Inpatient Obstetrical Care - PUI or COVID-19 Guidelines

Updated June 17, 2020

Background
These infection prevention and control considerations are for healthcare facilities providing obstetric care for pregnant patients with confirmed coronavirus disease (COVID-19) or pregnant persons under investigation (PUI) in inpatient obstetric healthcare settings including obstetrical triage, labor and delivery, recovery and inpatient postpartum settings.

The CDC states that “based on what we know about COVID-19, we believe pregnant people appear to have the same risk of COVID-19 as adults who are not pregnant. However, much remains unknown. We do know that pregnant people have had a higher risk of severe illness when infected with viruses that are similar to COVID-19, as well as other viral respiratory infections, such as influenza. We also know that pregnant people have changes in their bodies that may increase their risk of some infections”.

Current interim guidance does not indicate that an infant born to pregnant patient who was diagnosed with COVID-19 and recovered prior to delivery would be managed any differently than a normal newborn. The newborn should be monitored for signs and symptoms of COVID-19 and managed accordingly.

Mother to Newborn Transmission

- Mother-to-child transmission of COVID-19 during pregnancy is unlikely. However, after birth, a newborn can be infected after being in close contact with an infected person, including the baby’s mother or other caregivers.

- A small number of babies have tested positive for the virus shortly after birth, according to limited published reports. However, it is unknown if these babies got the virus before, during, or after birth.

- A small number of other problems, such as preterm birth, have been reported in babies born to mothers who tested positive for COVID-19 late in their pregnancy. However, we do not know if these problems were related to the virus.

Prehospital:

- See also “Obstetrics and Gynecology Care” Guidance on COVID-19 website.
- Pregnant patients who have confirmed COVID-19 or who are PUIs should notify the obstetric unit prior to arrival so the facility can make appropriate infection control
preparations (e.g., identifying the most appropriate room for labor and delivery, ensuring infection prevention and control supplies and PPE are correctly positioned, informing all healthcare personnel who will be involved in the patient’s care of infection control expectations) before the patient’s arrival.

- Notify Infection Prevention team of the anticipated arrival of a pregnant patient who has confirmed COVID-19 or is a PUI.
- ACOG recommends that all women scheduled for induction or cesarean delivery and their support person should be screened for symptoms 24 to 48 hours before arrival at the hospital and rescreened prior to entry to labor and delivery. If the woman screens positive for symptoms and SARS-CoV-2, induction and cesarean should be rescheduled if possible.

**Inpatient care:**

- Follow infection prevention and control (IPC) precautions on the COVID-19 resource web page.
- Limit visitors accompanying the pregnant women to no more than one essential support person for women in labor (i.e. spouse or partner). The support person selected should be the same individual throughout the patient’s stay. The visitor should be screened for symptoms of COVID-19 and should not be allowed entry if fever or symptoms are present. The visitor will be provided a mask to wear and will stay with the pregnant woman. If the visitor is ending their visit, assign a colleague to accompany them while they leave, assuring the visitor wears a mask.
- Although it is well recognized that the ideal setting for care of a healthy term newborn while in the hospital is within the mother’s room, temporary separation of the newborn from a mother with confirmed or suspected COVID-19 should be strongly considered to reduce the risk of transmission to the neonate.
- All neonates born to mothers with confirmed or suspected COVID-19 should be considered as having suspected SARS-CoV-2 infection when testing results are not available.

**Mother/Infant Contact**

- To reduce the risk of transmission of the virus that causes COVID-19 from the patient to the newborn, facilities may consider temporarily separating (e.g., separate rooms) patients who have confirmed COVID-19 or are persons under investigation from their newborns until the patient’s transmission-based precautions are discontinued. ACOG recognizes that 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. The determination of whether to keep patients with known or suspected COVID-19 and their infants together or separated after birth should be made on a case-by-case basis, using shared decision-making between the patient and in consultation with clinicians, infection prevention and control specialists, and public health officials. Considerations include:
- The clinical condition of the mother and of the infant
- SARS-CoV-2 testing results of mother (confirmed vs. suspected) and infant (a positive infant test would negate the need to separate)
- Disease severity
- Desire to feed at the breast
- Facility capacity to accommodate separation or colocation
- The ability to maintain separation upon discharge
- Other risks and benefits of temporary separation of a mother with known or suspected COVID-19 and her infant

- Considerations to discontinue temporary separation are the same as those to discontinue transmission-based precautions for hospitalized patients with COVID-19.

- Currently, the primary concern is not whether the virus can be transmitted through breastmilk, but rather whether an infected mother can transmit the virus through respiratory droplets during the period of breastfeeding. A mother with confirmed COVID-19 or who is a symptomatic person under investigation should take all possible precautions to avoid spreading the virus to her infant. If contact is necessary, the mother will: i) clean her hands, ii) be provided a mask to wear throughout the contact, and iii) wear a clean gown.

- If colocation (sometimes referred to as “rooming in”) of the newborn with his/her ill mother in the same hospital room occurs in accordance with the mother’s wishes or is unavoidable due to facility limitations:
  - Use engineering controls like physical barriers (e.g., a curtain between the mother and newborn) and keep the newborn ≥6 feet away from the ill mother.
  - If no other healthy adult is present in the room to care for the newborn, a mother who has confirmed COVID-19 or is a PUI should put on a facemask and practice hand hygiene before each feeding or other close contact with her newborn. The facemask should remain in place during contact with the newborn. These practices should continue while the mother is on transmission-based precautions in a healthcare facility.
  - Plastic face shields for newborns and infants are NOT recommended. There are no data supporting the use of infant face shields for protection against COVID-19 or other respiratory illnesses. An infant face shield could increase the risk of sudden infant death syndrome (SIDS) or accidental suffocation and strangulation.

- If another healthy family or staff member is present to provide care (e.g., diapering, bathing) and feeding for the newborn, they should use appropriate PPE. For healthy family members, appropriate PPE includes gown, gloves, face mask, and eye protection.

**Breastfeeding**
- During temporary separation, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. If possible, a dedicated breast pump should be provided. 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 newborn by a healthy caregiver.
Hospital Discharge

- Discharge for postpartum women should follow recommendations described in the *CDC Interim Considerations for Disposition of Hospitalized Patients with COVID-19*.

- For infants with pending testing results or who test negative for the virus that causes COVID-19 upon hospital discharge, caretakers should take steps to reduce the risk of transmission to the infant, including following *CDC Interim Guidance for Preventing Spread of Coronavirus Disease 2019 (COVID-19) in Homes and Residential Communities*.

References:
Considerations for Inpatient Obstetric Healthcare Settings


If You Are Pregnant, Breastfeeding, or Caring for Young Children