

Pregnant women with SARS-CoV-2 exposure	
- Travelled to an affected country within the previous 14 days	
- Close contact with a confirmed case of COVID-19 (i.e., <1 metre for >15 minutes, living together, direct contact with body fluids)	

- Travelled to an affected country within the previous 14 days
- Close contact with a confirmed case of COVID-19 (i.e., <1 metre for >15 minutes, living together, direct contact with body fluids)

CLINICAL EXAMINATION + RT-PCR (SARS-CoV-2) on deep nasopharyngeal and pharyngeal samples

ASYMPTOMATIC	
No isolation rooms	

MONITORING at home
(T° + Respiratory symptoms)

**SARS-CoV-2
NEGATIVE**

**SARS-CoV-2
POSITIVE***

Isolation at home for 14 days

If delivery:

- Breastfeeding as per guidelines
- Mother isolated from newborn until viral shedding clears

- If delivery:
- Breastfeeding as per guidelines
- Mother isolated from newborn until viral shedding clears

- Breastfeeding as per guidelines
- Mother isolated from newborn until viral shedding clears

USG Fetal surveillance: Growth + Doppler / 2 weeks

**Stop
Monitoring**

RECOVERY

SYMPTOMATIC
Fever >38°C **AND** respiratory symptoms

Fever $>38^{\circ}\text{C}$ **AND** respiratory symptoms

MONITORING AT HOSPITAL	
Isolated room prefer with negative pressure (IRNP)	
- Protective gear* for visitors / health personnel	
- Delivery and neonatal procedure equipment on site	

Isolated room prefer with negative pressure (IRNP) - Protective gear* for visitors / health personnel - Delivery and neonatal procedure equipment on site

**SARS-CoV-2
NEGATIVE**

**SARS-CoV-2
POSITIVE***

Isolation at home 14 days
+ Clinical self-monitoring

If symptoms persist:
RETEST (possible false negative)

If symptoms persist:
RETEST (possible false negative)

HOSPITALISATION IN A TERTIARY CENTER

Maternal surveillance:

- + T°, HR, BP, RR (3-4x/day)
- + Chest imaging (high resolution CT-scan or X-ray)

Fetal:

- + FHR (1x/day)
- + Fetal maturation by Betamethasone injection depending on maternal status (until 34 to 37 WG)
- + IV Antibiotics treatment (depending local protocol)

- Maternal surveillance:**
 - + T°, HR, BP, RR (3-4x/day)
 - + Chest imaging (high resolution CT-scan or X-ray)
- Fetal:**
 - + FHR (1x/day)
 - + Fetal maturation by Betamethasone injection
 - depending on maternal status (until 34 to 37 WG)
 - + IV Antibiotics treatment (depending local protocol)

- + T°, HR, BP, RR (3-4x/day)
- + Chest imaging (high resolution CT-scan or X-ray)

Fetal:

- + FHR (1x/day)
- + Fetal maturation by Betamethasone injection depending on maternal status (until 34 to 37 WG)
- + IV Antibiotics treatment (depending local protocol)

Fetal:

- + FHR (1x/day)
- + Fetal maturation by Betamethasone injection depending on maternal status (until 34 to 37 WG)
- + IV Antibiotics treatment (depending local protocol)

- + FHR (1x/day)
- + Fetal maturation by Betamethasone injection depending on maternal status (until 34 to 37 WG)
- + IV Antibiotics treatment (depending local protocol)

INTENSIVE CARE UNIT ADMISSION (Quick SOFA Score)
More than 1 following criteria:

- Systolic blood pressure <100mmHg
- Respiratory rate >22
- Glasgow conscious score <15

More than 1 following criteria:

- Systolic blood pressure <100mmHg
- Respiratory rate >22
- Glasgow conscious score <15

- Systolic blood pressure <100mmHg
- Respiratory rate >22
- Glasgow conscious score <15

- Respiratory rate >22
- Glasgow conscious score <15

- Glasgow conscious score <15

SEVERE FAILURE CRITERIA (consider cesarean delivery)

- SEPTIC SHOCK
- ACUTE ORGAN FAILURE
- FETAL DISTRESS

- SEPTIC SHOCK
- ACUTE ORGAN FAILURE
- FETAL DISTRESS

- ACUTE ORGAN FAILURE
- FETAL DISTRESS

- FETAL DISTRESS

DELIVERY

Before 24 WG

if severe maternal illness, consider MTP (if legal)

After 24 WG

- On site / IRNP
- Vaginal delivery (induction of labor + instrumental delivery when possible unless severe failure criteria)
- Early clamping of umbilical cord and cleaning of newborn
- Newborn monitoring in IRNP
- SARS-CoV-2 RT-PCR of the newborn
- Breastfeeding with due precautions and considerations
- Mother isolated from newborn until viral shedding resolves

Before 24 WG

if severe maternal illness, consider MTP (if legal)

After 24 WG

- On site / IRNP
- Vaginal delivery (induction of labor + instrumental delivery when possible unless severe failure criteria)
- Early clamping of umbilical cord and cleaning of newborn
- Newborn monitoring in IRNP
- SARS-CoV-2 RT-PCR of the newborn
- Breastfeeding with due precautions and considerations
- Mother isolated from newborn until viral shedding resolves

if severe maternal illness, consider MTP (if legal)

After 24 WG

- On site / IRNP
- Vaginal delivery (induction of labor + instrumental delivery when possible unless severe failure criteria)
- Early clamping of umbilical cord and cleaning of newborn
- Newborn monitoring in IRNP
- SARS-CoV-2 RT-PCR of the newborn
- Breastfeeding with due precautions and considerations
- Mother isolated from newborn until viral shedding resolves

- On site / IRNP
- Vaginal delivery (induction of labor + instrumental delivery when possible unless severe failure criteria)
- Early clamping of umbilical cord and cleaning of newborn
- Newborn monitoring in IRNP
- SARS-CoV-2 RT-PCR of the newborn
- Breastfeeding with due precautions and considerations
- Mother isolated from newborn until viral shedding resolves

- On site / IRNP
- Vaginal delivery (induction of labor + instrumental delivery when possible unless severe failure criteria)
- Early clamping of umbilical cord and cleaning of newborn
- Newborn monitoring in IRNP
- SARS-CoV-2 RT-PCR of the newborn
- Breastfeeding with due precautions and considerations
- Mother isolated from newborn until viral shedding resolves

*** PROTECTIVE GEAR**

Contact and Airborne additional measures

- FFP2 or N95 mask
- Gloves
- Gown
- Eye protection

- FFP2 or N95 mask
- Gloves
- Gown
- Eye protection

- FFP2 or N95 mask
- Gloves
- Gown
- Eye protection