



COVID19 & miscarriage or fetal loss



September 9th, 2021

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Materno-fetal and Obstetrics Research Unit Department Woman-Mother-Child, Lausanne

Miscarriage / stillbirth

«DIRECT» EFFECT

- Virus reaches the placenta
- Multisystem inflammation



«INDIRECT» EFFECT

- Lack of surveillance
- Change in obstetrical practice
- Reluctance of pregnant women to attend hospital

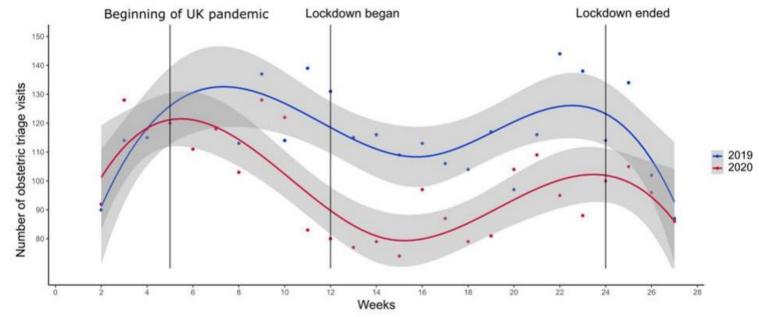






Khalil, JAMA, Jul 2020

| Outcomes | Prepandemic period (n = 1681 births) ^a | Pandemic period (n = 1718 births) ^a | Difference (95% CI) | P value |
|--|--|---|---------------------|---------|
| Stillbirths, No./total No. (No. per 1000 births) | 4/1681 (2.38) | 16/1718 (9.31) | 6.93 (1.83 to 12.0) | .01 |









Between April – June:

| <u>2019</u> | = | 24 stillbirth |
|-------------|---|----------------------|
| <u>2020</u> | = | 46 stillbirth |





Journal Pre-proof

Maternal and perinatal outcomes of pregnant women with SARS-CoV-2 infection at the time of birth in England: national cohort study

Ipek GUROL-URGANCI, PhD, Jennifer E. JARDINE, MSc, Fran CARROLL, PhD, Tim DRAYCOTT, FRCOG, George DUNN, BA, Alissa FREMEAUX, MSc, Tina HARRIS, PhD, Jane HAWDON, PhD, Edward MORRIS, FRCOG, Patrick MULLER, MSc, Lara WAITE, MSc, Kirstin WEBSTER, MSc, Jan VAN DER MEULEN, PhD, Asma KHALIL,



| | Pregnant women | | Pregnant women with laboratory-confirmed SARS-CoV-2 infection | | Unadjusted OR (95% CI) | P value | Adjusted OR‡ (95% CI) | P value |
|---------------------------|----------------|------|---|------|---------------------------|---------|--------------------------|---------|
| | cases/births | % | cases/births | % | | | | |
| Maternal data | | | | | | | | |
| Fetal death | 1140/338553 | 0.34 | 30/3527 | 0.85 | 2.54 (1.81,3.56) | <0.001 | 2.21 (1.58,3.11) | <0.001 |
| Preterm birth | 18572/322494 | 5.8 | 369/3047 | 12.1 | 2.25 (2.03,2.50) | <0.001 | 2.17 (1.96,2.42) | <0.001 |
| Small for gestational age | 17521/320188 | 5.5 | 191/3009 | 6.4 | 1.17 (1.00,1.37) | 0.05 | 0.99 (0.84,1.16) | 0.87 |
| Preeclampsia/eclampsia | 8591/338553 | 2.5 | 139/3527 | 3.9 | 1.58 (1.32,1.89) | <0.001 | 1.55 (1.29,1.85) | <0.001 |











Article

Pregnancy Outcomes and SARS-CoV-2 Infection: The Spanish Obstetric Emergency Group Study

Sara Cruz Melguizo ¹, María Luisa de la Cruz Conty ²,*, Paola Carmona Payán ³, Alejandra Abascal-Saiz ⁴,

- prospective observational study
- 78 Spanish centers
- 1347 PCR-positive / 1607 PCR-negative
- between February November 2020
- Stillbirth ———

| Infected Cohort | Non-Infected Group | <i>p-</i> Value | |
|-----------------|--------------------|-----------------|--|
| 1347 | 1607 | , | |
| 10 (0.7) | 3 (0.2) | 0.023 * | |





Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: <u>living</u> systematic review and meta-analysis

