

**EDITORIAL: COVID-19 AND PREGNANCY****Obimbo MM, MD, Ph.D****Affiliation**

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On 7<sup>th</sup> January 2020, the World Health Organization (WHO) announced the epidemic disease caused by a novel coronavirus identified from the throat swab of a patient by the Chinese Center for Disease Control and Prevention (CDC). This virus was named SARS-CoV-2 due to severe acute respiratory syndrome it caused. The disease caused by this virus was named coronavirus disease 2019 (COVID-19). This disease was later declared a public health emergency of international concern (PHEIC) on 30<sup>th</sup> January, 2020 by the WHO (1). This is the 3<sup>rd</sup> of the outbreaks caused by the viruses from the Coronaviridae family, the foregoing two having been the severe acute respiratory syndrome coronavirus (SARS-CoV) in 2002, Guangdong, China and the Middle East respiratory syndrome coronavirus (MERS-CoV), detected in Saudi Arabia in 2012 (2). The Coronaviruses are large, enveloped, single stranded RNA viruses infecting mammals and birds. These viruses can lead to severe lower respiratory tract infections and acute respiratory distress syndrome (ARDS).

It is now believed that the outbreak of COVID-19 was associated with unspecified wild animals in the Huanan seafood market. It is speculated that the bats, the host of a number of other coronaviruses, may have been the source (3). As of 1<sup>st</sup> June, 2020, SARS-CoV-2 has been responsible for 6.2 million confirmed cases and 372000 (6%) deaths around the world, 1962 confirmed cases and 64 (3.3%) deaths in Kenya alone. The emergence of an infectious disease operationally has three-steps: 1) Infectious source 2) Transmission and 3) susceptibility (4). COVID 19 generally carries the course of mild to no clinical symptoms during the incubation period that may last up to 3 weeks, making these people capable of continuing with their daily routines and spreading the infection to the unsuspecting and susceptible population. The fact that the disease is mainly spread by respiratory droplets makes it relatively easy to contract via respiration. Other studies have reported

that orofecal transmission may also be possible (5). Strategies such as hand washing, social distancing, quarantine, isolation, wearing of masks, lockdown, and contact tracing have played an important role in controlling the spread of this disease (6–8). Although all populations are susceptible to SARS-CoV-2, children, the elderly, pregnant women, patients with high number of comorbidities are especially vulnerable. In pregnancy, the effect of COVID-19 remains largely unexplored. It is thought that the TH1-TH2 shift that happens in pregnancy (9) with resultant immunosuppression may make women more susceptible to respiratory diseases with concomitant worse adverse outcomes (10–12). Recent studies, however, show no relationship between COVID-19 and adverse pregnancy outcomes or increased risk of serious disease (13,14).

There is simply quite a lot of unknown underpinning factors regarding the transmissibility of SARS-CoV-2 in pregnancy. This information is crucial for predicting the course of this disease in this important population and in preparation of birth. The intervention measures put in place to control the spread of COVID 19 such as suppression and mitigation may have unforeseen consequences on pregnancy outcomes and health seeking behavior in pregnancy and need to be further explored.

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