



## COVID-19: Guide to Preparing Doula Clients for Unforeseen Circumstances

COVID-19 remains a significant risk in New York City (NYC) and across the U.S. This guidance is intended for doulas who work with people who are pregnant, are in labor or have recently given birth. It offers health and informational guidance around unexpected situations that might arise related to the COVID-19 public health emergency.

People who are pregnant or breastfeeding or chestfeeding may choose to be vaccinated. If you are pregnant or breastfeeding or chestfeeding, it may be helpful to discuss vaccination with your health care provider. However, you do not need clearance from a provider to be vaccinated. Pregnant people are among the groups eligible to be vaccinated, as part of New York State's phased vaccine distribution. For a full list of eligible groups, visit [nyc.gov/covidvaccinedistribution](https://nyc.gov/covidvaccinedistribution). To find a vaccination site and make an appointment, visit [vaccinefinder.nyc.gov](https://vaccinefinder.nyc.gov). If you need assistance making an appointment at a City-run vaccination site, call 877-VAX-4NYC (877-829-4692). For information on COVID-19 vaccines, visit [nyc.gov/covidvaccine](https://nyc.gov/covidvaccine).

### **Are people who are pregnant at a higher risk for severe illness from COVID-19?**

Yes. Based on what we know at this time, people who are pregnant are at a higher risk for severe illness from COVID-19 than people who are not pregnant. People who are pregnant and have COVID-19 may also have an increased risk for preterm birth and other negative pregnancy outcomes. There have been a few reports of babies who may have been infected with COVID-19 before birth, but this seems to be [rare](#).

For more information on people at increased risk of severe COVID-19 illness, visit [nyc.gov/health/coronavirus](https://nyc.gov/health/coronavirus) and click on "Prevention and Groups at Higher Risk" on the left side of the page.

The NYC Department of Health and Mental Hygiene (NYC Health Department)'s "[COVID-19: Recommendations for People Who Are Pregnant, Breastfeeding or Chestfeeding, or Caring for Newborns](#)" includes answers to the following questions.

- What can people who are pregnant do to prevent COVID-19 transmission?
- Should I change my prenatal care appointments? What about ultrasounds?
- What should I do if I have COVID-19 symptoms or have other concerns during my pregnancy?
- Should I change my birth plan or location of birth?
- Can people with COVID-19 breastfeed or chestfeed?
- Can people with COVID-19 "room in" with their baby?

- What warning signs should I look for after birth?
- Information for people who have recently given birth (“the fourth trimester”)
- Other resources for new parents

### **What can people who are pregnant do to prevent COVID-19 transmission?**

Keep in mind these key actions to prevent COVID-19 transmission, even if you have been fully vaccinated against COVID-19:

- **Stay home if you are sick.** Stay home if you are not feeling well or recently tested positive for COVID-19.
- **Stay apart.** Stay at least 6 feet from others, when possible. Avoid large gatherings, especially indoors.
- **Wear a face covering.** Protect yourself and those around you by wearing a face covering when outside the home, and even at home if you or someone you live with is sick or was recently exposed to COVID-19. The face covering should snugly cover your nose and mouth.
- **Keep your hands clean.** Wash your hands with soap and water often and use alcohol-based hand sanitizer when soap and water are not available. Avoid touching your face with unwashed hands and cover your coughs and sneezes with your arm or a tissue, not your hands.

### **How can prenatal visits prepare my client for labor and birth scenarios during the COVID-19 public health emergency?**

During the COVID-19 public health emergency, many people who are pregnant are wondering how their birth goals might shift. As a doula, you can help your client prepare for the various situations they might encounter during labor and while giving birth. This preparation should begin before they give birth, and the following topics should be covered in as much detail as possible:

- **Childbirth education.** In addition to the guidance you provide, consider referring your client to Evidence-Based Birth’s [“Birthing in the Time of COVID-19,”](#) a free online class that includes worksheets and a guided relaxation mp3. 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. View Penny Simkin’s [“Supporting Your Clients from a Distance”](#) (video) for examples of breathing methods and labor-positioning ideas for the different stages of labor.
- **Birth plan.** Inform your client of the importance of being flexible with their birth plan, if they have one, and their hopes for their childbirth experience. Remind them that due to the COVID-19 public health emergency, the birth may not go according to plan, but that you will play a supporting role to help ensure they have 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, their support person should have a strong understanding of comfort measures. Ideally, their support person will be present for virtual prenatal visits so they

can become familiar with the comfort measures you suggest. During prenatal visits, discuss with your client's support person the importance of a steady, comforting touch or gaze on the birthing person. For more information, see "[Partner Tips for Birth During the Coronavirus Pandemic](#)" (video).

