

# THE LANCET

## Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Chen H, Guo J, Wang C, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. *Lancet* 2020; published online Feb 12. [http://dx.doi.org/10.1016/S0140-6736\(20\)30360-3](http://dx.doi.org/10.1016/S0140-6736(20)30360-3).

## Supplementary data

### Descriptive summary of medical records

**Case 1** was diagnosed after caesarean section. She has been to Hankou in the last two weeks before the illness onset. On Jan 20, 2020, she was admitted to our hospital because of abnormal liver function which was indicated by local medical institution one day ago. A positive result for influenza and elevated aminotransferase (ALT 2093 U / L, AST 1263 U / L) were detected. A cesarean section (CS) was performed on Jan 20, and she subsequently had a fever 2 days later. Then we recalled the patients medical history, and found that she had occasional cough the day before admission. The chest CT scan and SARS-CoV-2 detection showed abnormalities consistent with the typical image of COVID-19.

**Case 2** had infected families. She had fever on Jan 20, 2020. Three days later she was tested to have SARS-CoV-2 infection in local hospital. On January 25, she came to our hospital, and her chest CT as well as qRT-PCR of SARS-CoV-2 indicated that she had COVID-19. On January 26, she was performed CS.

**Case 3** had infected families and featured by two times history of CS. She was complicated with gestational hypertension since 27 gestational weeks. Her condition was stable during pregnancy. She had cough without fever on Jan 23, and came to our hospital due to the irregular contraction on Jan 27. The results of her chest CT and SARS-CoV-2 test indicated that she was infected with SARS-CoV-2. She had CS on the date of admission.

**Case 4** resides in Hankou. She was complicated with pre-eclampsia and used anti-hypertensive drugs since 31 gestational weeks. She began to have fever on Jan 24, 2020, accompanied with diarrhea. The patient had blurred vision for one day and came to our hospital on Jan 26. The results of chest CT and SARS-CoV-2 test indicated that she was infected with SARS-CoV-2. She had CS on Jan 27.

**Case 5** has been to a big shopping mall in the last two weeks before the illness onset. She had a stuffy nose. After we traced her history, she told us she had fever since Jan 25, 2020, and she came to our hospital due to the decreased fetal movement. She also had positive SARS-CoV-2 test as well as typical changes of virus infection in chest CT scan, and experienced CS on Jan 26.

**Case 6** had infected family member and two times of stillbirth history. A sign of cough began from Jan 23,2020, and fever began from Jan 24. She came to our hospital on Jan 27 and diagnosed as COVID-19. The CS was performed on Jan 27.

**Case 7** had contacted with infected person in the last two weeks before the illness onset. She had fever on Jan 26, 2020. She was admitted to our hospital for PROM on Jan 28, 2020 and diagnosed as COVID-19. She received CS on the same day.

**Case 8** had infected family member. She began to have fever on Jan 27, 2020. Her chest CT image and SARS-CoV-2 test from other hospital showed positive results on Jan 27. She was admitted to our hospital and experienced CS because of fetal distress on Jan 29.

**Case 9** works for a university where people gathering and infected person was found out. She had cough on Jan 23, had fever and PROM on Jan 29. She came to our hospital on Jan 30. The results of chest CT and SARS-CoV-2 test indicated that she was infected with SARS-CoV-2. She received CS on Jan 30.

All patients were administered with oxygen support (nasal cannula) and empirical antibiotic treatment, and case 1-3, 7-9 received anti viral therapy after delivery. Nobody used corticosteroid during hospitalization period.