Ebola in Pregnancy

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GET THE FACTS ON EBOLA
YOU CAN'T GET EBOLA THROUGH AIR.
YOU CAN'T GET EBOLA THROUGH WATER.
YOU CAN'T GET EBOLA THROUGH FOOD IN THE U.S.
EBOLA CAN ONLY SPREAD FROM CONTACT WITH THE BLOOD OR BODY FLUIDS OF A PERSON OR ANIMAL WHO IS SICK WITH OR HAS DIED FROM EBOLA.
AMERICA HAS THE BEST DOCTORS AND PUBLIC HEALTH INFRASTRUCTURE IN THE WORLD AND WE ARE PREPARED TO RESPOND.

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The case fatality rate appears to be higher in pregnancy (95% in one series). The case fatality rate in West Africa for the current outbreak is 55%-75%.

High rates of fetal and neonatal loss with MSF recording a mortality close to 100%.

Priority is to protect staff and provide supportive therapy within reasonable limits

Most obstetric providers should be focused on education and screening, leaving care of the few EVD pregnancies to a smaller group with more specialized training

Identify

Isolate

Inform

Exposure will be less prevalent than symptoms

It is reasonable to begin empirical treatment for malaria and bacterial infection (ideally with oral medication) before sending samples.

3 screening questions

Have you traveled to West Africa (Liberia, Sierra Leone, Guinea*) in the last 21 days?

Have you had any other contact with an individual with Ebola virus infection?

If yes to either exposure, do you have or have you had:

Fever
Nausea / vomiting
Diarrhea
Muscle aches
Severe headache
Stomach or abdominal pain
Bleeding or bruising

A **Person Under Investigation** is an individual who has both consistent symptoms and risk factors as follows:

Clinical criteria : fever (subjective or >100.4°F or 38.0°C) ,headache, weakness, muscle pain, vomiting, diarrhea, abdominal pain, or hemorrhage etc;

AND

epidemiologic risk factors within the past 21 days before the onset of symptoms, such as contact with blood or other body fluids or human remains of a patient known to have or suspected to have EVD; residence in—or travel to—an area where EVD transmission is active; or direct handling of bats or non-human primates from disease-endemic areas.

A **confirmed case** is a Person Under Investigation with laboratory-confirmed diagnostic evidence of Ebola virus infection.

The patient must have been symptomatic for at least 4 days before a negative test can be confirmed as a true negative.

Isolate

If they are an outpatient, they should be instructed to remain at home or away from others and expect further direction by telephone.

If they are at a medical facility, they should be asked to put on a mask and directed to an isolation room.

Staff should be instructed to avoid touching the patient and to minimize the patient's exposure to others

Those evaluating the patient should use PPE

For pregnant women recently returned from Ebola areas

Defer non-emergent, in-person care of women at risk for EVD until the 21-day incubation period has passed.

Important to avoid missing obvious obstetric complications……Take a good history

Take Advice

For women in need of Emergency obstetric care....

Avoid the usual obstetric interventions such as fetal monitoring, cesarean delivery, induction, or surgical repair of lacerations in this select group of extremely ill women.

Any planning or efforts to care for these patients who are highly infectious should only be done in consultation with those schooled in PPE as well as those expert in the EVD-related care needed for these patients.

Spontaneous vaginal delivery should be anticipated. Vaginal examinations should be minimal and artificial rupture of membranes avoided.

Avoid standing directly in front of patient during delivery of fetus or placenta (deliver side- on) to avoid body fluid splash.

Do not perform an episiotomy.

If there is a vaginal tear it is not advised to suture as there is a high risk of health worker infection in event of sharps injury.

Misoprostal (+/- Mifepristone) should be considered as first-line treatment for miscarriage and post-partum haemorrhage.

Intravenous/intramuscular drugs to be given with caution and only if the healthcare worker is appropriately trained and feels safe to do so. Intra-uterine procedures should be avoided.

All clinical waste disposed off appropriately.

Spontaneous miscarriage is a common presentation in women infected with Ebola virus.

Extra caution should therefore be taken in the assessment of women presenting with bleeding in pregnancy and an Ebola contact history.

Isolation and personal protection protocols should be followed.

Expectant or medical management is advised.

In the unlikely event of a live birth the baby must be assumed to be Ebola positive and handled in accordance with full personal protective equipment and safety protocols.

If EVD is suspected from exposure and symptoms but has not yet been confirmed with laboratory testing.

Women should be treated in a similar fashion to that described above for the care of those pregnant women with proven EVD

Regardless of decisions regarding any limits on resuscitation, care directed at comfort should be provided for infants who are live born from mothers with EVD.

Breast feeding not recommended
Breast milk carries the Ebola virus, this continues for an unknown length of time in the convalescent/surviving patient.