Randomised Evaluation of COVID-19 Therapy: the RECOVERY trial

Collaborators' Meeting

26th April 2021

Agenda

RECOVERY
Randomised Evaluation of COVID-19 Therapy

1. Introductions
2. Update on progress
3. REGN-COV2
4. Dimethyl fumarate
5. Baricitinib
6. New international arms
7. Trial procedures
8. Pregnancy update
9. Q&A

Introductions

RECOVERY
Randomised Evaluation of COVID-19 Therapy

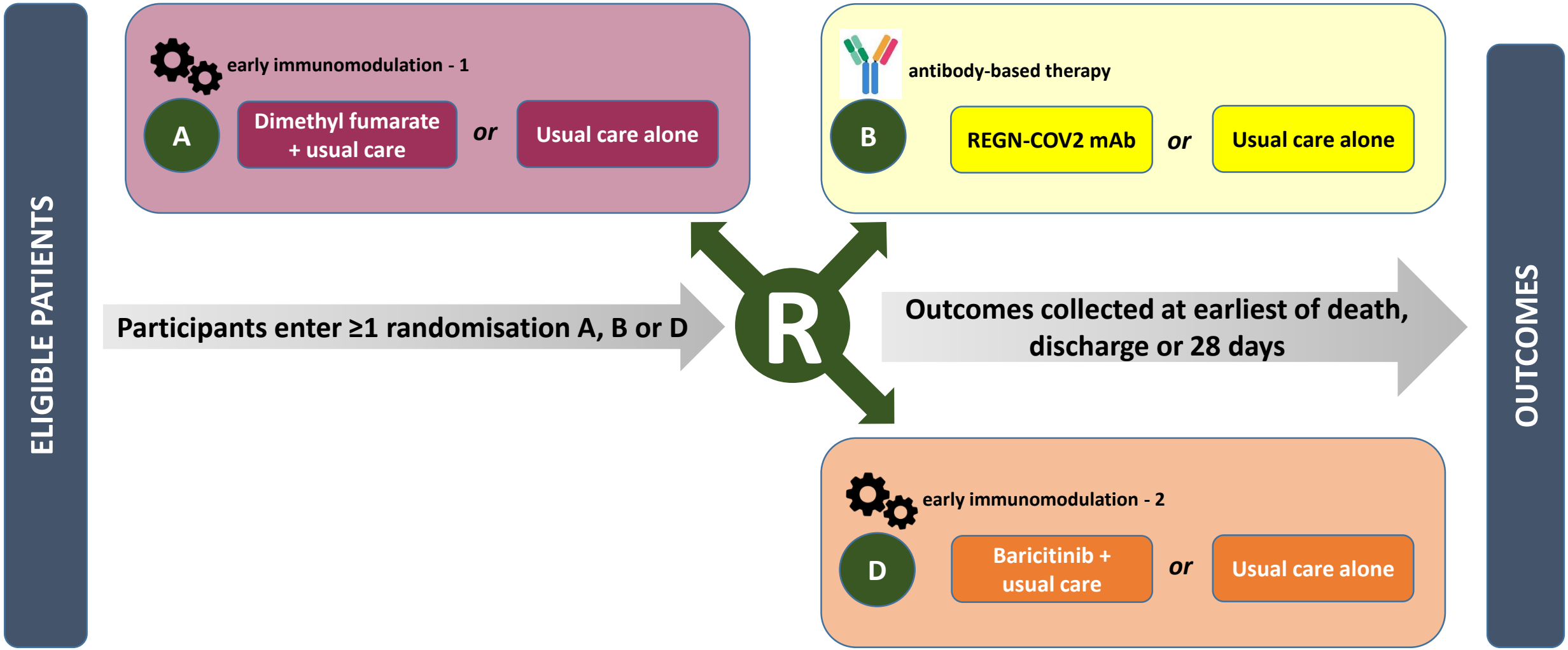
- One of the central study team will talk to the agenda
- If you have questions please enter them into the “Q&A” on the right side of your screen.
- Questions may be answered directly or to the whole group

RECOVERY
Randomised Evaluation of COVID-19 Therapy

PROGRESS UPDATE

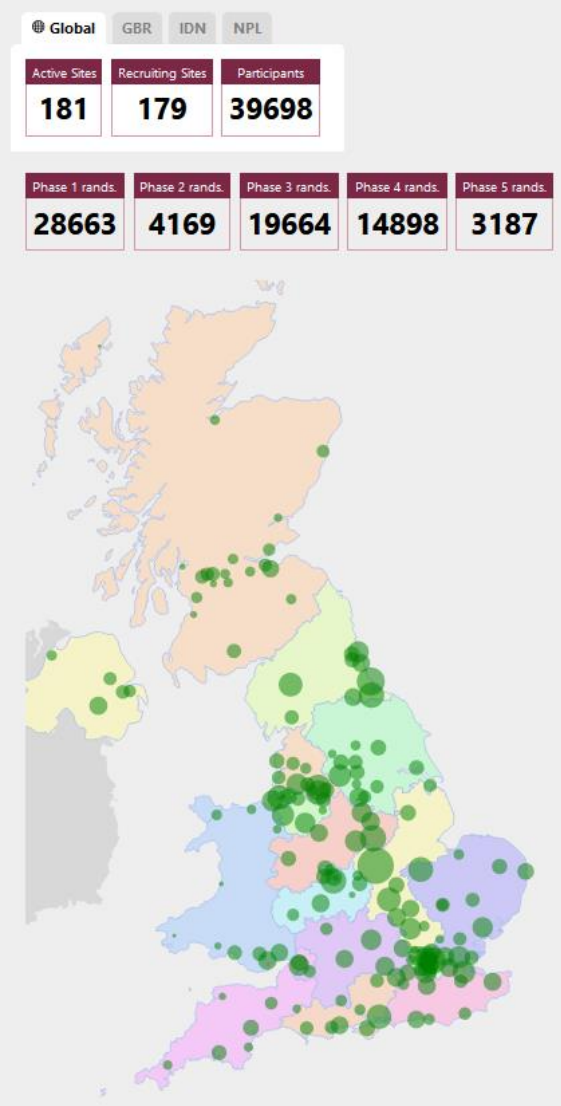
Current design (adults)

