

COVID poses serious risks for pregnant women — and their babies. Omicron doesn't change that.

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A caregiver at Holy Name in Teaneck sets up COVID-19 patient Tamara Goodwin for monoclonal infusion therapy at the medical center. Jeff Rhode/Holy Name

Tamara Goodwin started feeling dizzy in a Bergen County department store earlier this week.

The healthy, 28-year-old woman took a COVID-19 test shortly after she felt ill. It came back positive.

By Wednesday, she was at Holy Name in Teaneck receiving an infusion of sotrovimab, the highly sought-after monoclonal antibody treatment now considered the most effective therapy against omicron and other coronavirus variants.

Doctors are taking no chances these days with pregnant women, knowing the threat the virus poses to them — and their unborn babies.

“Pregnancy is a very dangerous state to get COVID in,” said Dr. Benjamin De La Rosa, an infectious disease specialist at Holy Name.

Normally, people in generally good health like Goodwin who experience mild to moderate coronavirus symptoms do not qualify for sotrovimab, a monoclonal antibody therapy that earned emergency use authorization last year by the Food and Drug Administration. The treatment is in short supply and reserved for those with the highest risk of hospitalization and severe outcomes.

But Goodwin is almost six months pregnant, putting her among the most vulnerable if they contract COVID-19, according to federal health agencies.

More than 12,000 pregnant women in New Jersey have contracted the coronavirus, according to the state Department of Health. Health Commissioner Judith Persichilli told NJ Advance Media on Wednesday that more than 2% of all COVID-19 cases during pregnancy in the state “have resulted in an ICU admission for the pregnant person.”

Last fall, the Centers for Disease Control and Prevention released data showing that pregnant women with COVID-19 face an increased likelihood of developing a severe case and complications in pregnancy and in childbirth, such as a preterm or stillborn baby.

Nationwide, nearly 160,000 pregnant women have been infected since the onset of the pandemic in early 2020 — 26,672 have been hospitalized and 259 died, according to CDC data. Deaths reached a peak in August, September, October of 2021, when delta was the dominant variant.

While omicron tends to be milder on average, unvaccinated women are still in danger.

“If you have a severe case of COVID, it compromises your lung function and the amount of oxygen that goes to the placenta is compromised, so it compromises the child’s health and wellbeing,” De La Rosa said. “The overall [impact] is that they’re both at risk if you’re unvaccinated.”

As with the rest of the population, unvaccinated pregnant women are especially susceptible to a severe case of COVID-19, according to various studies.

For instance, England’s National Health Service reported in October that nearly 20% of the nation’s most severely ill coronavirus patients were unvaccinated pregnant women.

Questions remain regarding COVID-19’s role in other pregnancy-related problems, health officials say. Some medical experts wonder if the coronavirus was the cause of stillborn babies whose mothers were infected.

“We’ve had a slight uptick with stillbirths, and the majority of those patients did have COVID at some point in their pregnancy,” said Dr. Payal Shah, Holy Name’s chief of obstetrics and gynecology. “But we’ve had some situations where we don’t know if there’s a direct correlation.”

During pregnancy, a woman’s immune system changes to protect the fetus — including to prevent the body from rejecting or attacking it. But it also can make the mother-to-be less able to fight off a virus.

“As with other viral diseases, a woman who’s pregnant is at higher risk of having COVID or other disease like chicken pox, influenza and other infections,” De La Rosa said. “When a woman is pregnant, the body is in a state where the immune cells are modulated to accommodate for the growing child in the womb. That modulation increases the risk of viral disease.”

To complicate matters, vaccination rates have been low among pregnant women, many of whom fear potential adverse effects involving their fetuses. Federal health agencies say COVID-19 vaccines have not posed a risk to pregnant women, their fetuses or children after they’re born. They

have urged expectant mothers to get inoculated.

In fact, health officials say, vaccinated pregnant women seem to pass on immunity to their newborns during breastfeeding.

“All pregnant women should be vaccinated and boosted when appropriate,” Shah said. “COVID symptoms can progress to a more severe state quicker than in someone who is not pregnant.”

Goodwin said she’s unvaccinated because she had been worried that it would hurt her fetus.

“I just wasn’t sure it was safe to get while I was pregnant,” said Goodwin, who lives in the Bronx, New York and was in Bergen County visiting her parents in Teaneck when she started feeling symptoms. “I was waiting until after to get it. I’m finding out now that you can get it, that it’s safe, while you’re pregnant. I wish I had gotten it now.

