**Annex 1.** Telephone Follow-up in pregnant women with COVID-19 infection

Pregnant patients with suspected COVID-19 infection:

* Evaluated during admission without hospitalization criteria
* Hospitalized patients that evolved favourably following discharge

Scheduling telephone follow-up

Pregnant patients with suspected COVID-19 infection evaluated by telephone call or with mild symptoms (according to telephone checklist)

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Medical telephone follow-up 24 hours after the first evaluation

**Comorbidities**

* Chronic hypertension
* Pregestational diabetes
* Asthma or chronic obstructive pulmonary disease
* Cardiovascular diseases
* Chronic kidney disease stage III-IV
* Immunosuppression:
* Organ transplant recipient
* HIV infection with <350 CD4+
* Patients that receive corticosteroids equivalent to >20 mg of prednisone for >2 weeks or other immunosuppressive treatments
* Neutropenia

Telephone Checklist Assesment

**Obstetric Clinical features**

* Decreased fetal movements count
* Colic pain
* Transvaginal bleeding
* Transvaginal fluid outlet

**Clinical features of infection**

* Fever
* Cough
* Shortness of breath
* Thoracic pain
* Headache
* Asthenia
* Myalgia
* Digestive symptoms
* Confusion or lethargy
* Hemoptysis

* Fever ≥ 38ºC, >3 days with antipyretics
* Shortness of breath
* Thoracic pain
* Pleuritic pain
* Confusion or lethargy
* Hemoptysis
* Incohercible vomiting or diarrea
* Obstetric features that require clinical assessment
* Comorbidities
* Asthenia
* Myalgia
* Digestive symptoms
* Fever that goes away with antipyretics or <3 days
* Presence of fetal movements without any obstetric clinical feature

**Patient specific instructions:**

-Home rest, temperature control

-Antipyretics (Paracetamol 500 mg /8 hours)

-Give clear instructions about home isolation

-Explain medical emergency warning signs that need hospital evaluation

**Register clinical report**

* Immediate referral to hospital
* Register clinical report

Primary care follow-up (in person or by telephone)

-Reassessment every 24-48 hours for 1 week\*

-7º and 14º day Reassessment\*

If the patient is asymptomatic, discharge with isolation precautions

\*Always use the onset of symptoms as a reference

Follow-up assessment 4 weeks after the onset of symptoms

**Annex 2. Recommendations for pregnant patients regarding COVID-19 infection**

COVID-19 infection is not more severe in pregnant patients and is not transmitted to the fetus. The general rules for containment and prevention of infection are the same as those given to the rest of the population.

**General rules to follow:**

* Stay home, avoid contact with other people outside the home
* Make only essential visits to hospitals, if the visit is essential go accompanied by a single family member
* Avoid contact with sick people
* If you contact other people keep a minimum distance of 1.5-2 meters
* Wash your hands frequently with soap and water or alcohol solutions

**Prenatal Care:**

Face-to-face visits and other non-urgent consultations will be provisionally restricted. If you need essential care, the attention will be given as efficiently as possible.

**What to do if I have COVID-19 symptoms:**

If you have mild respiratory symptoms (temperature <38ºC, cough, sore throat, myalgia), request a telephone evaluation. We will probably recommend staying home, monitoring temperature regularly, hydrating well and administering paracetamol 500 mg/6-8 hours.

Ventilate your home well and try to isolate yourself from the rest of your family by keeping a distance of 2 meters, use a face mask if you have to be in contact with other people. Do not share kitchen utensils or towels. Cover your mouth and nose with a disposable tissue or use your inner elbow to sneeze or cough. If you have more than one bathroom at home, use one exclusively. Do not accept visits. If you have any questions about this, please contact us.

**Do you also have symptoms related to pregnancy?**

If in addition to mild respiratory symptoms, you also have any pregnancy-related urgency such as uterine contractions, fluid leakage or vaginal bleeding, head directly to the emergency department at your nearest hospital. Notify at the time of your arrival that you have respiratory symptoms.

**COVID-19 alarm signs:**

If you have fever that exceeds 38ºC or shortness of breath, please give us a phone call or head directly to your nearest hospital.

**Annex 3.** Checklist for COVID-19 triage

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Yes No | | | | |  |
|  |  |  | | |
| Have you been tested before for COVID-19 |  |  |  |  |
|  |  |  |  |  |
| Have you had in the previous 14 days: |  |  |  |  |
|  |  |  |  |  |
| Fever |  |  |  |  |
|  |  |  |  |  |
| Cough |  |  |  |  |
|  |  |  |  |  |
| Running nose |  |  |  |  |
|  |  |  |  |  |
| Shortness of breath |  |  |  |  |
|  |  |  |  |  |
| Muscular sore |  |  |  |  |
|  |  |  |  |  |
| Throat sore |  |  |  |  |
|  |  |  |  |  |
| Loss of smell or taste |  |  |  |  |
|  |  |  |  |  |
| Have you been in contact with a COVID confirmed or suspected person |  |  |  |  |