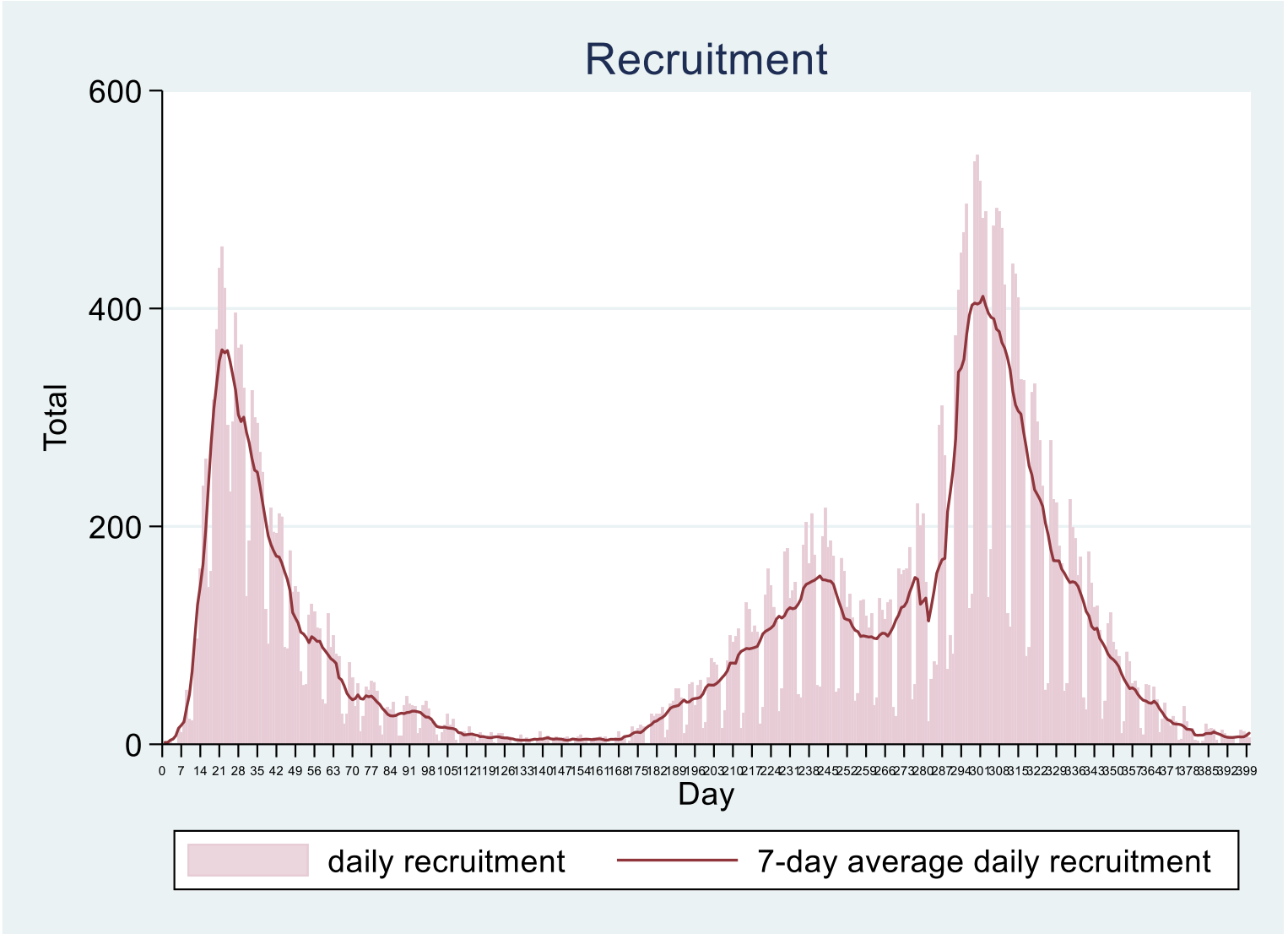
RECOVERY
Randomised Evaluation of COVID-19 Therapy



Recruitment by site and by time

RECOVERY
Randomised Evaluation of COVID-19 Therapy





Current numbers in comparisons

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- REGN-COV2 *vs* usual care: ~9700
- Baricitinib *vs* usual care: ~3200
- Dimethyl fumarate *vs* usual care: 70

Recruitment

- Recruitment will be a challenge over the coming weeks
- Many staff will be returning to previous research studies, but please do ensure that your site continues to have a strategy to identify, invite and recruit patients presenting with COVID-19
- It remains to be seen whether there will be a ‘third wave’ in the summer, but RECOVERY will remain open

RECOVERY
Randomised Evaluation of COVID-19 Therapy

REGN-COV2

REGN-COV2

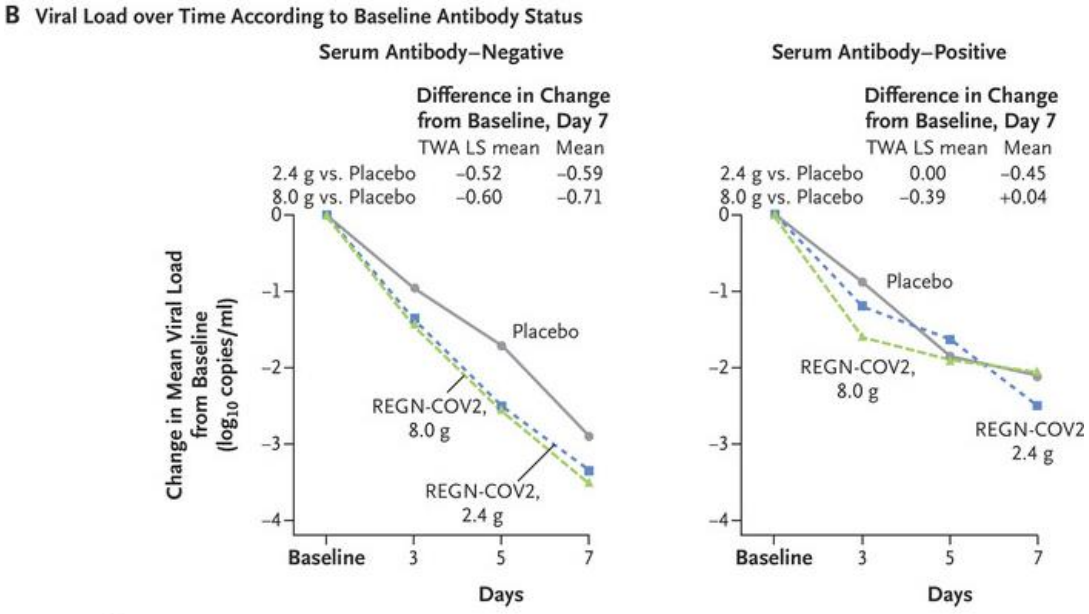
RECOVERY
Randomised Evaluation of COVID-19 Therapy

