Guidance for Pregnant Health Care Workers

Updated July 8, 2020

Background
Current guidance from CDC regarding COVID-19 and pregnancy is based on limited data available. At this point the limited available data does not indicate that pregnancy alone puts people at higher risk for severe illness resulting from COVID-19 infection. However, should the mother become seriously unwell with COVID-19 infection, there is possible risk of fetal growth restriction and/or a risk of premature birth. For this reason, all pregnant health care professionals, especially those in high risk areas, are advised to take appropriate transmission precautions and to discuss their individual circumstances with their supervisor and/or local Employee Health department as needed.

Overview of Available Data on COVID-19 and Pregnancy

- The clinical characteristics for COVID-19 in pregnant women have been similar to those reported for non-pregnant adult patients based on available research. While findings suggest that there is emerging evidence that vertical transmission may be possible, serious limitations on available studies indicate that further investigation is needed (Ellington, Strid, Tong, et al, p.6).
- There is currently limited data available regarding susceptibility of COVID-19 and the severity of infection in pregnant women. There are also currently no data suggesting an increased risk of miscarriage or early pregnancy loss in relation to COVID-19. Case reports from early pregnancy studies with SARS (2003) and MERS (2012), also caused by newly emerged coronaviruses, do not demonstrate a convincing relationship between infection and increased risk of miscarriage or second trimester loss.
- Available data does indicate that people of any age with certain underlying medical conditions (including pregnancy) are at increased risk for severe illness from COVID-19. Based on what we know at this time, pregnant women might be at an increased risk for severe illness from COVID-19 as compared to non-pregnant women. Additionally, there may be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant women with COVID-19.

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- To reduce severe COVID-19-associated illness, pregnant women should be aware of their potential risk for acquiring severe COVID-19 illness. Prevention of COVID-19 should be emphasized and potential barriers to adherence to these measures should be addressed. Pregnant health care workers (HCW) should follow the same risk assessment and infection prevention and control practices [Droplet + Contact + Standard precautions], as any other, non-pregnant HCW when caring for patients with suspected or confirmed COVID-19. Ministries may want to consider limiting exposure of pregnant HCW to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.
- When possible, and based on staffing availability, colleagues who are pregnant should review assignments with their supervisor prior to providing those types of care activities that produce a higher concentration of respiratory secretions (e.g., aerosol-generating procedures). If there are alternative personnel that can provide these, then use this option.
• When staffing levels do not permit reassignment, pregnant HCW should be alerted to utilize infection prevention precautions, especially Standard precautions for care of ALL patients as some patients do not have the usual signs and symptoms of infection, including COVID-19. Atypical presentation has been described so it is important to always keep hands clean and use PPE based on the type and nature of care being provided for those who are or are not on isolation precautions.

Additional ways HCW who are pregnant can reduce their risk:
• Do not skip prenatal care appointments. Based on prevalence of COVID-19 in the community, a telemedicine visit may be an alternative to skipping a prenatal care appointment.
• Limit general interactions with other people as much as possible (social distancing).
• Limit exposure to patients with confirmed COVID-19 as with other infectious cases.
• Maintain at least a 30-day supply of any medications that may be needed.
• Call your health care provider if you have any questions related to your health.
• Do not delay seeing emergency care because of COVID-19.
• Practice stress reducing techniques.

COVID-19 and Transmission of COVID-19 through Breast Milk
Much is unknown about how COVID-19 is spread. Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza (flu) and other respiratory pathogens spread. In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; however, we do not know whether mothers with COVID-19 can transmit the virus via breast milk.

Breastfeeding with Use of Breast Pump for Working Mothers (without Symptoms and/or COVID-19 Negative)
• Working mothers who breastfeed should be encouraged to directly breast feed or to express their breast milk to establish and maintain milk supply. If possible, a dedicated breast pump should be used.
• Prior to expressing breast milk, mothers should practice hand hygiene.
• After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer’s instructions. This expressed breast milk should be fed to the baby by the mother or a healthy caregiver.

Working Mothers Breastfeeding Before and/or After Shift (without Symptoms and/or COVID-19 Negative)
Before and after each feeding at the breast, the mother should practice good hand hygiene and cleanse the breast.

Breastfeeding with for Mothers with Symptoms and/or Who Are COVID-19 Positive
• Mothers who breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. If possible, a dedicated breast pump should be used.
• Prior to expressing breast milk, mothers should practice hand hygiene.
• After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer’s instructions.
This expressed breast milk should be fed to the baby by the mother or a healthy caregiver if possible.

- If no other healthy adult is present in the room to care for the baby, a mother who has confirmed COVID-19 or is a person under investigation (PUI) should put on a facemask and practice hand hygiene before each feeding or other close contact with her baby. The facemask should remain in place during contact with the baby. These practices should continue while the mother is on transmission-based precautions.

References


If You Are Pregnant, Breastfeeding, or Caring for Young Children https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html