John Allotey,



| Table 1 Outcomes in pregnant and recently pregnant women with coronavirus disease 2019 (covid-19) | | | | | | | |
|---|---------------|---------------------------------------|------------------|---------------------|--|--|--|
| | | Women (No with event/No in group (%)) | | | | | |
| Outcomes | No of studies | Pregnant women with covid-19 | Comparison group | Odds ratio (95% CI) | | | |
| Stillbirth | 9* | 9/1039 (0.9) | 26/4755 (0.5) | 2.84 (1.25 to 6.45) | | | |





The impact of COVID-19 on pregnancy outcomes: a systematic review and meta-analysis

Shu Qin Wei MD PhD, Marianne Bilodeau-Bertrand MSc, Shiliang Liu MB PhD, Nathalie Auger MD MSc



| | COVI | D-19 | No CO | VID-19 | | | Decrea | sed risk | Increased risk | |
|------------------------------|--------|-------|--------|---------|----------------------|------|--------|----------------|-------------------|-----|
| Study or subgroup | Events | Total | Events | Total | OR (95% CI) | | + | | → | |
| Adhikari et al.48 | 0 | 245 | 18 | 3035 | 0.33 (0.02 to 5.53) | - | | . ; | | |
| Ahlberg et al. ⁴³ | 1 | 155 | 4 | 604 | 0.97 (0.11 to 8.78) | | | ÷ | | |
| Hcini et al. ⁵¹ | 7 | 137 | 4 | 370 | 4.93 (1.42 to 17.11) | | | - ! | _ | _ |
| Jering et al. ⁵³ | 34 | 6380 | 1289 | 400 066 | 1.66 (1.18 to 2.33) | | | į. | - | |
| Knight et al. ³⁰ | 3 | 427 | 2 | 694 | 2.45 (0.41 to 14.71) | | | - | - | - |
| Martínez-Perez et al.¹8 | 3 | 246 | 1 | 763 | 9.41 (0.97 to 90.86) | | | <u> </u> | | |
| Total (95% CI) | | 7590 | | 405 532 | 2.11 (1.14 to 3.90) | | | 1 | • | |
| Total events | 48 | | 1318 | | | | | 1 | | |
| Heterogeneity: $I^2 = 24\%$ | | | | | | 0.01 | 0.1 | 1 | 10 | 100 |
| | | | | | | | | OR (95 | % CI) | |





Effects of the COVID-19 pandemic on maternal and perinatal outcomes: a systematic review and meta-analysis

Barbara Chmielewska, Imogen Barratt, Rosemary Townsend, Erkan Kalafat, Jan van der Meulen, Ipek Gurol-Urganci, Pat O'Brien, Edward Morris, Tim Draycott, Shakila Thanqaratinam, Kirsty Le Doare, Shamez Ladhani, Peter von Dadelszen, Laura Magee, Asma Khalil

Lancet Glob Health 2021;