- 9700 people in comparison to date
- Other data on REGN-COV2 suggests the biggest effect might be expected in antibody negative patients (but these cannot be identified reliably on admission)
- Original aim was to recruit 12,000 participants; currently under review

REGN-COV2 in outpatients

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- Data presented in *NEJM* recently
  - 275 patients with PCR-proven SARS-CoV-2 infection not in hospital
  - Randomised between placebo, 2.4g or 8g (RECOVERY dose) of REGN-COV2 (1:1:1)
  - Key outcome: viral load



Serum samples

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- **All** participants entering REGN-COV2 comparison need to have serum sample collected prior to randomisation

- Must be taken for all participants in that comparison (regardless of allocation)

- **Please check whether any samples have not been returned to the central lab**

RECOVERY
Randomised Evaluation of COVID-19 Therapy

DIMETHYL FUMARATE

Dimethyl fumarate

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- Recently added to protocol and has been piloted at some sites

- Includes extra data collection on:
  - S/F_{94} (measurement of oxygenation function of lungs)
  - Lab results
  - Tolerability of DMF

- Sites can still express an interest in participating in this arm

RECOVERY
Randomised Evaluation of COVID-19 Therapy

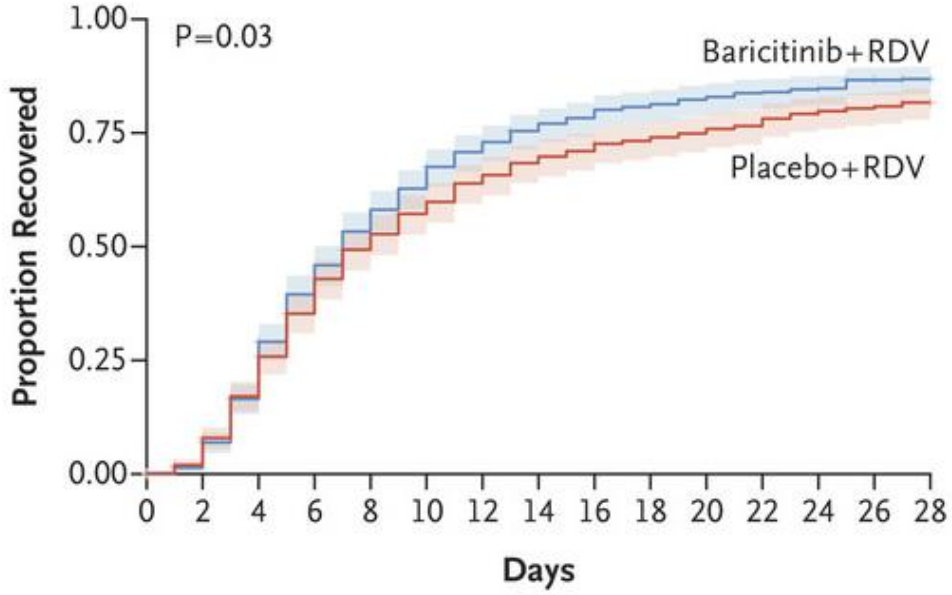
BARICITINIB

Baricitinib in COVID-19

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- JAK/STAT system is key to immune activation so modulating it may be beneficial

- Data from ACTT-2 show quicker time to recovery



No. at Risk

Baricitinib+RDV	515	497	418	302	233	186	145	121	107	95	87	80	76	63	30
Placebo+RDV	518	495	417	322	251	211	178	156	143	131	123	115	102	92	44

Baricitinib in COVID-19: COV-BARRIER

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- 1525 patients hospitalised with COVID-19 and at least one marker of inflammation (but not receiving invasive mechanical ventilation)
  - 79% on corticosteroids
- Randomised between baricitinib 4mg once daily and placebo
- Primary outcome: Progression to ventilation or death within 28 days

Baricitinib in COVID-19: COV-BARRIER

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- Trial results announced on 8 April:
  - Non-significant reduction in primary outcome:
    - aOR 0.85; 95% CI 0.67 – 1.08
  - Reduction in death (secondary outcome): 162 deaths in total
    - 8.1% *vs* 13.1%: HR 0.57, 95% CI 0.41 – 0.78
  - Reassuring safety data: similar proportions with SAEs (14.7% *vs* 18.0%)
    - Serious infection 8.5% *vs* 9.8%
    - VTE 2.7% *vs* 2.5%

RECOVERY
Randomised Evaluation of COVID-19 Therapy

PROTOCOL V15.0

Protocol V15.0

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- Officially removes aspirin and colchicine from protocol

- Adds two new arms:
  - Infliximab (single dose 5 mg/kg IV)
  - High-dose dexamethasone (20mg for 5d then 10mg for 5d)

- New arms being started at international sites:
  - Would delay completion of baricitinib
  - Removal of aspirin and colchicine leaves no IMPs for international sites
  - Will be brought back to UK if another wave does occur