“I’ve been healthy my whole life,” she said, adding that her 7-year-old son has tested negative for the virus and is staying with her parents while she recovers. “I thought the virus was more [of a threat] to people with asthma and the elderly.”

Weekly totals of COVID-positive pregnant women have topped 1,000 nationwide amid the omicron surge, which took hold in November. Coronavirus cases among pregnant women peaked between November 2020 and January 2021, when they exceeded 4,000 per week.

In New Jersey, Passaic, Ocean and Cumberland counties have seen highest number of COVID-19 cases among pregnant women, with the rates of infection during pregnancy varying between 3.3% to 7.4% of pregnancies, according to the state Department of Health.

Persichilli urges “all pregnant women to get vaccinated and to speak with their obstetricians if they have questions.

”Pregnant women are at higher risk for severe infection from COVID resulting in hospitalization, ICU admission and need for a ventilator,” she said. ”COVID infection during pregnancy is also associated with higher rates of preterm delivery — especially for people of color.”

Nearly 30 of the 238 moms admitted to deliver their babies at Holy Name since Dec. 7 tested positive for COVID-19. Twenty-five of them tested positive since Christmas.

But coronavirus-infected pregnant women who have received monoclonal antibody therapy generally have fared well, Shah said. Four of the 54 patients Holy Name has treated with sotrovimab have been expectant mothers, including Goodwin.

“It has to be done within a certain time frame, and the symptoms cannot be severe,” Shah said. “When pregnant patients have received them, they’ve done very well.”

COVID-19 remains a threat to some women even after pregnancy, according to the CDC. Certain underlying medical conditions — and other factors, including age — can increase the risk for developing severe COVID-19 illness during or even weeks after the end of a pregnancy.

Dr. Lisa Gittens-Williams, director of obstetrics at University Hospital in Newark and a professor at Rutgers New Jersey Medical School, said it is particularly important to understand and allay the concerns of women

hesitant to get the vaccine who are pregnant or planning to become pregnant.

“There is a large number of women who have not accepted the vaccine for a variety of reasons,” she said. “Women are very protective of themselves and of their unborn child. It’s important to get the correct messaging out to them.

“We have to understand why someone is declining immunization, what their general thoughts are, and who they trust. We have to deal with it at the community level, [with] those trusted partners and voices — someone at the church or at the mosque or community center.”

The threat of COVID-19 adds another layer of concern to maternal health, which has a troubling record in the U.S., particularly in New Jersey. The state has among the nation’s highest maternal mortality rates.

The situation is most dire for Black women, who are seven times more likely than white women to die from complications stemming from pregnancy and childbirth. And a Black baby is three times less likely than a white baby to live to see its first birthday.

A March of Dimes report card released last year on maternal and infant health showed nearly one out of 10 children in New Jersey was born prematurely, putting them at risk for developmental delays, health problems and death. Of this group, 13.4% were Black, 12.2% were Native American, 9.8% were Latino, 8.7% were Asian and 8.3% were white.

A report by the New Jersey Health Care Quality Institute noted: “Already vulnerable pregnant populations (such as individuals of color, those with low-incomes, or individuals with a disability, mental health illness, limited health care access, or underlying medical conditions) faced an increased risk of maternal mortality and other pregnancy-related complications prior to COVID-19, and the current crisis only exacerbates these disparities.”

The Southern New Jersey Perinatal Cooperative, a state-licensed maternal and child health consortium serving seven counties in South Jersey, plans a rollout of webinars and a town hall in March to address COVID-19 and pregnancy, said Cathy Butler-Witt, the acting director of public health programs.

“We want to give information we get from the CDC and the Department of Health in regards to women who are unvaccinated and pregnant and let them know that pregnancy itself creates changes in a person’s body and that it’s easier to get COVID and other respiratory viruses,” Butler-Witt said. “We’ve been doing work regarding COVID and pregnancy since the shutdown [in 2020].”

Nevertheless, she and other health officials generally agree that vaccinated pregnant women who contract COVID-19 and their babies do not get as sick as those who are not inoculated.

“All pregnant women should be vaccinated and boosted,” Shah said. “It does show a decrease in the severity of COVID and symptoms.”