



Pregnancy, Labor & Delivery During COVID-19

Frequently Asked Questions

- ***I've heard that only one person can be with you while you're in the hospital. Is that true?***

As of August 3, our visitor policy for all obstetrics patients allows each mother to have two designated support persons (visitors) with her during her labor, delivery, and postpartum stay. Beyond the two designated support persons, no other visitors are allowed at this time. Your designated support persons must be 18 years of age or older and in good health, and they will be screened each day at our entrances and expected to wear a mask while within our facility. Over the next several months, or even years, our visitor policy is subject to change for a number of reasons — primarily if there is a surge of active cases in our region.

- ***I've heard that some doctors recommend that only the parents should touch the baby for a year.***

At Cass County Health System, our providers agree that this is a decision best made by the parents after they weigh the benefits and risks. Each family has their own dynamics, risk factors, and risk tolerance. Raising children is hard work, and most families need the support of extended family and/or daycare providers. Likewise, many parents are concerned about both transmitting COVID-19 to family members as well as contracting it from family members. Your provider is happy to talk with you about the benefits and risks.

- ***If I have COVID-19, will my baby be taken away from me?***

If you have COVID-19, your provider will talk with you about your choices on how to protect your infant. You will not be forced into any decision; our role is to offer current guidance from trustworthy sources, talk with you, and answer your questions. Later in this document we've provided some guidance from the CDC and the American College of Obstetricians and Gynecologists.

- ***Should my partner/spouse and I quarantine for 30 days before my due date?***

Quarantining at home is not feasible for most families. Instead, we encourage everyone to take precautions to prevent getting COVID-19 when you do interact with others. There is more information on precautions to take later in this document.

- ***Will I be tested for COVID-19?***

If you have no symptoms of COVID-19, then we will not test you. You will be tested if you have symptoms.

- ***Should I come into the doctor's office for my visits?***

Yes. Do not skip your prenatal, postpartum, or well-child appointments. Everyone coming into CCHS is screened for symptoms and masked. Patients who have COVID-19 symptoms or respiratory illnesses are being cared for in a separate suite, with dedicated exam rooms, and its own entrance and exit. Our staff practices frequent handwashing and sanitizing, and we're also masked for your protection and ours.

- ***Should I put a mask or face shield on my child?***

Plastic face shields and masks are NOT recommended for any newborn, infant, or child under the age of 2. More important than masking is to practice physically distancing yourself and your child away from others, especially those who are ill or are not masked.

Guidance and Information from the ACOG and CDC

Mother-Infant Contact

*From the American College of Obstetricians & Gynecologists
Last updated June 9, 2020 at 12:07 p.m. EST.*

Whether to separate a woman with suspected or confirmed COVID-19 from her newborn is a challenging topic; available evidence on which to base firm recommendations is limited...

Given the limited evidence on this topic, the determination of whether to keep patients with known or suspected COVID-19 and their infants together or to separate after birth should be made on a case-by-case basis, using shared decision-making between the patient and the clinical team. In the counseling process, it is important to include a discussion of the risks and benefits, including the benefits of keeping the mother with the newborn and the risk of uncommon but potentially severe infection. Although separation in the hospital setting temporarily reduces the risk of neonatal infection, separation of patients from their newborns may be linked to additional risks including, but not limited to, undue stress on the patient and disruption of breastfeeding. In addition, available infection control measures and options for accommodations, including feasibility of temporary separation in both the hospital setting and upon discharge, should be discussed.

Possible options for accommodations include:

Co-isolation or rooming-in. This occurs in accordance with the mother's wishes or can be unavoidable because of space limitations within the facility. When this approach is taken, it should be combined with safety measures to minimize the risk of transmission, including:

- Mother using a mask or cloth face covering and practicing hand hygiene during all contact with the neonate. Masks or cloth face coverings should not be placed on neonates or children younger than 2 years of age.
- Engineering controls such as using physical barriers (eg, placing the neonate in a temperature-controlled isolette) and keeping the neonate 6 feet or more away from the mother as often as possible.

Temporary separation (separate rooms). Decisions about temporary separation should be made in accordance with the mother's wishes. Additional considerations include:

- Clinical conditions of the mother and neonate
- Separation may be necessary for infants at higher risk of severe illness (eg, preterm infants and infants with medical conditions) or whose mothers are severely ill
- Availability of testing, staffing, space, and PPE in the healthcare facility
- Results of neonatal testing (If the neonate tests positive for SARS-CoV-2, separation is not necessary)
- The pregnant individual's home situation and ability to adhere to physical distancing and hygiene upon discharge

If temporary separation is undertaken, mothers who intend to breastfeed should be supported and encouraged to express their breastmilk to establish and maintain the milk supply. If possible, a dedicated breast pump should be provided.

Newborns born to mothers with suspected or confirmed COVID-19

From the Centers for Disease Control and Prevention (CDC.gov)

Much is still unknown about the risks of COVID-19 to newborns.

