

Cesarean delivery tied to clinical deterioration in SARS-CoV-2

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(HealthDay)—Cesarean birth is associated with clinical deterioration in

women with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and with an increased risk for neonatal intensive care unit (NICU) admission, according to a research letter published online June 8 in the *Journal of the American Medical Association*.

Oscar Martínez-Perez, M.D., Ph.D., from Puerta de Hierro University Hospital in Madrid, and colleagues assessed births to women with COVID-19 by mode of delivery. Women with a positive test for SARS-CoV-2 between March 12 and April 6, 2020, who delivered within the next 14 days, were included.

The researchers found that four of the 82 pregnant patients presented with severe COVID-19 symptoms, and all four underwent cesarean delivery and required intensive care unit admission. Seventy-eight patients presented with no or mild COVID-19 symptoms; 11 required oxygen supplementation. Of these patients, 41 and 37 delivered vaginally and by cesarean delivery, respectively. No patients with a vaginal delivery and five (13.5 percent) with cesarean delivery developed severe outcomes. Cesarean birth was significantly associated with clinical deterioration after adjustment for potentially confounding factors (adjusted odds ratio, 13.4). Cesarean birth was significantly associated with an [increased risk](#) for NICU admission after adjustment for confounding factors (adjusted odds ratio, 6.9). Three of 72 newborns tested within six hours after birth had a positive SARS-CoV-2 result; repeat testing was negative at 48 hours.

"Limitations include a lack of sufficient information on newborns to determine vertical transmission," the authors write.

More information: [Abstract/Full Text](#)

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