Recommendations for Providers Serving Patients Who Are Pregnant, Breastfeeding or With Newborns

The American College of Obstetrics and Gynecology (ACOG) has developed an algorithm for management of patients suspected of COVID-19. Based on this algorithm, the following is intended to outline recommendations on perinatal care and COVID-19 for health care providers.

Considerations during pregnancy (antepartum)
Patients without symptoms or other factors that complicate their pregnancy can be managed in routine prenatal care. Precautions should be taken during visits with all patients.

If asymptomatic for COVID-19:
- Continue routine care and discuss pregnancy options as per routine.
  - Counsel patients about changes in hospital procedures especially about visitation and infection control guidelines during childbirth.
  - Let patients know about limitations to how many people can be present for labor support, particularly if patient has a doula.
- Consider other methods of following patients remotely (for example, with telehealth).
  - A sample virtual visit schedule would have about half the visits via telehealth and half in person.
  - Provide patients with equipment needed for virtual visits, such as home blood pressure kit and urine test strips.
  - Teach patients about checking fundal heights and weights.
- Group components of care together (vaccines, glucose testing) to limit in-person visits.
- Only perform ultrasound scans that are medically necessary.
  - One combined ultrasound examination for dating and nuchal translucency (NT) at 12 weeks of gestation.
  - Schedule follow-up scans with as much time as possible between appointments.
  - Further guidance on ultrasound scheduling is here.
- Screen all patients for symptoms of possible COVID-19 by phone prior to appointment.
  - Reschedule any in-person visit if symptoms are reported.
  - Counsel patients about limiting risk of transmission.

COVID-19 and pregnancy
Counseling pregnant people regarding COVID-19 is difficult at this time due to limited data on pregnancy outcomes for those with exposure to COVID-19. Additionally, there are inadequate data on COVID-19 and the risk of miscarriage or congenital anomalies.

To date, there is no indication of increased risk of anomalies or other adverse outcomes after exposure or infection with COVID-19. As such, there is currently no recommendation to change...
counseling on risks of fetal anomalies or other outcomes. Risk assessments for pregnancy care and delivery planning should be made based on maternal risk factors as per routine.

There have been some reports of premature birth or other outcomes but it is unclear of its relation to infection with COVID-19. As such, there is no need to change early pregnancy testing or early pregnancy care.

**If symptomatic but not yet confirmed for COVID-19:**
- Pregnant people with symptoms should be tested for COVID-19, especially if in the hospital.
  - Use the New York City Department of Health and Mental Hygiene (NYC Health Department) or Centers for Disease Control and Prevention (CDC) guidelines regarding collecting specimen and sending to a lab.
  - If you are unable to provide testing at your facility, look for other testing locations. NYC’s Health + Hospitals has a list of walk-in testing centers whose priority population is those with existing comorbidities.
- Conduct a symptom severity assessment.
  - If symptoms are severe, then refer patient to the nearest emergency room or call 911. For a list of severe symptoms, visit nyc.gov/health/coronavirus and look for “Symptoms and What to Do When Sick.”

**If confirmed to have COVID-19:**
- If the patient is confirmed to have COVID-19 and is symptomatic, conduct a symptom severity assessment.
  - If symptoms are mild, then counsel patient to stay home and self-monitor symptoms.
  - Ask the patient to alert you if they develop severe COVID-19 symptoms or symptoms that could be potentially problematic for pregnancy. Direct patients to the “Symptoms and What to Do When Sick” page at nyc.gov/health/coronavirus for information on when to contact a health care provider and when to seek medical care.
- Management of antepartum care should be based on a patient’s clinical situation as well as maternal risk factors.

**COVID-19 in a high-risk pregnancy**
- Assess patient for symptoms of COVID-19 and severity.
  - If patient has mild symptoms, then send patient home and ask them to self-monitor their symptoms. Direct patients to the “Symptoms and What to Do When Sick” page at nyc.gov/health/coronavirus for information on when to contact a health care provider and when to seek medical care.
- Management of antepartum care should be based on a patient’s clinical situation as well as maternal symptoms.
  - Counsel the patient on risks of unexpected outcomes (preterm birth, etc.) based on their clinical situation.
Discuss with your patient how to limit in-person prenatal care visits considering their clinical situation.

**Considerations during childbirth**

According to the New York State Department of Health (NYSDOH)’s guidance, [Pregnancy and COVID-19 Resources for Health Care Providers](#) issued on March 21, 2020, “one support person [is] essential to patient care throughout labor, delivery, and the immediate postpartum period.” However, this person must be asymptomatic and have no history of recent COVID-19 infection.

**If asymptomatic:**
- Consider routine care and allow presence of one support person that follows hospital instructions.

**If confirmed COVID-19 or has symptoms but not confirmed to have COVID-19:**
- Management of intrapartum status should not change unless the pregnant person or fetus displays symptoms.
  - Pulmonary imaging should not be withheld due to pregnancy status.
  - Cesarean delivery should be based on obstetric (fetal or maternal) indications and not COVID-19 status alone.
- Practitioners should follow usual clinical indications for operative vaginal delivery.
  - Vertical transmission of COVID-19 is unlikely. However, the virus has not been found in samples of amniotic fluid, umbilical cord blood. It is unknown whether newborns with COVID-19 are at increased risk for severe complications.
    - New reports have surfaced regarding presence of Sars-CoV-2 virus in both breastmilk and placental tissue.
    - In some cases, the infants were affected with disease or had positive tests within two weeks of delivery.
      - Management of these cases will be dependent on test results from delivering parent, baby, breastmilk and placental tissue.
- Current evidence-based guidelines for delayed cord clamping should continue to be followed until evidence suggests a change in practice.
- Disruptions related to the COVID-19 pandemic in routine preventive services before, during, and after labor and delivery may increase the risk of birth parent-to-child hepatitis B virus (HBV) transmission. [CDC's guidance](#) is intended to be used by obstetric and pediatric care staff for consideration for prevention of birth parent-to-child transmission of HBV infection.