- Newborns can be infected with the virus that causes COVID-19 after being in close contact with an infected person.
- Some babies have tested positive for the virus shortly after birth. It is unknown if these babies got the virus before, during, or after birth.
- Most newborns who have tested positive for COVID-19 had mild or no symptoms and have recovered fully. However, there are a few reports of newborns with severe illness.
- A small number of other problems, such as preterm (early) birth and other problems with pregnancy and birth, have been reported in babies born to mothers who tested positive for COVID-19. We do not know if these problems were related to the virus.

CDC recognizes that the ideal setting for the care of a healthy, full-term newborn during the birth hospitalization is within the mother's room. Temporary separation of the newborn from a mother with suspected or confirmed COVID-19 should be considered to reduce the risk of spreading the virus to the newborn. The risks and benefits of temporary separation of the mother from her newborn should be discussed with the mother by her healthcare team. Decisions about temporary separation should be made with respect to the mother's wishes. If the mother chooses a temporary separation to reduce risk of spreading the virus and would like to breastfeed, she should express breast milk and have a healthy caregiver who is not at high-risk for severe illness from COVID-19 bottle feed the newborn the expressed breast milk if possible.

If the mother with suspected or confirmed COVID-19 does not choose temporary separation in the hospital, she should take precautions to avoid spreading the virus to the newborn, including washing her hands and wearing a cloth face covering when within 6 feet of her newborn. The newborn should be kept ≥ 6 feet away from the mother, as much as possible, including the use of physical barriers (e.g., placing the newborn in an incubator).

Mothers who are discharged from the hospital but have not met criteria to discontinue isolation may choose to continue to separate from the newborn at home to reduce the risk of spreading the virus, if a healthy caregiver is available. If a healthy caregiver is not available, a mother with COVID-19 can still care for her infant if she is well enough while using precautions (for example, hand washing, wearing a cloth face covering).

Separation from the newborn may make it harder for some new mothers to start or continue breastfeeding. Frequent hand expression or pumping, ideally with a hospital-grade pump, is necessary to establish and build milk supply during temporary separation. Pumping every 2-3 hours (at least 8-10 times in 24 hours, including at night), especially in the first few days, signals the breasts to produce milk and prevents blocked milk ducts and breast infections. Mothers who are unable to establish milk production in the hospital after birth, or who have to temporarily stop breastfeeding, can lactate with skilled assistance from a lactation support provider.

How we'll keep you safe at CCHS.

- Visitor Limitations
- Screening at entrances
- Masks
- Handwashing & sanitizing
- Staff training and use of PPE
- Social Distancing
- In-room meals for you and your support person
- Private bathrooms
- Secured, locked unit



The following information is from the Centers for Disease Control and Prevention (CDC.gov).

Reduce your risk of getting COVID-19.

It is especially important for people at increased risk for severe illness from COVID-19, and those who live with them, to protect themselves from getting COVID-19. The best ways to protect yourself and to help reduce the spread of the virus that causes COVID-19 are to:

- Limit your interactions with other people as much as possible.
- Take precautions to prevent getting COVID-19 when you do interact with others.
- If you start feeling sick and think you may have COVID-19, call your healthcare provider within 24 hours.

Venturing out into a public setting? What to consider before you go.

As communities and businesses across the United States are opening, you may be thinking about resuming some activities, running errands, and attending events and gatherings. **There is no way to ensure you have zero risk of infection**, so it is important to understand the risks and know how to be as safe as possible.

People who are pregnant, and those who live with them, should consider their level of risk before deciding to go out and ensure they are taking steps to protect themselves and others. Consider avoiding activities where taking protective measures may be difficult, such as activities where social distancing can't be maintained. **Everyone should take steps to prevent getting and spreading COVID-19 to protect themselves, their communities, and people who are at increased risk of severe illness.**

In general, the more people you interact with, the more closely you interact with them, and the longer that interaction, the higher your risk of getting and spreading COVID-19.

If you decide to engage in public activities, continue to protect yourself by practicing everyday preventive actions.

Keep these items on hand and use them when venturing out: a cloth face covering, tissues, and a hand sanitizer with at least 60% alcohol, if possible.

If possible, avoid others who are not wearing cloth face coverings or ask others around you to wear cloth face coverings.

Take Steps to Protect Yourself and Others



Clean your hands often

- **Wash your hands often** with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing. If soap and water are not readily available, use a **hand sanitizer that contains at least 60% alcohol**.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.



Avoid close contact

- **Avoid close contact** with people who are sick
- **Put distance between yourself and other people** if COVID-19 is spreading in your community. This is especially important for people who are at higher risk of getting very sick.



Stay home if you're sick

- **Stay home if you are sick**, except to get medical care. Learn what to do if you are sick.



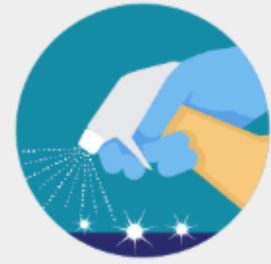
Cover coughs/sneezes

- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.



Know how it spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person. It can spread between people who are in close contact with one another (within about 6 feet) or through respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.



Clean and disinfect

- **Clean AND disinfect frequently touched surfaces daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.
- Complete disinfection guidance can be found [here](#)