

# Re: Maternal transmission of SARS-COV-2 to the neonate, and possible routes for such transmission: A systematic review and critical analysis. (First comment on BJOG-20-0883.R1)

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Sir,

We read with interests the article by Kate F Walker and colleagues, entitled "Maternal transmission of SARS-COV-2 to the neonate, and possible routes for such transmission: A systematic review and critical analysis". We would like to discuss some points that merit further.

In the article, the authors systematically analyzed the mode of delivery on the infection rates of COVID-19 of newborn, they found that the infection rate is no greater when the baby is born vaginally, breastfed or allowed contact with the mother, compared with those performed with Caesarean sections.

Despite the limitations, especially the retrospective feature, this study provided important information for the selection of mode of delivery with COVID-19, that Caesarean birth was not better than virginal delivery on neonatal infection outcomes.

However, the main defect was the lacking severity evaluation of COVID-19 of the mothers, which may result in selective bias, or even alter the conclusion. Clinically, pregnant women combined with more severe degrees of COVID-19 always prefer Caesarean delivery than virginal delivery. Possibility was that the protective effects of Cesarean birth might have been neutralized by the severity of COVID-19.

COVID-19 is a kind of highly contagious respiratory virus, Both the patients and doctors feel anxious about the possible increased infection risk during the second stage of the labor, for the virginal labor usually takes longer than Caesarean.

Considering the above, prospective evaluation the safety of mode of delivery with COVID-19 would have important significance for clinical practice.

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