологічні вияви SARS CoV-2, як головний біль, аносмія, мала практично кожна третя вагітна, а паросмію та міалгію – кожна четверта. У 97,2% жінок середній рівень С-реактивного білка перевищував норму. УЗД легень дозволяло чітко виявити ділянки ураження й визначити ступінь ураження легеневої тканини.

Ключові слова: вагітність, COVID-19, SARS CoV-2.

ОСОБЕННОСТИ ТЕЧЕНИЯ БЕРЕМЕННОСТИ, РОДОВ, СОСТОЯНИЯ ПЛОДА И НОВОРОЖДЕННОГО У ЖЕНЩИН С COVID-19

В.А. Бенюк, д. мед. н., профессор, зав. кафедрой акушерства и гинекологии № 3 НМУ имени А.А. Богомольца, г. Киев
Н.М. Гычка, к. мед. н., доцент кафедры акушерства и гинекологии № 3 НМУ им. А.А. Богомольца, директор КНП «Киевский городской родильный дом № 3», г. Киев
А.В. Забудский, к. мед. н., доцент кафедры акушерства и гинекологии № 3 НМУ им. А.А. Богомольца, ответственный за организацию и оказание акушерской помощи пациентам, находящимся на развернутых койках интенсивной терапии для лечения больных с коронавирусной болезнью COVID-19 КНП «Киевский городской родильный дом № 3», г. Киев
Т.Н. Фурса-Совгира, ассистент кафедры акушерства и гинекологии № 3 НМУ им. А.А. Богомольца, заместитель директора по организационно-методической работе КНП «Киевский городской родильный дом № 3», г. Киев
Т.В. Ковалюк, к. мед. н., доцент кафедры акушерства и гинекологии № 3 НМУ им. А.А. Богомольца, г. Киев
В.Ф. Олешко, к. мед. н., ассистент кафедры акушерства и гинекологии № 3 НМУ им. А.А. Богомольца, г. Киев
А.С. Чеботарёва, ассистент кафедры акушерства и гинекологии № 3 НМУ им. А.А. Богомольца, г. Киев

Цель исследования. Оценить особенности течения беременности, родов, состояния плода и новорожденного у женщин с подтвержденным COVID-19.
Материалы и методы. Проведен ретроспективный клинико-статистический анализ 106 историй беременности и родов женщин (и медицинских карт их новорожденных) в сроке гестации 22–41 недели, которые находились на лечении и родоразрешении на временно перепрофилированных койках для оказания акушерской помощи беременным, роженицам и родильницам с подозрением и инфицированных COVID-19 и гинекологических больных КНП «Киевский городской родильный дом» № 3 с сентября 2020 г. по май 2021 г. с подтвержденным диагнозом COVID-19.
Результаты. Среди обследованных достоверно преобладали женщины с А (II) группой крови (51, 48,1%) и резус-положительным фактором (85, 80,2%) ($p < 0,05$). Треть беременных обратилась за медицинской помощью самостоятельно – 34 (32,1%). У 94 (88,7%) женщин был положительный ПЦР-тест, в 6 (11,3%) случаях диагноз подтвержден экспресс-тестом в приемном отделении, в 6 (11,3%) случаях результаты тестов оказались отрицательными. Ведущими жалобами при поступлении беременных в стационар были лихорадка, кашель и утомляемость, которые беспокоили 85 (80,2%), 90 (84,9%) и 73 (68,9%) женщин ($p < 0,05$). Практически у каждой третьей беременной (39, 36,8%) была субфебрильная температура тела – 37,0–37,5 °С. У 15 (14,1%) больных температура достигала 38,0–38,5 °С, у 6 (5,7%) – более 38,5 °С. В ходе УЗИ легких признаки двусторонней и полисегментарной пневмонии выявлены в 44 (53,6%) и 36 (43,9%) случаях соответственно, нижне- и верхнедолевая пневмония – в 20 (24,4%). У 29 (35,4%) беременных обнаружено тяжелое поражение легких в виде частичной «гепатизации» легочной ткани, плеврального выпота в виде черных участков различного размера в плевральной полости.
Выводы. Основными жалобами, характерными для SARS CoV-2, у госпитализированных беременных были лихорадка, кашель, утомляемость и одышка в покое и при физической нагрузке. Такие неврологические проявления SARS CoV-2, как головная боль, аносмия, отмечала практически каждая третья беременная, а паросмию и миалгию – каждая четвертая. У 97,2% женщин средний уровень С-реактивного белка превышал норму. УЗИ легких позволяло четко выявить участки поражения и определить степень поражения легочной ткани.

Ключевые слова: беременность, COVID-19, SARS CoV-2.