**Monoclonal Antibody Therapy for Pregnant Patients: PLEASE READ**

Current Federal Guidelines from HHS list Pregnancy as a “high risk factor” for severe COVID disease.

* **Pregnant patients are eligible for monoclonal antibody therapy if they have mild to moderate COVID symptoms for no more than 10 days and do not require oxygen therapy**
* **We have seen a significant increase in severity of disease in pregnant patients throughout the system with the current COVID surge and the delta variant.**
* **ACOG, SMFM and CDC all strongly recommend vaccination of pregnant patients.**

Below is the revised update from ACOG regarding monoclonal antibodies in pregnant patients.

Last updated August 30, 2021

Various monoclonal antibody treatments are available only under emergency use authorization (EUA). They are recommended for the treatment of outpatients with mild to moderate COVID-19 infection who are at high risk of clinical progression as defined by the EUA criteria. Pregnancy is included among the conditions that put individuals at high risk for clinical progression. This makes patients with pregnancy as their only risk factor eligible to receive outpatient monoclonal antibodies, according to the EUA ([NIH](https://files.covid19treatmentguidelines.nih.gov/guidelines/section/section_119.pdf)). Obstetric care clinicians may consider the use of monoclonal antibodies for the treatment of non-hospitalized COVID-19 positive pregnant individuals with mild to moderate symptoms, particularly if one or more additional risk factors are present (eg BMI >25, chronic kidney disease, diabetes mellitus, cardiovascular disease).

Post-exposure prophylaxis should be considered for inadequately vaccinated individuals who have been exposed to SARS-CoV-2 ([NIH](https://www.covid19treatmentguidelines.nih.gov/therapies/statement-on-casirivimab-plus-imdevimab-as-pep/)). These individuals include those who have had a recent exposure to an individual with SARS-CoV-2 for a cumulative total of 15 minutes or more over a 24-hour period or there is a recent occurrence of SARS-CoV-2 infection in other individuals in the same institutional setting AND are 1) not fully vaccinated or 2) fully vaccinated but may not mount an adequate immune response.

The CDC currently recommends waiting 90 days to get the vaccine after receipt of monoclonal antibodies ([CDC](https://www.cdc.gov/vaccines/covid-19/clinical-considerations/covid-19-vaccines-us.html)).

Efforts should be made to ensure that communities most affected by SARS-CoV-2 have equitable access to these treatments. Future data will likely inform optimal use of this therapeutic option by pregnant patients.

**Steps to order Monoclonal Antibody Therapy: See next page**

**Steps to order Monoclonal Antibody Therapy:**

1. If a patient is seen who meets criteria for monoclonal antibody treatment, discuss this option with the patient and review the Fact sheet for patients for Emergency Use Authorization of Regen-COV.  While in an EPIC patient encounter, the Fact sheet can be found under Treatment plans and the Covid-19 therapy tab.
2. If the patient consents, enter the treatment plan, accept and hit review.  Here is a link to step-by-step instructions from the Covid-19 tool kit on learning connection. <https://www.advocatehealth.com/covid-19-info/_assets/documents/medication/iv-therapy-ordering-covid-meds.pdf>
3. Please contact the infusion center for at your local hospital for any site-specific variances to this process. I have asked the OB/Gyn chairs at all hospitals to also try to find specific guidelines for each hospital.
4. Local MFM teams may also be available for questions on patient selection and the process.