| HIC subgroup | | | | | | ! | |
|---|---------------|-------------------------|------|--------|--------|--|-------------------|
| De Curtis et al, 2020 ⁴⁹ | 26 | 7755 | 10 | 9053 | 4.8% | - = - | 3.04 (1.47-6.31) |
| Dell'Utri et al, 2020 ¹² | 5 | 1126 | 1 | 1103 | 0.7% | | 4.92 (0.57-42.14) |
| Handley et al, 2021 ¹⁶ | 15 | 3007 | 32 | 5907 | 6.2% | - 4 : | 0.92 (0.50-1.70) |
| Justman et al, 2020 ¹⁹ | 2 | 610 | 3 | 742 | 1.0% | | 0.81 (0.13-4.87) |
| McDonnell et al, 2020 ³⁰ | 6 | 2538 | 2 | 1262 | 1.2% | | 1.49 (0.30-7.41) |
| Meyer et al, 2020 ³¹ | 22 | 2594 | 22 | 2742 | 6.5% | - - - - - - - - - - | 1.06 (0.58-1.91) |
| Mor et al, 2020 ³² | 6 | 1556 | 5 | 4564 | 2.1% | | 3.53 (1.08-11.58) |
| Stowe et al, 2021 ³⁷ | 543 | 131218 | 565 | 139745 | 18.3% | + | 1.02 (0.91-1.15) |
| Subgroup total | 625 | 150404 | 640 | 165118 | 40.9% | \Leftrightarrow | 1.38 (0.94-2.02) |
| Heterogeneity: τ^2 =0·1200; χ^2 =14·71, | df=7 (p=0.0 | 4); I ² =52% | | | | | |
| LMIC subgroup | | | | | | | |
| Caniglia et al, 2020 ⁴⁷ | 76 | 3589 | 183 | 8316 | 13.9% | : | 0.96 (0.73-1.26) |
| Kc et al, 2020 ²¹ | 153 | 7165 | 179 | 13189 | 15.5% | | 1.59 (1.28-1.97) |
| Kumar et al, 2021 ²⁴ | 134 | 3610 | 183 | 6161 | 15.2% | + | 1.26 (1.00-1.58) |
| Kumari et al, 2020 ²⁵ | 111 | 3527 | 140 | 6209 | 14.4% | | 1.41 (1.09–1.81) |
| Subgroup total | 474 | 17891 | 685 | 33875 | 59.1% | \$ | 1.29 (1.06-1.58) |
| Heterogeneity: $\tau^2=0.0272$; $\chi^2=8.42$, or | df=3 (p=0·04 | l); I²=64% | | | | | |
| Overall total | 1099 | 168295 | 1325 | 198993 | 100.0% | \$ | 1.28 (1.07-1.54) |
| Heterogeneity: τ^2 =0.0445; χ^2 =29.48 | , df=11 (p<0 | ·01); I²=63% | | | | | |
| Residual heterogeneity: τ²=NA; χ²=23 | 3·14, df=10 (| $p=0.01$); $I^2=57\%$ | 6 | | | | |
| | | | | | | 0.1 0.5 1.0 2.0 10.0 | |

+30%





COVID-19 and pregnancy

Other cases

Multisystem inflammatory syndrome in a neonate, temporally associated with prenatal exposure to SARS-CoV-2: a case report

Mahesh Kappanayil, Suma Balan, Sujata Alawani, Satish Mohanty, Sreelakshmi P Leeladharan, Sreja Gangadharan, Jessin P Jayashankar, Soumya Jagadeesan, Anil Kumar, Atul Gupta, Raman Krishna Kumar

Probable congenital SARS-CoV-2 infection in a neonate born to a woman with active SARS-CoV-2 infection cmal

Maksim Kirtsman MDCM, Yenge Diambomba MD, Susan M. Poutanen MD MPH, Ann K. Malinowski MD, Evangelia Vlachodimitropoulou MD PhD, W. Tony Parks MD, Laura Erdman MD PhD, Shaun K. Morris MD Prakesh S. Shah MD MSc

Gao et al. Diagnostic Pathology (2021) 16:8 https://doi.org/10.1186/s13000-021-01067-6

Diagnostic Pathology

CASE REPORT

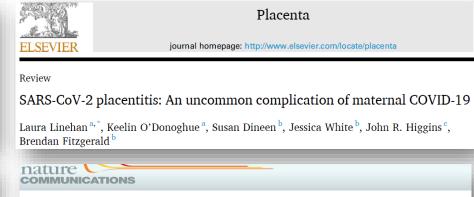
Open Access

Placental pathology of the third trimester pregnant women from COVID-19



Severe Acute Respiratory Syndrome Coronavirus 2 Placental Infection and Inflammation Leading to Fetal Distress and Neonatal Multi-Organ Failure in an Asymptomatic Woman

Sam Schoenmakers, ** Pauline Snijder, Robert M. Verdijk, Thijs Kuiken, * Sylvia S. M. Kamphuis, * Laurens P. Koopman, * Thomas B. Krasemann, * Melek Rousian, Michelle Broekhuizen, * Eric A. P. Steegers, Marion P. G. Koopmans, * Pieter L. A. Fraaij, * and Irwin K. M. Reiss*







