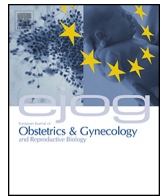




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Correspondence

Reply to correspondence: Vaginal delivery in a woman infected with SARS-CoV-2 – The first case reported in Portugal

Dear Editor

We read with great interest the recent case report of Polonia-Valent et al. [1] on the first case of vaginal delivery of a COVID-19 positive woman in Portugal. In this they stated that a COVID-19 positive pregnant woman at term, with mild symptoms (dry cough) went into labour, and after an operative vaginal delivery, due to an abnormal cardiotocography, the umbilical cord was immediately clamped and she was immediately separated from the neonate. Even after the newborn was tested negative for COVID-19, the separation continued until "appropriate isolation conditions" at home were guaranteed.

We had concern about this approach. RCOG guidance [2] advise that delayed cord clamping should be practiced as normal. If vaginal delivery is permitted, with exposure to maternal secretions and blood, it is unlikely that 1 min of further perfusion via the placenta may increase the risk of vertical transmission.

Currently there is no evidence of COVID-19 transmission through breastmilk. RCOG advises against routine separation of mother and baby and give instructions for individualized care. Until additional data are available, mothers who intend to breastfeed should be encouraged to do so [3]. The numerous benefits of skin-to-skin contact and breastfeeding substantially outweigh the potential risks of transmission and illness associated with COVID-19 [4].

Declaration of Competing Interest

The authors have no conflict of interests to declare.

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