



COVID-19: Recommendations for Providers Serving People Who Are Pregnant, Breastfeeding or Chestfeeding, or Caring for Newborns

Based on the American College of Obstetrics and Gynecology (ACOG)'s [algorithm](#) for the assessment and management of pregnant people with suspected or confirmed COVID-19, this guidance sets forth recommendations for health care providers serving people who are pregnant, breastfeeding or chestfeeding, or caring for newborns during the COVID-19 public health emergency.

People who are pregnant or breastfeeding or chestfeeding may choose to be vaccinated. If your patient is pregnant or breastfeeding or chestfeeding, it may be helpful to discuss vaccination with them. However, they 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. To find a vaccination site and make an appointment, visit 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.

COVID-19 and Pregnancy

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

To date, some studies have suggested an increased rate of preterm delivery and stillbirth in people who are pregnant and have active SARS-CoV-2 (the virus that causes COVID-19) infection compared with those in the general population ([Knight 2020](#), [Delahoy MMWR 2020](#), [Panagiotakopoulos MMWR 2020](#), [Woodworth MMWR 2020](#)). It is unclear whether these outcomes are directly due to SARS-CoV-2 infection or an indirect effect resulting from severe maternal illness or iatrogenic intervention. 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 based on maternal risk factors as per routine.

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 who have COVID-19 may also have a higher risk for preterm birth and other adverse 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.

Considerations During Pregnancy

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.

For patients who are pregnant and who are asymptomatic for COVID-19:

- Continue routine care and discuss pregnancy options as per routine.
- Counsel patients about changes in hospital procedures, especially about visitation, infection control guidelines during childbirth and restrictions on the number of people who can be present for the labor and birth, particularly if patient has a doula.
- Consider other methods of following patients remotely (for example, with telehealth).
 - A [sample](#) virtual visit schedule may consist of about half the visits via telehealth and the other half in-person visits.
 - Provide patients with equipment needed for virtual visits, such as a home blood pressure kit, urine testing strips, a scale and a thermometer.
 - Teach patients about checking fundal heights and weights.
- Combine components of care (e.g., vaccines, glucose testing) to limit in-person visits.
- Only perform ultrasound scans that are medically necessary.
 - Schedule 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.
 - For further guidance, see The Society for Maternal-Fetal Medicine's [COVID-19 Ultrasound Practice Suggestions](#).
- Screen all patients for COVID-19 symptoms by phone prior to in-person visits.
 - Reschedule any in-person visit if symptoms are reported.
 - Counsel patients to practice these key actions to prevent COVID-19 transmission, even if they 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.

For patients who are pregnant and who are symptomatic for COVID-19 but not yet confirmed to have COVID-19:

- Patients who are pregnant and who are symptomatic for COVID-19 should be tested for COVID-19, especially if they are 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 for collecting a specimen and sending it to a lab.
- If you are unable to provide COVID-19 testing at your facility, identify other testing locations where you can refer patients. NYC Health + Hospitals has a [list](#) of walk-in testing centers. You can also encourage the patient to visit [nyc.gov/covidtest](#) to find a COVID-19 testing site.
- Conduct a symptom severity assessment. For a list of symptoms, visit [nyc.gov/health/coronavirus](#) and click on “Symptoms and What to Do When Sick” on the left side of the page.
 - If symptoms are mild, counsel patients to stay home and self-monitor their symptoms.
 - If symptoms are severe, refer patients to the nearest emergency department or call **911**

For patients who are pregnant and who are confirmed to have COVID-19:

- If patients are symptomatic for COVID-19, conduct a symptom severity assessment.
 - 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 seek medical care.
 - Mild symptoms can be managed at home. Patients should self-monitor for any worsening of their symptoms.
 - If symptoms are severe, refer patients to the nearest emergency room or call **911**. For a list of severe symptoms, visit the “Symptoms and What to Do When Sick” page at [nyc.gov/health/coronavirus](#).
- Ask patients to alert you if they develop severe COVID-19 symptoms or symptoms that could be potentially problematic for pregnancy. Management of antepartum care should be based on patients’ clinical situations as well as maternal risk factors.
- For patients experiencing a high-risk pregnancy:
 - Management of antepartum care should be based on patients’ clinical situations as well as maternal symptoms.
 - Counsel patients on risks of unexpected outcomes (e.g., preterm birth) based on their clinical situations.
 - Discuss with patients how to limit in-person prenatal care visits considering their clinical situations.

Considerations During Childbirth

Doula support during patients’ hospital stays:

On April 29, 2020, Governor Andrew Cuomo issued [Executive Order](#) No. 202.25, which requires hospitals in New York State (NYS) to allow patients giving birth to have present with them during labor, delivery and the duration of their hospital stay a support person and/or a doula who does not have symptoms of COVID-19. Like other COVID-19-related orders, Executive Order 202.25 is extended regularly.