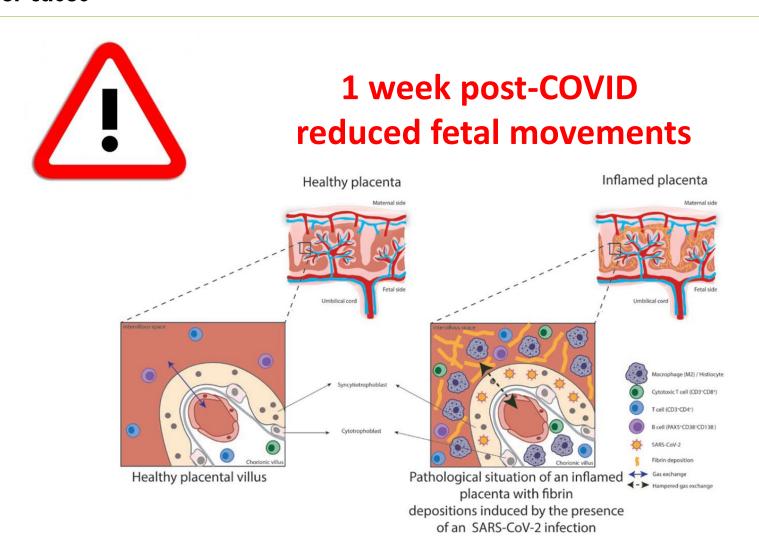
Original Investigation | Obstetrics and Gynecology

Assessment of Maternal and Neonatal SARS-CoV-2 Viral Load, Transplacental Antibody Transfer, and Placental Pathology in Pregnancies During the COVID-19 Pandemic



COVID-19 and pregnancy

Other cases

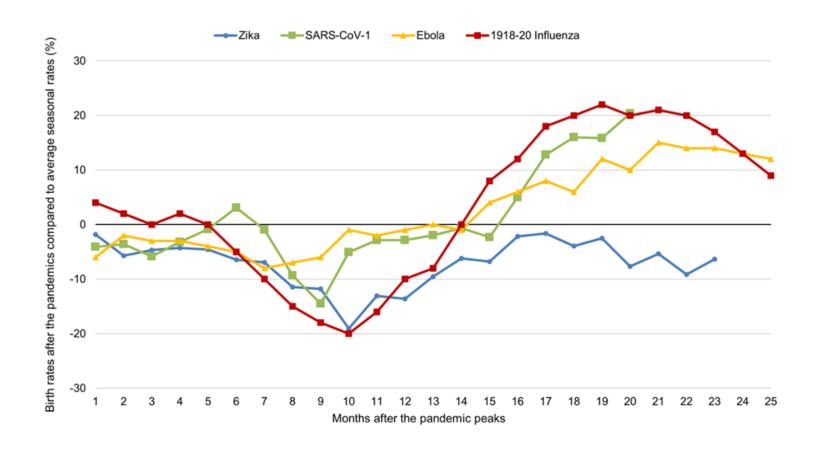






Potential Consequences of Sars-Cov-2 Pandemic on Birth Rates and Subsequent Demographics

Léo Pomar^{1*}, Agathe Contier¹, Jeffrey E Harris², Guillaume Favre¹, Karin Nielsen-Saines³ and David Baud¹







Protect pregnant women

www.thelancet.com Vol 396 September 5, 2020

COVID-19 vaccines and neglected pregnancy



Correspondence

THE LANCET

Pradip Dashraath, Karin Nielsen-Saines, Shabir A Madhi, *David Baud david.baud@chuv.ch



Published Online







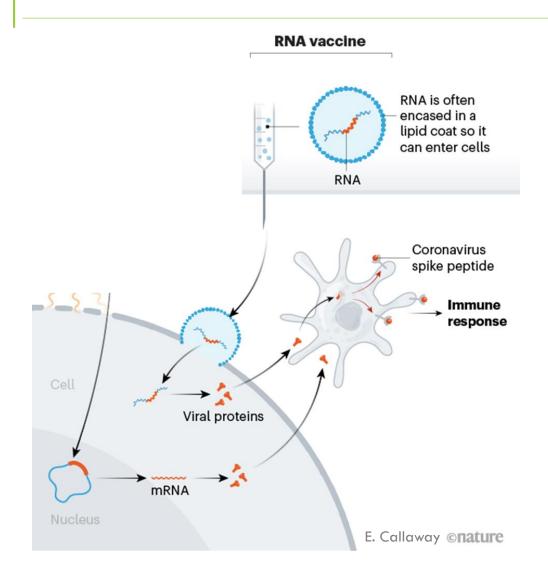
BAG







mRNA vaccines



- Contain nothing expected to be harmful
- No live vaccine
- Do not enter nucleus, no adjuvant
- No adverse outcomes in PREGNANT animal studies





Are COVID-19 vaccines safe in pregnancy?

