Letter to the Editor

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Response to the concern that the baseline change in CTG traces does not reflect the impact of maternal COVID-19

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To the Editor,

We would like to thank the authors Pathum Sookaromdee and Viroj Wiwanitkit [1] for their interest in our article [2]. The authors expressed their concerns that the baseline change observed in the cardiotocography (CTG) traces in our report might not reflect the effect of COVID-19. However, in the mentioned previous study, CTG traces were recorded twice, but the day of initial and second recording were not specified in that study [3]. In our hospital, at the study period all symptomatic (such as fever, cough, dyspnea, sore pain head, sore throat) pregnant women were hospitalized for close follow-up as soon as the detection of the COVID-19 positivity. Therefore, the patients included in our study consisted of patients who were hospitalized as soon as they were diagnosed. Although, all pregnant women participated in the study were symptomatic, in terms of COVID-19 severity, 173 mothers (83.2%) were in the mild category, while 14 (6.7%) were in the severe category. SARS-CoV2 replication is seen in the first five days and is approximately maximum on day 3. Also, clinical and laboratory indicators related to cytokine storm are likely to be seen on day 3–5 [4]. For this reason, in our study CTG traces at initial day of admission were compared with the third day of positivity. This design in the study is similar to previous study, which suggested that the change in CTG is associated with maternal cytokine storm [3]. In conclusion, we can claim that COVID-19 can cause changes that can be observed in CTG.

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References


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