RECOVERY
Randomised Evaluation of COVID-19 Therapy

TRIAL PROCEDURES

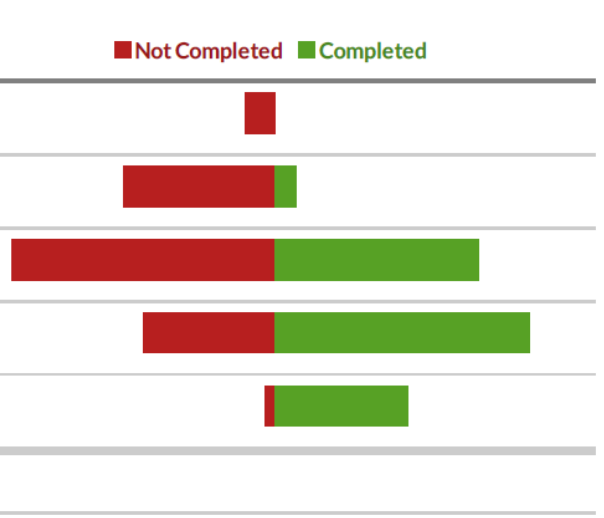
Completeness of follow-up

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- Weekly reminders highlighting participants randomised >28 days ago without complete form

Follow-up form completion summary

Days Since Rand.	FU Not Completed	FU Completed	Total Rands.
7 ≤ 14	3 (100.0%)	0 (0.0%)	3
14 ≤ 21	15 (88.2%)	2 (11.8%)	17
21 ≤ 28	26 (56.5%)	20 (43.5%)	46
28 ≤ 35	13 (34.2%)	25 (65.8%)	38
> 35	1 (7.1%)	13 (92.9%)	14
Total	**58 (49.2%)**	**60 (50.8%)**	**118**



Baseline samples

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- Please don’t forget baseline samples for participants in REGN-COV2 comparison!

- These will be key to interpreting the results

Carry on recruiting!

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- RECOVERY remains the largest global trial in COVID-19 and is an exemplar of what trials can do (both in and after pandemic)
- Current therapies are exciting, but need reliable data before they should be used routinely
- THANK YOU for all your support to date and please don't forget RECOVERY!

Randomised Evaluation of COVID-19 Therapy: the RECOVERY trial

Collaborators' Meeting for Pregnancy

26 April 2021

RECOVERY for pregnant women

RECOVERY
Randomised Evaluation of COVID-19 Therapy

1. Update on covid-19 and pregnancy
2. Update on adaptions
3. Update on UKOSS
4. Future plans
5. Q&A

Covid-19 and pregnancy

RECOVERY
Randomised Evaluation of COVID-19 Therapy

RESEARCH

OPEN ACCESS

Check for updates

Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study

Marian Knight,[1] Kathryn Bunch,[1] Nicola Vousden,[2] Edward Morris,[3] Nigel Simpson,[4] Chris Gale,[5] Patrick O'Brien,[6] Maria Quigley,[1] Peter Brocklehurst,[7] Jennifer J Kurinczuk,[1] On behalf of the UK Obstetric Surveillance System SARS-CoV-2 Infection in Pregnancy Collaborative Group

BMJ: first published a

medRxiv
THE PREPRINT SERVER FOR HEALTH SCIENCES

Cold Spring Harbor Laboratory BMJ Yale

HOME | ABOUT

Search

Comment on this paper

The incidence, characteristics and outcomes of pregnant women hospitalized with symptomatic and asymptomatic SARS-CoV-2 infection in the UK from March to September 2020: a national cohort study using the UK Obstetric Surveillance System (UKOSS)

Covid-
Patrick
doi: ht

Morbidity and Mortality Weekly Report

Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–October 3, 2020

Laura D. Zambrano, PhD[1,*]; Sascha Ellington, PhD[1,*]; Penelope Strid, MPH[1]; Romeo R. Galang, MD[1]; Titilope Oduyebo, MD[1]; Van T. Tong, MPH[1]; Kate R. Woodworth, MD[1]; John F. Nahabedian III, MS[1]; Eduardo Azziz-Baumgartner, MD[1]; Suzanne M. Gilboa, PhD[1]; Dana Meaney-Delman, MD[1]; CDC COVID-19 Response Pregnancy and Infant Linked Outcomes Team

Research

Maternal, Newborn and Infant Clinical Outcome Review Programme

MBRRACE-UK
Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK

Saving Lives, Improving Mothers' Care

Rapid report: Learning from SARS-CoV-2-relat
and associated maternal deaths in the UK

JAMA Pediatrics | Original Investigation

Maternal and Neonatal Morbidity and Mortality Among Pregnant Women With and Without COVID-19 Infection

The INTERCOVID Multinational Cohort Study

José Villar, MD; Shabina Ariff, MD; Robert B. Gunier, PhD; Ramachandran Thiruvengadam, MD; Stephen Rauch, MPH; Alexey Kholin, MD; Paola Roggero, PhD; Federico Prefumo, PhD; Marynéa Silva do Vale, MD; Jorge Arturo Cardona-Perez, MD; Nerea Maiz, PhD; Irene Cetin, MD;

EDITORIALS

Check for updates

Include pregnant women in research—particularly covid-19 research

Adapting interventions and changing attitudes will drive scientific progress

Marian Knight,[1] R Katie Morris,[2] Jenny Furniss,[3] Lucy C Chappell[4]

1 National Perinatal Epidemiology Unit, Nuffield Department of Population Health, University of Oxford, Oxford, UK
2 Institute of Applied Health Research, University of Birmingham, Birmingham, UK
3 UK Obstetric Surveillance System

The UK Confidential Enquiries into Maternal Deaths have repeatedly highlighted inequities in the medical treatment of pregnant and postpartum women, noting

or breastfeeding allows safety concerns to be allayed for women, their families, and healthcare professionals.

