Objective
The recent pandemic of COVID-19 has resulted in an unprecedented global health crisis especially in pregnant women. This has raised many questions about fetal and maternal morbidity of this infection. The objective of our study is to evaluate the maternal and fetal impact of the COVID-19 infection.

Methods
We conducted a single-center, retrospective and descriptive study including pregnant women hospitalized for SARS-CoV-2 infection between 20 March 2020 and 20 March 2022 in the department of Gynaecology and Obstetrics 'D', Maternity and Neonatology Center of Tunis, Tunisia. All infections were confirmed by PCR and/or CT scan.

Results
We included 50 patients. The mean age of the parturient was 32 years. The average gestational age of admission and of delivery was 34 And 35 Gestational weeks (GW) respectively. SARS-CoV-2 infection during pregnancy was associated with preeclampsia (4%), preterm delivery (14%), low birth weight (4%), morphologic US abnormalities (4%) and admission to the intensive care unit (12%) Eight patients presented severe respiratory distress associated to acute respiratory failure requiring emergency fetal extraction. In the postpartum, six women required transfer to a resuscitation and intensive care unit. Of the ten patients who presented a threat of premature delivery, seven delivered prematurely. We noted 3 cases of neonatal deaths. Covid 19 infection was associated to two cases of severe preeclampsia complicated by Abruptio placenta (in one case), requiring emergency fetal extraction Morphological ultrasound abnormalities were diagnosed in two patients whose exposure to covid 19 was in the 2nd trimester of pregnancy. Intra-uterine growth restriction was diagnosed in two patients in the 2nd trimester. Medical termination of pregnancy was indicated in two patients, one for polymalformative syndrome at 16 GW and one for acute respiratory distress at 20 GW Delivery was by caesarean section in 52% of cases.

Conclusion
SARS-CoV-2 infection during pregnancy has been associated with a higher risk of maternal and neonatal morbidity.