- Similar rates of pregnancies => no impact on fertility
- Similar rates of miscarriages

Table 1 | Accidental pregnancies in trials for the COVID-19 vaccines approved in the United Kingdom

| Vaccine type | Control group | | | Vaccinated group | | |
|-----------------|---------------|-------------|---------------------|------------------|-------------|------------------------|
| | Participants | Pregnancies | Miscarriages (rate) | Participants | Pregnancies | Miscarriages (rate) |
| Pfizer/BioNTech | 18,846 | 12 | 1 (8%) | 18,860 | 11 | 0 (0%) |
| Moderna | 15,170 | 7 | 1 (14%) | 15,181 | 6 | 0 (0%) |
| AstraZeneca | 5,829 | 9 | 3 (33%) | 5,807 | 12 | 2 (17%) |



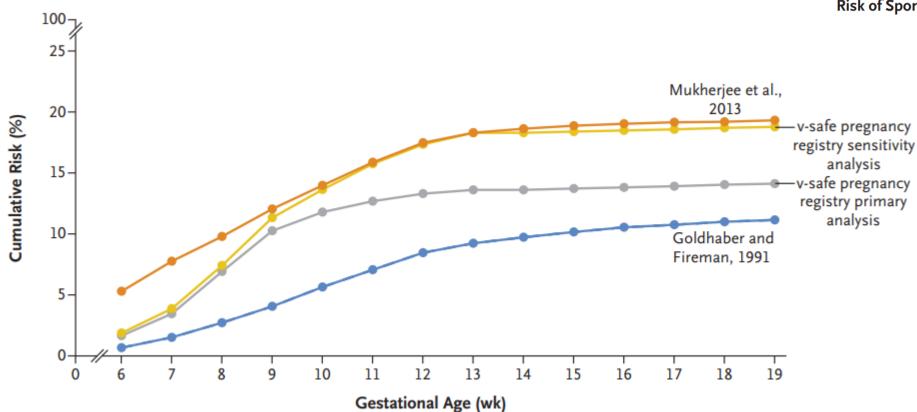


Are COVID-19 vaccines safe in pregnancy?

The NEW ENGLAND JOURNAL of MEDICINE

CORRESPONDENCE

Receipt of mRNA Covid-19 Vaccines and Risk of Spontaneous Abortion







Are COVID-19 vaccines safe in pregnancy?



ORIGINAL ARTICLE

Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons

Tom T. Shimabukuro, M.D., Shin Y. Kim, M.P.H., Tanya R. Myers, Ph.D., Pedro L. Moro, M.D., Titilope Oduyebo, M.D., Lakshmi Panagiotakopoulos, M.D., Paige L. Marquez, M.S.P.H., Christine K. Olson, M.D., Ruiling Liu, Ph.D., Karen T. Chang, Ph.D., Sascha R. Ellington, Ph.D., Veronica K. Burkel, M.P.H., et al., for the CDC v-safe COVID-19 Pregnancy Registry Team*

| Table 4. Pregnancy Loss and Neonatal Outcomes in Published Studies and V-safe Pregnancy Registry Participants. | | | | | | |
|--|----------------------|----------------------------|--|--|--|--|
| Participant-Reported Outcome | Published Incidence* | V-safe Pregnancy Registry† | | | | |
| | % | no./total no. (%) | | | | |
| Pregnancy loss among participants with a completed pregnancy | | | | | | |
| Spontaneous abortion: <20 wk ¹⁵⁻¹⁷ ‡ | Not applicable | 104 | | | | |
| Stillbirth: ≥ 20 wk ¹⁸⁻²⁰ | <1 | 1/725 (0.1)§ | | | | |
| Neonatal outcome among live-born infants | | | | | | |
| Preterm birth: <37 wk ^{21,22} | 8–15 | 60/636 (9.4)¶ | | | | |
| Small size for gestational age ^{23,24} | 3.5 | 23/724 (3.2) | | | | |
| Congenital anomalies ²⁵ ** | 3 | 16/724 (2.2) | | | | |
| Neonatal death ²⁶ †† | <1 | 0/724 | | | | |