RESEARCH

OPEN ACCESS

Check for updates

FAST TRACK

Clinical manifestations, risk factors, and maternal and perinatal outcomes of coronavirus disease 2019 in pregnancy: living systematic review and meta-analysis

John Allotey,[1,2] Elena Stallings,[3,4] Mercedes Bonet,[5] Magnus Yap,[6] Shaunak Chatterjee,[6] Tania Kew,[6] Luke Debenham,[6] Anna Clavé Llavall,[6] Anushka Dixit,[6] Dengyi Zhou,[6] Rishab Balaji,[6] Siang Ing Lee,[1] Xiu Qiu,[7,8,9] Mingyang Yuan,[1,7] Dyuti Coomar,[1] Madelon van Wely,[10] Elizabeth van Leeuwen,[11] Elena Kostova,[10] Heinke Kunst,[12,13] Asma Khalil,[14] Simon Tiberi,[12,13] Vanessa Brizuela,[5] Nathalie Broutet,[5] Edna Kara,[3] Caron Rahn Kim,[5] Anna Thorson,[5] Olufemi T Oladapo,[5] Lynne Mofenson,[15] Javier Zamora,[3,4,16] Shakila Thangaratinam,[2,17] for PregCOV-19 Living Systematic Review Consortium

BMJ: first published as 10.1136/bmj.m33

Pregnant women – moderate risk group

RECOVERY
Randomised Evaluation of COVID-19 Therapy

People at moderate risk (clinically vulnerable)

People at moderate risk from coronavirus include people who:

- are 70 or older
- have a lung condition that's not severe (such as asthma, COPD, emphysema or bronchitis)
- have heart disease (such as heart failure)
- have diabetes
- have chronic kidney disease
- have liver disease (such as hepatitis)
- have a condition affecting the brain or nerves (such as Parkinson's disease, motor neurone disease, multiple sclerosis or cerebral palsy)
- have a condition that means they have a high risk of getting infections
- are taking medicine that can affect the immune system (such as low doses of steroids)
- are very obese (a BMI of 40 or above)
- are pregnant – see advice about pregnancy and coronavirus

Unlike people at high risk, you will not get a letter from the NHS.

Covid-19 and pregnancy: headlines

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- Covid-19 affects pregnant women
- Additional risk factors previously identified (ethnic minority groups, increasing gestation, higher maternal age, high BMI, pre-existing comorbidities)
- Impact on preterm birth continues to be major impact
- Ongoing evaluation of increased maternal risk (ICU admission and maternal morbidity) and increased perinatal risk (placentitis and stillbirth)

- RECOVERY trial is one of few trials to include pregnant women, and has changed clinical practice, including for pregnant women

Covid-19 and pregnancy: RCOG

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- The interleukin-6 receptor antagonist (anti-IL6) tocilizumab has been shown to improve outcomes, including survival, in hospitalised patients with hypoxia (oxygen saturation below 92% on air or requiring oxygen therapy) and evidence of systemic inflammation (C-reactive protein at or above 75 mg/l). Although data for the use of tocilizumab in pregnancy in this situation are limited, there is currently no compelling evidence that tocilizumab is teratogenic or fetotoxic. For women meeting the criteria above (hypoxic with systemic inflammation), the use of tocilizumab should be considered. It is recommended that any decision to treat with anti-IL6 agents should be taken by an MDT to include obstetric and infection specialists, and given if the benefits outweigh the risks.

- Corticosteroid therapy should be considered for 10 days or up to discharge, whichever is sooner, for women who are unwell with COVID-19 and requiring oxygen supplementation or ventilatory support. One suggested steroid regimen is:
  - If steroids are not indicated for fetal lung maturity, oral prednisolone 40 mg once a day, or IV hydrocortisone 80 mg twice daily, for 10 days or until discharge, whichever is sooner.
  - If steroids are indicated for fetal lung maturity, intramuscular dexamethasone 6 mg every 12 hours for four doses, then oral prednisolone 40 mg once a day, or IV hydrocortisone 80 mg twice daily, to complete a total of 10 days or until discharge, whichever is sooner.

- Other therapies are being investigated for the management of COVID-19, and pregnant women should be offered the opportunity to enrol in clinical trials (such as the RECOVERY trial) for which they are eligible. Hydroxychloroquine, lopinavir-ritonavir and azithromycin have been shown to be ineffective in treating COVID-19 infection and should not be used for this purpose.

RECOVERY for pregnant women

RECOVERY
Randomised Evaluation of COVID-19 Therapy

Site teams

This page contains additional information for RECOVERY site team members. Follow these links for guidance on randomisation and how to collect follow-up data.

RECOVERY Privacy Notice for Trial Staff

INTERVENTION INFORMATION

RECOVERY intervention sheet - colchicine

RECOVERY intervention sheet - aspirin

RECOVERY intervention sheet - baricitinib

RECOVERY intervention sheet - tocilizumab

RECOVERY intervention sheet - dimethyl fumarate

GUIDES FOR SPECIFIC PATIENT GROUPS

RECOVERY for paediatric patients

RECOVERY for patients with chronic kidney disease

RECOVERY for pregnant and breastfeeding women

COLLABORATORS' MEETINGS SLIDES

We apologise if you were unable to join the meetings.

22 February 2021

23 February 2021

25 January 2021

26 January 2021

4 January 2021

5 January 2021

7 December 2020

8 December 2020

Pregnancy information document

RECOVERY
Randomised Evaluation of COVID-19 Therapy

RANDOMISED EVALUATION OF COVID-19 THERAPY (RECOVERY)

for pregnant and breastfeeding women

Pregnancy leads: Prof Lucy Chappell, Prof Marian Knight

With support of UK Teratology Information Service (Dr Ken Hodson, Medical Director)

	RECOVERY trial protocol	**Adaption for pregnancy**
Eligibility	Patients are eligible if all of the following are true: i. Hospitalised ii. SARS-CoV-2 infection (clinically suspected or lab confirmed) iii. No medical history that might, in the opinion of the attending clinician, put the patient at significant risk if they were to participate in the trial	Same eligibility
Interventions	**First randomisation part A** • Dimethyl fumarate (in some sites) **First randomisation part B** • Synthetic neutralising antibodies (REGN-COV2) **First randomisation part D** • Baricitinib	Interventions for pregnant women • Synthetic neutralising antibodies *Not recommended in pregnancy* • *Dimethyl fumarate* • *Baricitinib*
Follow-up/ outcomes	Ascertained at the time of death or discharge or at 28 days after randomisation (whichever is sooner): ➢ Vital status (alive/ dead, with date and presumed cause of death, if appropriate) ➢ Hospitalisation status (inpatient/ discharged, with date of discharge, if appropriate) ➢ Use of ventilation (none/ previous/ ongoing, with days of use and type, if appropriate) ➢ Use of renal dialysis or haemofiltration (none/ previous/ ongoing)	Same follow-up and outcomes, with **addition of UKOSS COVID-19 case number** (for pregnancy and baby information) to allow later data linkage
		Adaptions for breastfeeding
		The same interventions as in pregnancy should be used. UKOSS COVID-19 case number added if available.

