COVID-19: Preparing Doula Clients for Unforeseen Circumstances

This guidance is intended for doulas who work with pregnant, birthing or postpartum people. It provides health and safety guidance around unexpected situations that might arise in relation to the COVID-19 pandemic.

COVID-19
For general information about COVID-19, including how to guard against stigma, visit nyc.gov/health/coronavirus. For real-time updates, text "COVID" to 692-692. Message and data rates may apply.

COVID-19 and People Who Are Pregnant
Based on what we know at this time, pregnant people are not more likely to be infected by the virus that causes COVID-19, but they might be at increased risk for severe illness from COVID-19 compared to non-pregnant people. There may also be an increased risk of negative pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19. Finally, there have been a small number of reports of babies who may have been infected before birth, although the extent of this is unknown and is still a rare event.

Who Is Most at Risk for Serious Illness?
People of all ages can be infected by COVID-19. People who are at increased risk for severe illness from COVID-19 are adults 50 or older (people 65 or older are at the highest risk), and people who have chronic health conditions, such as:

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease or cardiomyopathies
- Sickle cell disease
- Type 2 diabetes mellitus

This is not a comprehensive list and there may be other possible risk factors. For additional information, visit nyc.gov/health and search for “COVID-19 groups at higher risk”. If you are an older adult or have any of the chronic health conditions listed above, it is especially important for you to carefully monitor your health and practice physical distancing and healthy hand hygiene.
Using Prenatal Visits to Prepare Clients for Labor and Birth Scenarios During COVID-19

Given the circumstances of the COVID-19 pandemic, many pregnant people are wondering how their birth goals might change. As their doula, you can help them prepare for the various scenarios they might encounter during labor and birth. This preparation should begin prenatally and the following topics should be covered in as much detail as possible:

- **Childbirth education**: In addition to the guidance you provide, you may want to refer your client to Evidence Based Birth’s free online class, "Birthing in the Time of COVID-19," at evidencebasedbirth.com/birthing-in-the-time-of-covid-19, which includes worksheets and a guided relaxation audio file. The five video lessons cover stages of labor (Parts 1 and 2), hormones of labor, how to obtain a birth ball and special considerations for COVID-19.

- **Comfort measures**: Provide an overview and demonstrations of helpful breathing techniques and different labor positions to familiarize your clients with the techniques you might suggest for them during labor. View Penny Simkin’s "Supporting Your Clients from a Distance" at vimeo.com/399348440 for examples of breathing methods and labor-positioning ideas for the different stages of labor.

- **Birth plan**: Inform your clients of the importance of being flexible with their birth plan, if they have one, and their hopes for their childbirth experience. Remind them that the birth may not go according to plan, particularly due to COVID-19. You will play a supporting role in assuring your client has the most positive birth experience possible.

- **Support person**: If you will not be able to physically support your client at home or in the hospital, the support person will need to have a stronger understanding of comfort measures. Ideally, support people will be present for your virtual prenatal visits so they can become familiar with the comfort measures you will suggest. During prenatal visits, discuss with support people the importance of a steady, comforting touch or gaze on the laboring person. For more on birth-partner support, view "Partner Tips for Birth During the Coronavirus Pandemic" at youtu.be/dEhNAMb2W-k.

- **Newborn feeding**: For people who want to feed their baby human milk, this is recommended whether they test positive for COVID-19 or not. Nursing provides many benefits, including supporting the newborn’s immune system, encouraging skin-to-skin contact and enhancing the bond between the parent and infant. If your clients know they will be unable to nurse or prefer not to, discuss options for getting donor milk or ready-made formula ahead of time. The New York Milk Bank has information about how to receive donor milk. Note that babies in neonatal intensive care units are given priority for donor milk. Visit nymilkbank.org/receive-milk for more information.


- **Laboring at home**: In general, the more hours of labor spent laboring at home, the fewer hours in the hospital. Laboring at home is often more efficient since it allows for freedom of movement in a familiar environment. Another option is to labor just outside the hospital — for instance, in a car in the parking lot or while walking around the building — until labor is well advanced.
Preparing Clients for a Possible "Birth in Place" Scenario
Circumstances surrounding a pandemic can sometimes lead people who were planning a hospital or birth-center birth to stay at home and "birth in place."

For example, rapid labor is a possible reason a birthing person might need to stay at home and labor in place. It is not advised that anyone plan to birth in place unassisted. However, here are some ways your clients can prepare in case they find themselves with no other option:

- Take a childbirth education class.
- Prepare a birth kit in case it is needed. Birth kits can be ordered online and typically contain latex gloves, sterile gauze pads, umbilical cord clamp, alcohol prep pads and more.
- Read [Emergency Preparedness for Childbirth](#) and [Giving Birth "In Place": A Guide to Emergency Preparedness for Childbirth](#) both by the American College of Nurse-Midwives.

Preparing Clients for a COVID-19 Infection
Many hospitals are now testing all pregnant patients for COVID-19. Some pregnant patients who are asymptomatic still test positive. You should help your clients think through what they will do if this happens to them. Some health care providers may recommend separating the baby from the parent who has COVID-19 or is being tested for COVID-19 while the parent is in the hospital. This reduces the risk of the newborn becoming infected with COVID-19. The [Centers for Disease Control and Prevention (CDC)](https://www.cdc.gov) recommends this decision be made by the parent and the health care provider as a team on a case-by-case basis. A separation may last until the parent is no longer infectious. Longer separations may be required if the clinical situation changes. Options for separation include either keeping the baby more than 6 feet away from the parent (if the newborn is in the same hospital room) or a physical separation, with another healthy adult to assist with care of the newborn.

The [American Academy of Family Physicians](https://www.aafp.org) recommends promoting breastfeeding and parent-infant bonding, and avoiding parent-infant separation whenever possible, especially if the parent is asymptomatic. Your clients may refuse separation from their newborn if they have tested positive for COVID-19 or haven’t received their COVID-19 test results by the time of delivery. For a sample refusal form, visit [evidencebasedbirth.com/covid19](https://evidencebasedbirth.com/covid19). If the newborn stays with a parent who has tested positive for COVID-19, the following precautions are highly recommended: The parent should wear a [face covering](https://www.cdc.gov), frequently wash their hands with soap and water or use an alcohol-based hand sanitizer, and physically distance themself from others as much as possible. Note that a face covering should never be put on an infant or any child younger than 2 years old, as this could be a suffocation hazard.

Preparing Clients for the Possibility of Intimate Partner Violence
With the stress of isolation, reports of intimate partner violence have increased. If your client is quarantined with an abuser or worried about having to self-isolate in a dangerous home situation, encourage your client to reach out to the NYC Domestic Violence Hotline by:
• Calling 800-621-4673.
• Visiting nyc.gov and searching for Resources for Survivors During COVID-19.

Help for abusive partners can be found at thehotline.org/help/for-abusive-partners. Additional tips for COVID-19 can be found at thehotline.org/2020/03/13/staying-safe-during-covid-19.

To contact the National Domestic Violence Hotline:
• Call 800-799-7233.
• Chat online at thehotline.org.
• Text "LOVEIS" to 22522.

The NYC Health Department may change recommendations as the situation evolves. 9.1.20