Society for Maternal-Fetal Medicine
High-risk pregnancy experts

COVID-19 Outpatient Treatment for Pregnant Patients
6-21-22

SMFM supports the NIH COVID-19 treatment guidelines and suggests that shared decision-making and acknowledgment of the limitations of the existing data should occur when considering outpatient treatment for pregnant patients. However, therapies that would otherwise be given should not be withheld specifically due to pregnancy or lactation. Therapies, including monoclonal antibodies and antiviral medications, can and should be provided to pregnant patients with COVID-19 who meet clinical qualifications. Other therapies may become available as well.

Please use the following resource to search for locations of publicly available COVID-19 therapeutics:
https://healthdata.gov/Health/COVID-19-Public-Therapeutic-Locator/rxn6-qnx8/data

(Table begins on next page.)

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Treatment	Type	Dosing regimens	Window of treatment	Adverse event (AE) rate	Relative risk reduction*	Pregnancy considerations
Ritonavir (RTV)-Boosted Nirmatrelvir (Paxlovid)[a] Authorized under FDA EUA for the treatment of mild to moderate COVID-19 in high-risk individuals aged ≥12 years and weighing ≥40 kg	Antiviral	eGFR ≥60 mL/min: Nirmatrelvir 300 mg (two, 150-mg tablets) with RTV 100 mg (one, 100-mg tablet) twice daily for 5 days eGFR ≥30 to 60 mL/min: Nirmatrelvir 150 mg (one, 150-mg tablet) with RTV 100 mg (one, 100-mg tablet) twice daily for 5 days	5 days from symptom onset	2% Paxlovid vs 4% placebo (GI effects [diarrhea, dysgeusia]; hypertension; myalgia; angioedema; hypersensitivity reaction)	88%	No human pregnancy data are available on nirmatrelvir. Ritonavir is used extensively in pregnancy with documented safety. Extensive drug-drug interactions. Use with methergine may exacerbate vasoconstrictive effects. Use with caution with nifedipine. Providers are encouraged to refer to https://www.covid19-druginteractions.org/checker.
Remdesivir (RDV)[a] Approved by the FDA for inpatient use in the treatment of COVID-19 in individuals aged ≥12 years and weighing ≥40kg	Antiviral	RDV 200 mg IV on Day 1, then RDV 100 mg IV once daily from Day 2 Total treatment: 3 days for nonhospitalized patients	7 days from symptom onset	42.3% RDV vs 46.3% placebo	87%	Documented use throughout the pandemic. It requires multiple IV infusions and can be logistically difficult.

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Bebtelovimab (BEB)[b] Authorized for the treatment of COVID-19 under FDA EUA in individuals aged ≥12 years and weighing ≥40kg	Monoclonal antibody	BEB 175 mg as an IV injection over at least 30 seconds	7 days from symptom onset	17% BEB vs 19% placebo	No human efficacy data; clinical data from Phase II trials	Limited data; generally considered safe
Molnupiravir (MOV)[b] Authorized under FDA EUA for the treatment of mild to moderate COVID-19 in high-risk individuals aged ≥18 years	Antiviral	MOV 800 mg (four, 200-mg capsules) PO every 12 hours for 5 days	5 days from symptom onset	Any AE: 30.4% MOV vs 33% placebo Serious AE: 7% vs 10% placebo	31%	Use only when ritonavir-boosted nirmatrelvir (Paxlovid), sotrovimab, or remdesivir cannot be used. The FDA EUA states that molnupiravir is not recommended for use in pregnant patients because fetal toxicity has been reported in animal studies of molnupiravir. However, when other therapies are not available, pregnant people with COVID-19 who are at high risk of progressing to severe disease may reasonably choose molnupiravir therapy after being fully informed of the risks, particularly if they are beyond the time of embryogenesis (ie, >10 weeks of gestation). If prescribed for pregnant patients, it should be documented that the risks and benefits were discussed and that the patient chose this therapy. Pregnant patients should also be

						informed of the pregnancy surveillance programs. During MOV treatment and for 4 days after the final dose, lactating people should not breastfeed their infants.

Abbreviations: eGFR, estimated glomerular filtration rate; EUA, emergency use authorization; FDA, US Food & Drug Administration; IM, intramuscular; IV, intravenous; PO, orally; PrEP, pre-exposure prophylaxis;
*Note: All trials were conducted in unvaccinated, nonhospitalized individuals at high risk for progression to severe-critical COVID-19.
[a]The NIH Panel recommends the use of these therapies as a preferred treatment for COVID-19.
[b]The NIH Panel recommends the use of these therapies as alternative treatments for COVID-19 ONLY when neither of the preferred therapies is available, feasible to use, or clinically appropriate.