Eligibility = same

RECOVERY
Randomised Evaluation of COVID-19 Therapy

2.1 Eligibility

Patients are eligible for the study if all of the following are true:

(i) Hospitalised
(ii) SARS-CoV-2 infection (clinically suspected[1] or laboratory confirmed)
(iii) No medical history that might, in the opinion of the attending clinician, put the patient at significant risk if he/she were to participate in the trial

- Hospitalised, with symptoms (no criterion for 'requiring oxygen')

Offer the RECOVERY trial if…

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- Are you uncertain about the benefits of treatment or not for this woman, and whether it might 'treat' or prevent deterioration?
- If you are uncertain, then provide the trial information to the woman, offer the trial and make a shared decision.

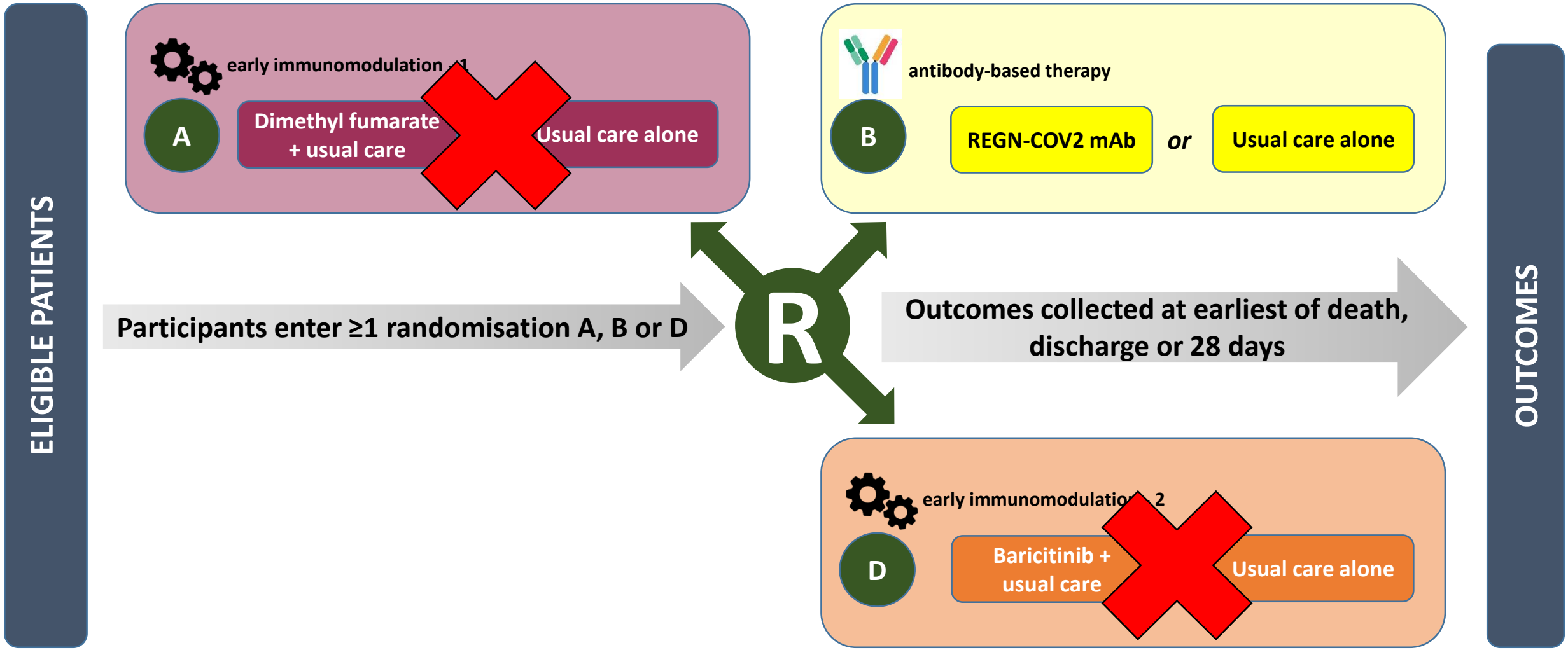
- **For any woman reportable to UKOSS, ask yourself whether you can offer her participation in RECOVERY**

Interventions = almost the same

RECOVERY
Randomised Evaluation of COVID-19 Therapy

Current design (adults)

RECOVERY
Randomised Evaluation of COVID-19 Therapy



Live infant vaccines possible after REGN

RECOVERY
Randomised Evaluation of COVID-19 Therapy

The previous version (V12.1) of the RECOVERY protocol stated: *Pregnant women that are administered REGN10933 and REGN10987 must be advised that live vaccines should be avoided in children with in utero exposure to biologics for at least the first 6 months of life.* This sentence has now been deleted, following review of the biological rationale. The synthetic monoclonal antibodies (REGN10933+REGN10987) bind to the SARS-CoV-2 spike protein on the surface of cells, blocking the interaction between the spike protein and its canonical receptor angiotensin-converting enzyme 2. There are no human protein targets of the Regeneron monoclonal antibodies. This is in contrast to infliximab, a biologic drug implicated in a single case report of a 4 month old infant in London who died of probable disseminated TB following maternal infliximab use in pregnancy and infant BCG vaccination at 3 months of age.[7] Infliximab targets human TNF-alpha, such that if used in later pregnancy, the immune system of the neonate may be compromised, leading to potential systemic disease following administration of live vaccines. Regeneron monoclonal antibodies are similar in type to other immunoglobulins that are commonly given in pregnancy such as anti-D, varicella zoster immunoglobulin etc., for which an advisory warning against live vaccine administration in the infant is not required. Therefore, women do not need to be advised that live vaccines should be avoided in their infant following administration of these synthetic monoclonal antibodies.

Follow-up = the same, + linkage

RECOVERY
Randomised Evaluation of COVID-19 Therapy

NPEU

Nuffield Department of
POPULATION HEALTH

UNIVERSITY OF OXFORD

COVID-19 in Pregnancy

UKOSS
UK Obstetric Surveillance System

Key points

- Covid-19 is an infectious disease caused by a new strain of coronavirus.
- Covid-19 had not been detected in humans before the outbreak in December 2019.
- As the virus is new, little is known about its effect on certain groups of people, including pregnant women.