September 8, 2021

Spontaneous Abortion Following COVID-19 Vaccination During Pregnancy

Elyse O. Kharbanda, MD, MPH¹; Jacob Haapala, MPH¹; Malini DeSilva, MD, MPH¹; et al

| | Spontaneous | abortions | Ongoing pregnancy-periods ^a | | |
|-----|-------------|---------------------------|--|---------------------------|--|
| | No. | COVID-19 vaccine, No. (%) | No. | COVID-19 vaccine, No. (%) | |
| All | 250 944 | 20 139 (8.0) | 13 160 | 1128 (8.6) | |

| | Adjusted odds ratio (95% CI) ^b |
|------------------------------|---|
| Full population | 1.02 (0.96-1.08) |
| By gestational age, wk | |
| 6-8 | 0.94 (0.86-1.03) |
| 9-13 | 1.07 (0.99-1.17) |
| 14-19 | 1.08 (0.89-1.29) |
| By vaccine type ^c | |
| mRNA-1273 (Moderna) | 1.03 (0.94-1.11) |
| BNT162b2 (Pfizer-BioNTech) | 1.03 (0.95-1.11) |





gynécologie suisse





| | AVAN | T LA VACCINATION | | |
|--|---|---|---|------------------------------------|
| Avez-vous été testée positive | au SARS-CoV-2? | □ oui | □NON | ☐ NE SAIT PAS |
| Si oui, quel test ? | ☐ PCR nasopharynge | ee 🗖 Test antigénique | ☐ Sérologie | ☐ NE SAIT PAS |
| Date du test : | | (Jour/Mois/ | Année) | |
| Quels symptômes avez- vous présenté ? | ☐ AUCUN SYMPTON ☐ Fièvre : <38 / 38-3 ☐ Toux ☐ Dyspnée / souffle ☐ Mal de gorge ☐ Douleur musculair | 39 / >39 °C court | ☐ Fatigue ☐ Céphalée / mal c ☐ Nausées / vomis ☐ Glaires accompa ☐ Perte du goût / c ☐ Autres : | sements gnant la toux odorat |
| Avez-vous été hospitalisée pour le COVID-19 ? | OUI Dans quel | • | Avez-vous reçu de l'oxygène ? | □ OUI □ NON |
| pour le COVID-13 : | | ATION - 1ère injection | Toxygene : | <u> </u> |
| Quel type de vaccin ? | ☐ Moderna | ☐ Comirnaty (Pfizer/BioNTech) | ☐ Autre : | |
| Date de la 1ère dose | | (Jour/M | ois/Année) | |
| Site d'injection | | ☐ Bras gauche | ☐ Autre : | |
| Lieu de vaccination | ☐ Gynécologue/Sage ☐ Gynécologue/Sage ☐ Programme de vac | | ☐ Centre de vaccin☐ Médecin généra☐ Pharmacien | |
| Avez-vous pris des médi jour de la vaccination ? (| | | □NON | ☐ NE SAIT PAS |
| Réaction locale ? | | □ oui | □ NON | ☐ NE SAIT PAS |
| Si oui, quelle réaction locale ? | ☐ Gonflement/Œdèr☐ Démangeaison | ☐ Hématome | ☐ Douleur ☐ Chaleur | ☐ Induration☐ Autre |
| • Quand ? | □ les 7 premiers jou □ 8 à 14 jours après □ 15 jours à 1 mois a | • | □ > 1 mois après la □ Ne sait pas | 1ère injection |
| Réaction systémique ? | | □ oui | □NON | ☐ NE SAIT PAS |
| Si oui, quelle réaction systémique ? | ☐ Frissons | ☐ Fièvre (>= 38°C) ☐ Vomissement ☐ Douleur articulaire | ☐ Céphalées (mal d ☐ Douleur muscula | |
| systemique . | | ☐ Malaise | ☐ Autre : | |
| • Quand? | ☐ Diarrhée | ☐ Malaise rs après 1ère injection ? 1ère injection | □ Autre : □ > 1 mois après la □ Ne sait pas | |
| ., | ☐ Diarrhée ☐ les 7 premiers jou ☐ 8 à 14 jours après | ☐ Malaise rs après 1ère injection ? 1ère injection | □ > 1 mois après la | |
| • Quand? | ☐ Diarrhée ☐ les 7 premiers jou ☐ 8 à 14 jours après ☐ 15 jours à 1 mois : ☐ Hospitalisation po | ☐ Malaise rs après 1ère injection ? 1ère injection après 1ère injection ☐ OUI ssiblement liée à la vaccination elle aux soins intensifs ue | □ > 1 mois après la □ Ne sait pas | 1ère injection |





COVID19 & miscarriage or fetal loss

- Probably not associated with miscarriages
- Probably associated with **stillbirth** (lack of surveillance)
- Vaccine (not associated with miscarriage)
- Register your cases **C VI-PREG**