- **Newborn feeding.** Feeding the baby human milk is recommended whether the birthing person tests positive for COVID-19 or not. Breastfeeding or chestfeeding provides many benefits, including supporting the newborn's immune system, encouraging skin-to-skin contact and enhancing the bond between parent and baby. For more information, see the NYC Health Department's "[COVID-19: Guide to Infant Feeding](#)." If your client knows that they will be unable to nurse or prefer not to, discuss options for procuring donor milk or ready-made formula ahead of time, as supply chains may be disrupted during the COVID-19 public health emergency. Note that babies in the NICU (neonatal intensive care unit) are given priority for donor milk. For more information on receiving donor milk, visit the New York Milk Bank at [nymilkbank.org/receive-milk](http://nymilkbank.org/receive-milk).
- **Virtual doula support.** For more information on providing virtual doula support during the COVID-19 public health emergency, see the NYC Health Department's "[COVID-19: Guide to Virtual Doula Support](#)."
- **Laboring at home.** 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 or birthing facility – in a car in the parking lot, for instance, or while walking around the building — until labor is well-advanced. In general, the more hours spent laboring at home, the fewer hours in the hospital or birthing facility.

### **How can I prepare my client for a possible "birth in place" scenario?**

The COVID-19 public health emergency may lead people who were planning a birth in a hospital or birthing facility to stay at home and "birth in place." Possible reasons include rapid labor, citywide or neighborhood-based restrictions on movement or a surge in patients at the desired hospital or birthing facility. People who are pregnant or in labor should not plan to birth in place unassisted. However, here are some ways your client 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, an umbilical cord clamp, alcohol prep pads and more.
- Read two helpful resources by the American College of Nurse-Midwives: "[Emergency Preparedness for Childbirth](#)" and "[Giving Birth 'In Place': A Guide to Emergency Preparedness for Childbirth](#)."

### **How can I prepare my client for possible COVID-19 infection or COVID-19 symptoms?**

If your client is sick or has [COVID-19 symptoms](#), advise them to contact their hospital or birthing facility before they arrive. This will allow the facility to prepare for the client's arrival.

Many hospitals are now testing all patients who are pregnant for COVID-19, and some who are asymptomatic may test positive. You should help your client 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 while the parent is in the hospital or is being evaluated for COVID-19. This is to reduce the risk of the newborn becoming infected with COVID-19 and should be done on a case by case basis. The Centers for Disease Control and Prevention (CDC) [recommends](#) that the health care provider and parent make this decision jointly. A separation may last until the parent is no longer infectious or longer if the clinical situation changes. Separation may involve keeping the baby at least 6 feet away from the parent while in the same hospital room, or a true physical separation with another healthy adult caring for the baby.

The American Academy of Family Physicians [recommends](#) promoting breastfeeding and parent-infant bonding and avoiding parent-infant separation whenever possible, especially if the parent is asymptomatic. Your client may refuse separation from their baby even if they have tested positive for COVID-19 or have yet to receive 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 COVID-19, the following precautions are highly recommended: wearing a [face covering](#), washing hands with soap and water often, and maintaining as much distance as possible between the newborn and parent. 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.

### **What information should I share with my client about breastfeeding or chestfeeding and COVID-19?**

People with COVID-19 or people being evaluated for COVID-19 can breastfeed or chestfeed while taking precautions to avoid spreading the virus to their baby.

While evidence is limited at this time, it appears unlikely that COVID-19 can be transmitted to a baby while breastfeeding or chestfeeding. Due to the many benefits of breastfeeding or chestfeeding, including providing the birthing parent's antibodies (which protect the baby against infection overall), it is recommended that parents who want to feed their baby human milk do so while adhering to certain precautions, including washing their hands thoroughly with soap and water for at least 20 seconds immediately before breastfeeding or chestfeeding, and wearing a face covering while breastfeeding or chestfeeding. Another option is to pump or hand express milk. If using a pump, thoroughly wash all parts of the pump with soap and water between uses. Consider having someone who does not have COVID-19 feed the baby the parent's milk in a bottle.

For more information, see the NYC Health Department's "[Infant Feeding during the COVID-19 Public Health Emergency](#)."

### **How can I prepare my client for the possibility of intimate partner violence?**

With the stress of isolation during the COVID-19 public health emergency, reports of intimate partner violence have risen. If your client is quarantined with an abuser or worried about having to self-isolate in a dangerous home situation, encourage them to call NYC's 24-hour

Domestic Violence Hotline at 1-800-621-4673, visit the NYC HOPE Resource Directory at [www.nyc.gov/NYCHOPE](http://www.nyc.gov/NYCHOPE) or visit [nyc.gov](http://nyc.gov) and search for **resources for survivors during COVID-19**.

Your client can also call the National Domestic Violence Hotline at 800-799-SAFE (800-799-7233), text "LOVEIS" to 22522 or chat online at [thehotline.org](http://thehotline.org). For tips on staying safe during the COVID-19 public health emergency, visit [Staying Safe during COVID-19](#). For help for abusive partners, visit [thehotline.org/help/for-abusive-partners](http://thehotline.org/help/for-abusive-partners).

For more information on COVID-19, visit [nyc.gov/health/coronavirus](http://nyc.gov/health/coronavirus) or text "COVID" to 692-692 for real-time updates. Message and data rates may apply.

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

3.13.21