Surveillance period

1st March 2020 – 31st March 2021

Background

On this page

Update on progress

RECOVERY
Randomised Evaluation of COVID-19 Therapy

- 160 pregnancy leads identified, supported by research midwives
- Midwife champions on board

- 108 antenatal women recruited
- ≈20 (or more) postpartum women

Thank you

RECOVERY
Randomised Evaluation of COVID-19 Therapy

Ashford and St Peter's Hospitals NHS Foundation Trust	Leeds Teaching Hospitals NHS Trust	Oxford University Hospitals NHS Foundation Trust
Barts Health NHS Trust	Liverpool University Hospitals NHS Foundation Trust	Pennine Acute Hospitals NHS Trust
Bolton NHS Foundation Trust	Liverpool Women's NHS Foundation Trust	Royal Berkshire NHS Foundation Trust
Bradford Teaching Hospitals NHS Foundation Trust	Luton and Dunstable University Hospital NHS Foundation Trust	Royal Free London NHS Foundation Trust
Cambridge University Hospitals NHS Foundation Trust	Manchester University NHS Foundation Trust	Sheffield Teaching Hospitals NHS Foundation Trust
Chelsea and Westminster Hospital NHS Foundation Trust	Medway NHS Foundation Trust	Sherwood Forest Hospitals NHS Foundation Trust
Chesterfield Royal Hospital NHS Foundation Trust	Milton Keynes University Hospital NHS Foundation Trust	Shrewsbury and Telford Hospital NHS Trust
Croydon Health Services NHS Trust	NHS Greater Glasgow and Clyde: Glasgow Royal Infirmary	St George's University Hospitals NHS Foundation Trust
Epsom and St Helier University Hospitals NHS Trust	NHS Greater Glasgow and Clyde: Queen Elizabeth University Hospital	The Newcastle Upon Tyne Hospitals NHS Foundation Trust
Frimley Health NHS Foundation Trust	NHS Lothian: Royal Infirmary of Edinburgh	United Lincolnshire Hospitals NHS Trust
Guy's and St Thomas' NHS Foundation Trust	North Cumbria Integrated Care NHS Foundation Trust	University College London Hospitals NHS Foundation Trust
Imperial College Healthcare NHS Trust	North Tees and Hartlepool NHS Foundation Trust	University Hospitals Of Leicester NHS Trust
James Paget University Hospitals NHS Foundation Trust	North West Anglia NHS Foundation Trust	Western Sussex Hospitals NHS Foundation Trust
Kettering General Hospital NHS Foundation Trust	Northampton General Hospital NHS Trust	Worcestershire Acute Hospitals NHS Trust
King's College Hospital NHS Foundation Trust	Northumbria Healthcare NHS Foundation Trust	Wye Valley NHS Trust
Kingston Hospital NHS Foundation Trust	Nottingham University Hospitals NHS Trust	

Update from UKOSS this week

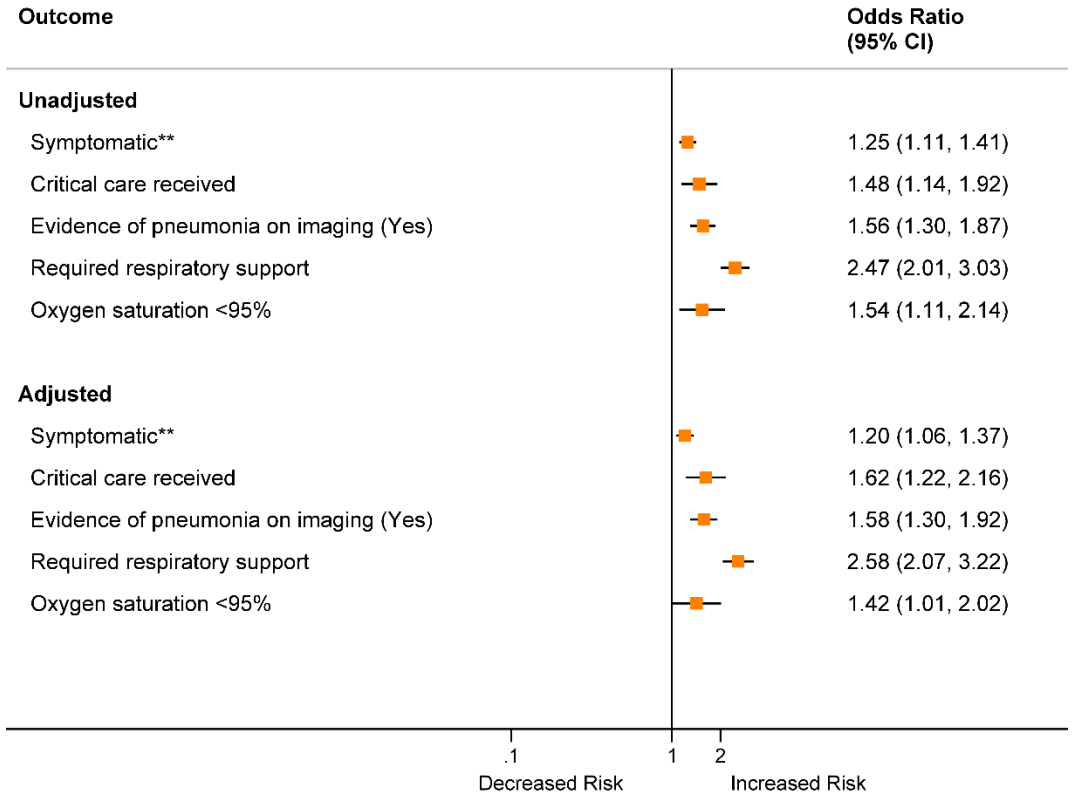
Nuffield Department of POPULATION HEALTH
Medical Sciences Division
UNIVERSITY OF OXFORD

UKOSS
UK Obstetric Surveillance System

Notifications by week

Symptoms/respiratory support needs and other treatments in pregnant women

Selected respiratory characteristics and outcomes in symptomatic pregnant women admitted to hospital with confirmed SARS-CoV-2 Dec 2020-Feb 2021 compared to Mar-Nov 2020



