Complications in pregnancy and birth increase with COVID-19 infection

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Women in the COVID-19 group were more likely to be older, have obesity, be carrying more than one baby, or have a history of high blood pressure compared to those without. The women with COVID-19 had a higher frequency of admission to ICU; death; preeclampsia and eclampsia; gestational hypertension; hemorrhage either before or after birth; very premature spontaneous or induced birth; and cesarean section. Rates of pregnancy terminations, stillbirths, gestational diabetes, placenta previa, placental abruption, and blood clots were not increased.

Being aware of these complications is important for health care providers to support pregnant women and provide the best care. The authors believe that although causality cannot be established in this study, vaccination to protect pregnant women from COVID-19 may be useful, particularly for those in higher risk groups.

The authors add, "We conducted a retrospective analysis of prospectively collected data in a national cohort of all hospitalizations for births ≥22 weeks gestation occurring in France from January to June 2020 using the French National hospitalization database, including a total of 244645 births, of which 874 (0.36%) with COVID-19 diagnosis. When compared to the non-COVID-19 group, women in the COVID-19 group were associated to an increased frequency of admission to ICU, mortality, preeclampsia/eclampsia, gestational hypertension, postpartum hemorrhage, spontaneous and induced preterm and very preterm birth, fetal distress and Cesarean section."


Pregnant women with COVID-19 are more likely to have complications with pregnancy and birth compared to those without, according to research publishing November 30th in the open-access journal *PLOS Medicine*. The study looks at hospitalization for births in France during the first six months of the pandemic and suggests that vaccination may be useful to protect women and their babies, particularly for women at a higher risk of developing severe COVID-19 infections.

Few studies have looked at associations between COVID-19 and pregnancy outcomes, particularly during the first wave in early 2020. Sylvie Epelboin and colleagues from the Universite de Paris analyzed data for hospitalizations for birth after 22 weeks gestation in France between January and June 2020. Until 15 March, all confirmed cases of COVID were hospitalized but after this hospital admission was based on the medical condition of the patient. Of 244,465 births in hospital, 874 or 0.36% of mothers had been diagnosed with COVID-19.