Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

2019-nCoV epidemic: what about pregnancies?

On Feb 3, 2020, WHO confirmed 17 238 cases of novel coronavirus (2019-nCoV) infections in China. Among them, 2296 (13%) cases were reported as severe, and 361 deaths were declared (2%).[1]

Members of the coronavirus family responsible for severe acute respiratory syndrome (SARS-CoV) and Middle East respiratory syndrome (MERS-CoV) are known to be responsible for severe complications during pregnancy.[2,3]

12 pregnant women were infected with SARS-CoV during the 2002–03 pandemic.[2] Four (57%) of seven women in the first trimester had a miscarriage. In the second to third trimester, two (40%) of five women had fetal growth restriction, and four (80%) of five women had preterm birth (one spontaneous; three induced for maternal condition). Three (25%) women died during pregnancy.

In a review of 11 pregnant women infected with MERS-CoV,[3] ten (91%) presented with adverse outcomes, six (55%) neonates required admission to the intensive care unit, and three (27%) died. Two neonates were delivered prematurely for severe maternal respiratory failure.

Considering that the 2019-nCoV seems to have a similar pathogenic potential as SARS-CoV and MERS-CoV,[4] pregnant women are at increased risk of severe infections, there are no specific clinical signs of coronavirus infections preceding severe complications,[5] coronaviruses have the potential to cause severe maternal or perinatal adverse outcomes, or both,[2,3] and the current lack of data on the consequences of a 2019-nCoV infection during pregnancy, we recommend systematic screening of any suspected 2019-nCoV infection during pregnancy. If 2019-nCoV infection during pregnancy is confirmed, extended follow-up should be recommended for mothers and their fetuses.

We declare no competing interests.

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1 WHO. Novel coronavirus (2019-nCoV). Situation report—14. Feb 3, 2020. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200203-sitrep-14-ncov.pdf?sfvrsn=f7347413_2 (accessed Feb 3, 2020).

2 Wong SF, Chow KM, Leung TN, et al. Pregnancy and perinatal outcomes of women with severe acute respiratory syndrome. *Am J Obstet Gynecol* 2004; **191:** 292–97.

3 Alfaraj SH, Al-Tawfiq JA, Memish ZA. Middle East respiratory syndrome coronavirus (MERS-CoV) infection during pregnancy: report of two cases & review of the literature. *J Microbiol Immunol Infect* 2019; **52:** 501–03.

4 Mahase E. China coronavirus: what do we know so far? *BMJ* 2020; **368:** m308.

5 Huang C, Wang Y, Li X, et al. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *Lancet* 2020; published online Jan 24. https://doi.org/10.1016/S0140-6736(20)30183-5.

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