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Deputy Donnelly  
Dáil Éireann,  
Leinster House  
Dublin 2

**PQ Ref 13810/21: To ask the Minister for Health if he will report on concerns in relation to Covid-19-related stillbirths; and if there needs to be an elevated warning to pregnant women.**

Dear Deputy Donnelly,

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

There have been 4 reports in Ireland of Stillbirth in mothers who are COVID positive. These reports have yet to be dealt with through the Coroner's Court process and consequently these findings must be regarded as preliminary.

However notwithstanding that, the four reported stillbirths have been responded to by the HSE's National Women and Infants Health Programme with guidance being issued out by the Programme to all 19 maternity services in Ireland. I have attached for your information a copy of the guidance issued in this regard. I have also attached for your information the guidance issued by The Faculty of Pathology in response to these preliminary findings.

In relation to the speciality's response, as managed by the Institute of Obstetrics & Gynaecology, all evidence and literature is being regularly reviewed as part of the speciality's on-going response and management of Covid-19, with the Institute and NIWHP being in regular contact in this regard.

Currently, the advice to pregnant women is to follow public health advice and if they have COVID to report to their maternity unit. The majority of women who contract COVID have an uneventful birth with a good outcome.

I trust this clarifies the matter.

Yours sincerely,

**Mary-Jo Biggs, General Manager, National Women and Infants Health Programme**

## Copy of NWIHP Guidance issued out to all 19 Maternity Services

*The question has been asked as to the appropriate follow up of a woman diagnosed with Covid whilst pregnant.*

*This question was prompted by the finding of Covid placentitis in four babies still born in Ireland. While Covid placentitis is a recognised pathological entity, the finding of four still births in a short period of time in a relatively small cohort is unexpected and concerning.*

*This is an evolving area of practice and the pathophysiology of this condition is not fully understood.*

*Given that there is much to be learned it is suggested the following pathway appears to be reasonable.*

- 1. At the time of diagnosis of the pregnant woman being Covid+ (assuming greater than 23 weeks) an ultrasound scan would be reasonable.*
- 2. Following this initial baseline investigation, it may also be reasonable to re-assess fetal wellbeing 2 weeks later.*
- 3. While some hospitals may choose to perform monthly scans until delivery, this is not evidence-based.*
- 4. The woman is requested to monitor fetal movements and if they change she should return to the unit. At any time should the woman present with decreased fetal movements appropriate investigations and follow up should be arranged.*
- 5. If clinically indicated, additional observation is obviously not excluded by the above suggestions.*

*It is acknowledged that the above suggestions are not currently evidence based. However given the fact that this information has been brought to our attention in advance of a Coroner's Hearing, it may be appropriate for each centre to keep this in mind when caring for a Covid+ woman.*

*We will keep the situation under review.*

## Faculty of Pathology Statement on SARS-CoV-2 Placentitis and Stillbirth

As the COVID-19 pandemic evolved during 2020 a small number of international reports began to emerge describing a particular pattern of inflammation in placentas of COVID-19 positive women. A group in Cork University Hospital/Cork University Maternity Hospital described one case and brought it and 10 others from the international literature together in a review article and used the term “SARS-CoV-2 placentitis” to describe this particular pattern of placental involvement by COVID-19 in January 2021 ([Linehan et al](#)).

At the time of assembling their report only 11 cases of SARS-CoV-2 placentitis had been seen in 235 placentas from COVID-19 positive women whose placental pathology had been described in the literature, a rate of 4.7%. Its occurrence therefore seemed to be uncommon but had, “...the potential to cause significant placental injury, potentially resulting in fetal compromise.”

As recently reported by NPHE, 4 cases of stillbirth have been identified nationally in Ireland’s 3<sup>rd</sup> wave of COVID-19 infection. The pathologic examinations in all cases have been performed by specialist perinatal pathologists in Cork and Dublin. In all cases there was recent maternal COVID-19 infection and the placentas in all cases have features of SARS-CoV-2 placentitis. For these 4 cases it is the view of the pathologists conducting these investigations that COVID-19 was the significant factor that resulted in the stillbirth of these babies.

This experience is not confined to Ireland and internationally a small number of stillbirths have been similarly attributed to SARS-CoV-2 placentitis after thorough clinical and pathological examination ([Schwartz et al](#)).

As this disease and our experience continues to evolve, the occurrence of these four stillbirths in a short period of time was felt to be of sufficient concern to inform public health experts and obstetricians. To the best of our knowledge, stillbirth due to maternal COVID-19 infection was not identified in Ireland during 2020 and has only been rarely reported internationally. Thankfully stillbirth still appears to be a rare complication of maternal COVID-19 infection.

These findings highlight the importance of stillbirth investigation and its provision of information critical for our obstetric colleagues in their management of pregnant women during the COVID-19 pandemic. We wish to assure the affected parents that the critical information afforded to obstetric services from the post mortem and placental examinations of their infants contributes to continuing to ensure the highest level of care for pregnant women and their babies during this COVID-19 pandemic. Pathologists, obstetricians, scientists and Coroners will continue working together, and with our national and international colleagues, to better and more completely understand the implications of these findings.

Finally, the Faculty recognises the tremendous personal tragedy for the families of these four stillbirth infants and are conscious of the added burden that the current media attention may bring and we wish to extend our sincere condolences to the bereaved families of these infants.