Note: **Odds ratios for symptomatic versus asymptomatic calculated for June 2020-February 2021 when screening was in place
Adjusted for age, ethnicity, BMI, and selected pre-existing conditions (asthma, hypertension, cardiac disease, and diabetes)

- Pregnant women admitted during the period when the B117 variant became predominant were significantly more likely to be symptomatic
- Symptomatic pregnant women admitted during the period when the B117 variant became predominant were significantly more likely to require respiratory support
- Covid-specific medical therapies were used infrequently, even for women who were critically ill
- Steroids for maternal indication administered to:
  - 7% of symptomatic pregnant women admitted
  - 18% of those who received critical care.
- 3% of symptomatic pregnant women admitted to hospital were recruited to the RECOVERY trial.
- After release of results on dexamethasone from the RECOVERY trial, rates of usage of steroids for maternal indications remained low:
  - 9% of women overall,
  - 23% of those receiving critical care

ICNARC data (critical care)

RECOVERY
Randomised Evaluation of COVID-19 Therapy

ICNARC report on COVID-19 in critical care:

England, Wales and Northern Ireland

26 March 2021

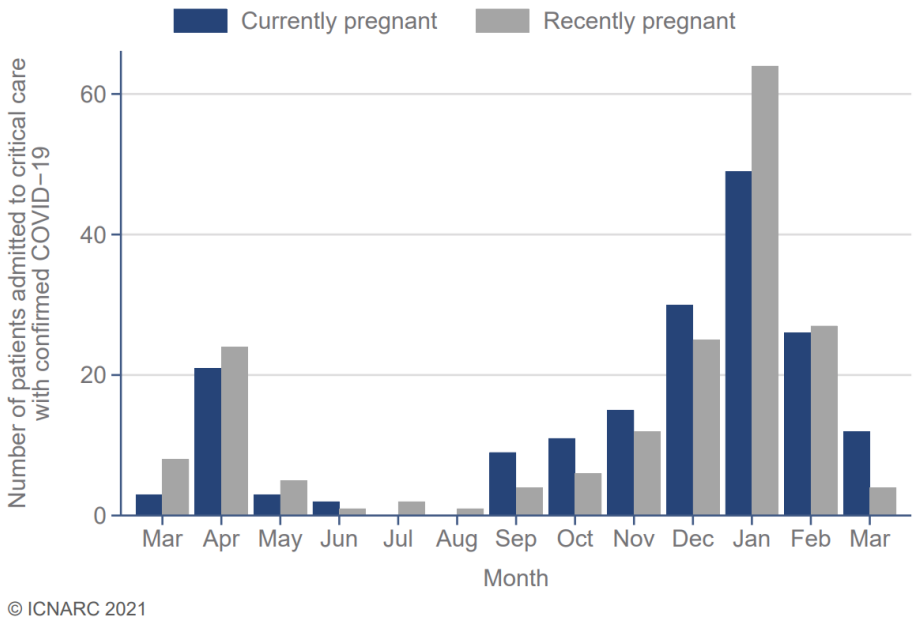
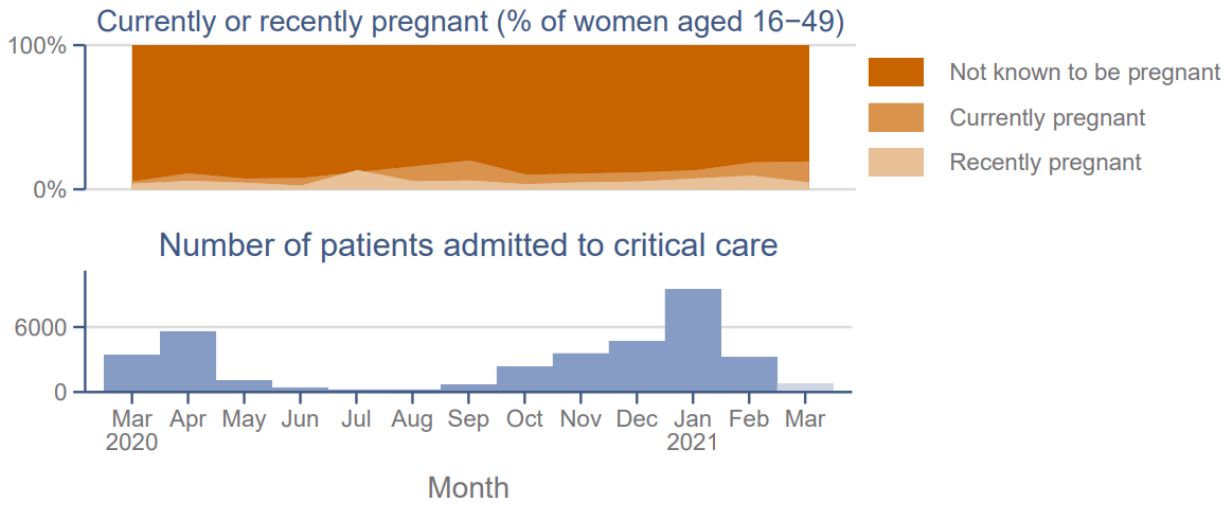


Figure 38. Numbers currently and recently pregnant

Monthly trend in the number of women reported to be currently or recently pregnant on admission to critical care.

Medical history	Patients with confirmed COVID-19	
	Admitted from 1 Sep (N=24,781)	Admitted up to 31 Aug (N=10,927)
Currently or recently pregnant, n (% of females aged 16-49) [N=2157]		
Currently pregnant	151 (7.0)	29 (3.7)
Recently pregnant (within 6 weeks)	142 (6.6)	41 (5.2)
Not known to be pregnant	1864 (86.4)	720 (91.1)



Feedback from sites

- Low numbers of symptomatic women
- But admissions of symptomatic women continue
- Sites liaising with their main RECOVERY research teams
- Maternity healthcare professionals providing input into care of pregnant women on general wards

PLEASE:

- Use UKOSS as prompt to help (and for outcomes)
- Please add UKOSS number to ALL RECOVERY women recruited
- Embed into usual practice
- Offer trial

Q&A

RECOVERY
Randomised Evaluation of COVID-19 Therapy