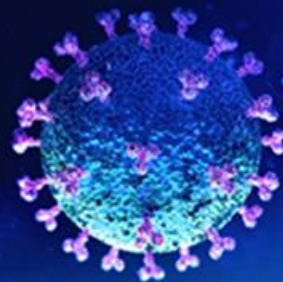


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to COVID-19 on the UCT website



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Pregnant women hospitalised for COVID-19 face higher fatality rate

A new study published in the *International Journal of Gynecology & Obstetrics* suggests that pregnant women hospitalised for COVID-19 face higher risk of death than infected women admitted for other illnesses.

The researchers analysed data on pregnant women with COVID-19, hospitalised between 14 April 2020 and 24 November 2020. A total of 36 hospitals submitted data on 673 infected hospitalised pregnant women, 217 (32.2%) were admitted for COVID-19 and 456 for other illnesses. There were 39 deaths with a case fatality rate of 6.3%, 32 (14.7%) deaths occurred in women admitted for COVID-19 compared to seven (1.8%) in women admitted for other illnesses. Of the women, 106 (15.9%) required critical care.

The study found that maternal tuberculosis, but not HIV co-infection or other comorbidities, was associated with admission for COVID-19.

The study's co-principal investigator and head of the Global Surgery Division at the University of Cape Town (UCT), Associate Professor Salome Maswime, said the present multicenter, national observational study assessing the symptoms and associations between COVID-19 in pregnancy and maternal and neonatal outcomes in a South African cohort shows that approximately 7.5% of all admitted women required invasive ventilation, three-quarters of whom were admitted specifically for the management of COVID-19.

"Women with respiratory symptoms and admitted primarily for clinical COVID-19 were more likely to require invasive ventilation, need critical care, and were at higher risk of death," said Maswime.

She said more than half (61%) the women admitted for clinical COVID-19 were obese (using BMI) and just over one-third (33%) were aged 35 years and older.

The rates of caesarean delivery were high but did not differ significantly between women admitted for COVID-19 and those admitted for other illnesses. There were 179 (35.4%) preterm births, 25 (4.7%) stillbirths, 12 (2.3%) neonatal deaths, and 162 (30.8%) neonatal admissions. Neonatal outcomes did not differ significantly from those of infected women admitted for other illnesses.

Dr Samantha Budhram, head of the Materno-Fetal Medicine unit at the University of KwaZulu-Natal (UKZN) and one of the principal investigators, said: "The overall

prevalence of HIV infection in our study was 33.4% compared to a national average of 30.7% among antenatal clinic attendees. No significant difference in prevalence of HIV infection was observed between women admitted for clinical COVID-19 and those with COVID-19 infection admitted for other reasons.

“Of note, the majority of HIV-infected women in our cohort were on antiretroviral therapy (94.1%) and virally suppressed (72.5%). This may provide some reassurance to South Africa, a country heavily burdened by HIV infection, that treated HIV infection may not be an independent predictor of adverse outcome in pregnant women infected with COVID-19, though further studies are needed.”

Dr Laura Yates, consultant clinical geneticist and honorary senior lecturer at UKZN, said: “The vaccine has been found to be safe in pregnancy and we encourage all women to be vaccinated to reduce the risk of getting severe disease. Pregnant women should be vaccinated any time throughout pregnancy as per new recommendations from the national Department of Health.”

“Symptomatic pregnant women should be advised to seek medical attention early,” said Dr Valerie Vannevel, senior lecturer at the University of Pretoria. “They must be considered a vulnerable group to be prioritised in vaccination programs for COVID-19.”

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