**Considerations for postpartum (including preventing newborn infection) while in birthing facility**

To limit the risk of inadvertent exposure and infection, it may be appropriate to expedite discharge when both the birth parent and the infant are healthy. This may be especially true for those areas where there is widespread community transmission of COVID-19. Early discharge should include discussion with the facility’s pediatric care team and should be linked to home telehealth visits for the birth parent and infant.
• Counsel patients on the following when being discharged from the birthing facility:
  o How to best communicate with their postpartum care team
  o All methods of postpartum contraception
    ▪ Provision of contraception may change within the limitations of decreased postpartum in-person visits.
  o Postpartum warning signs including severe headache, shortness of breath and issues with wounds or incisions (note that postpartum and COVID-19 symptoms may be similar, and patient may be reluctant to seek care due to concerns of making clinic or hospital visits)
  o Alerting providers to any signs or symptoms including concerns of exposure to COVID-19
  o When and how to contact their postpartum care clinician
  o Any special considerations for infant feeding
  o Checking with their pediatric clinician as they may be altering their procedures and routine appointments (as noted in the guidance from the American Academy of Pediatrics)
  o Any potential changes to their postpartum care team and support system
  o Community resources
    ▪ access.nyc.gov/programs/nyc-nurse-family-partnership-nfp
    ▪ healthyfamiliesnewyork.org/sites.htm#newyorkcity
    ▪ nyc.gov/site/doh/health/health-topics/pregnancy-newborn-visiting.page

For post-partum parents who are confirmed to have COVID-19 or are suspected to have COVID-19
• Inform patients that visitation will be limited. Full personal protective equipment (PPE) is recommended, including a face mask for those in contact with baby or the birth parent. Refer to hospital procedures for anyone suspected or confirmed to have COVID-19.
• Use the following test-based strategy to discontinue transmission-based precautions.
  o Resolution of fever without the use of fever-reducing medications
  o Improvement in respiratory symptoms (cough, shortness of breath)
  o Negative results for detection of SARS-CoV-2 RNA from at least two consecutive specimens collected 24 hours or greater apart (total of two negative specimens)
• It is possible to use the following non-test-based strategy, also known as a symptom-based strategy, to discontinue precautions.
  o At least three days (72 hours) have passed since recovery (defined as resolution of fever without the use of fever-reducing medications)
  o Improvement in respiratory symptoms (cough, shortness of breath)
  o At least 10 days have passed since symptoms first appeared

Breastfeeding considerations
• Breastfeeding can continue in the setting of suspected or confirmed COVID-19 infection. People with COVID-19 or symptoms of COVID-19 should take precautions to avoid spreading the virus to their infant. It is important that they wash their hands thoroughly with soap and
water for at least 20 seconds immediately before breastfeeding and consider using a face covering. A face covering is any well-secured paper or cloth such as a bandana or scarf that covers your nose and mouth. For more information about face coverings, visit nyc.gov/facecoverings.

• Another option is to pump or hand express milk. If using a pump, all parts of the pump should be washed thoroughly between uses.
• While the virus has not been detected in breast milk, we do not know if COVID-19 can be transmitted via breast milk.

HBV considerations
Every effort should be made to ensure that infants born to hepatitis B surface antigen (HBsAg)-positive person complete the HBV three-dose vaccine series following the Advisory Committee on Immunization Practices (ACIP) recommendations.

• If the pregnant person’s HBsAg status is unknown when they present for delivery:
  o Tests to determine their status should be performed immediately.
  o Review results as soon as they are available.
    ▪ For more information, visit cdc.gov/vaccines/schedules/hcp/schedule-changes.html and click on “Interim guidance to prevent mother-to-child transmission of hepatitis B virus during COVID-19-related disruptions in routine preventive services.” This guidance includes administering single-antigen hepatitis B vaccine, as well as hepatitis B immune globulin, to the infant within 12 hours of birth.

Discharging the patient and baby

For those confirmed or suspected of COVID-19 infection
The decision to send the patient home should be made in consultation with the patient’s clinical care team and as per guidance published by the New York City Health Department or the New York State Department of Health. This should include considerations of the home’s suitability for the baby, the patient’s ability to adhere to home isolation recommendations, and potential risk of secondary transmission to household members. For further guidance, visit cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html.

• Continue to counsel patients extensively on postpartum warning signs, even for concern of exposure to COVID 19.
• Direct patients to “Guidance for People Who Are Pregnant, Breastfeeding or Caring for Newborns” at nyc.gov/health/coronavirus.
Resources

- NYC Health Department’s Information for Providers webpage
- ACOG’s COVID-19 webpage
- Preeclampsia Foundation: preeclampsia.org/stillatrisk
- NYC Standards for Respectful Care at Birth

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

6.4.20