



## Respiratory distress in a pregnant woman caused by COVID-19

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### Background:

Pregnant women are more prone to respiratory diseases, including the novel coronavirus disease (COVID-19). Research shows that COVID-19 increases the chance of preterm birth, intrauterine growth retardation, and miscarriage. In pregnant women, extremely rarely, a possibly fatal respiratory distress can occur that demands mechanical ventilation.

### Case presentation:

We present a 34-year-old COVID positive female in the 32nd week of pregnancy who was transferred to Intensive Care Unit (ICU) from another hospital because of rapid deterioration in general health and pregnancy monitoring. Bilateral pneumonia was confirmed, and the urine analysis showed bacteriuria. Ceftriaxone was introduced. Clexane 0.6mL s.c. and an intravenous Dexamethasone dose of 12mg were continued from the therapy used in the previous facility. The patient's nasal mask with a flow of 15 L/min was replaced with high-flow nasal oxygen (55 L/min with 70% oxygen). In the next two days, the patient's condition improved, only to deteriorate severely on the third day of the treatment. Cardiotocography showed pathological findings that suggested possible fetal hypoxia. An emergency cesarean section was made, and the baby was successfully delivered. After the delivery, the patient was transferred again to the ICU, intubated and mechanical ventilation was started. Prone positioning and adequate ventilation modalities led to the improvement of respiratory function, which led to the extubation on the 9th day of the treatment.

### Conclusion:

Respiratory distress caused by COVID-19 in pregnant women demands a prompt reaction and special treatment of both patients- the mother and the baby. Such a reaction could only be done by an experienced team in a well-equipped facility.

### Keywords:

COVID-19, Intensive Care Unit, Pregnancy, Respiratory Distress Syndrome