On December 15, 2020, the NYS Department of Health issued a [letter](#) to NYS hospitals and birthing facilities clarifying that every birthing person may be accompanied during their inpatient stay by a doula in addition to their designated support person. The letter stated that current Executive Orders and NYS Department of Health guidance do not require hospitals to request or mandate that doulas accompanying birthing people provide proof of certification when entering a birthing facility, citing this as an example of an “undue burden” on doulas and their clients. Hospitals and birthing facilities must provide personal protective equipment (PPE) for all support people accompanying the birthing person during labor, delivery and while receiving postpartum care, and must take reasonable steps to facilitate virtual or web-based doula support whenever possible.

For patients who are pregnant and who are asymptomatic for COVID-19:

- Consider routine care and allow the presence of a support team that follows the hospital instructions and Executive Order 202.25. A patient’s support team can include their partner, doula, friends or other family members they had planned to be present for both the labor and birth.

For patients who are pregnant and who are symptomatic for COVID-19 but not yet confirmed to have COVID-19, and patients who are pregnant and who are confirmed to have COVID-19:

- Management of intrapartum (while giving birth) 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 on COVID-19 status alone.
 - Presence of a patient’s support team (even virtually) should not be withheld.
- Practitioners should follow the usual clinical indications for operative vaginal delivery.
 - Vertical transmission of COVID-19 is unlikely. 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 [breast milk](#) and [placental tissue](#).
 - In some cases, the infants were affected with disease or had positive tests within two weeks of delivery.
- Follow current evidence-based guidelines for delayed cord clamping until evidence suggests a change in practice.
- Disruptions in routine preventive services before, during and after labor and delivery may increase the risk of birthing parent-to-child hepatitis B virus (HBV) transmission. For more information, see the CDC’s [“Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices.”](#)

Considerations After Childbirth (Postpartum)

For postpartum birthing parents who are confirmed to have COVID-19 or are suspected to have COVID-19:

- Inform patients that visitation will be limited, and that anyone coming into contact with the infant or birth parent should wear full PPE, including face coverings. Refer to hospital procedures for anyone suspected or confirmed to have COVID-19.
- Use the following test-based strategy to discontinue transmission-based precautions:
 - Resolution of fever without the use of fever-reducing medications
 - Improvement in respiratory symptoms (cough, shortness of breath)
 - Receiving negative results for detection of SARS-CoV-2 RNA from at least two consecutive specimens collected at least 24 hours 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:
 - At least three days (72 hours) have passed with resolution of fever without the use of fever-reducing medications)
 - Improvement in respiratory symptoms (cough, shortness of breath)
 - At least 10 days have passed since symptoms first appeared

Discharging Birthing Parents and Newborns

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 NYC and/or NYS public health departments. Decisions should consider the home's suitability for the infant, the patient's ability to adhere to home isolation recommendations, and potential risk of secondary transmission to household members. For further guidance, visit the CDC's ["Discontinuation of Transmission-Based Precautions and Disposition of Patients with SARS-CoV-2 Infection in Healthcare Settings."](#)
- Continue to counsel patients extensively on postpartum warning signs, even for concern of exposure to COVID 19.
- Direct patients to NYC Health Department's ["Guidance for People Who Are Pregnant, Breastfeeding or Chestfeeding, or Caring for Newborns."](#)
- To limit the risk of COVID-19 exposure and infection, expediting discharge when both the birth parent and the infant are healthy may be appropriate, especially from hospitals and birthing facilities in areas experiencing 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 birthing parent and infant. Visitation by a patient's support team should not be withheld due to the patient's health status.
- Counsel patients on the following when being discharged from the hospital or birthing facility:
 - When and how to best communicate with their postpartum care team including notifying of any changes to the care team

- All methods of postpartum contraception
 - Consider potential decreases in the number of postpartum in-person visits when providing contraception.
- 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 that the patient may be reluctant to seek care due to concerns of making clinic or hospital visits
- Alerting health care providers to any signs or symptoms including concerns of exposure to COVID-19
- Any special considerations for infant feeding, as noted in the NYC Health Department’s [“COVID-19: Guide to Infant Feeding.”](#)
- Checking with their pediatric clinician as they may be altering their procedures and routine appointments, as noted in the American Academy of Pediatrics’ [“Guidance on Providing Pediatric Ambulatory Services via Telehealth During COVID-19.”](#)
- Community resources:
 - [Nurse Family Partnership: Support for first-time mothers](#)
 - [Healthy Families New York: New York City program sites](#)
 - [Newborn Home Visiting Program](#)

Breastfeeding or Chestfeeding Considerations

- Inform patients that 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), counsel patients that 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. Counsel patients that if they use a pump, they should thoroughly wash all parts of the pump with soap and water between uses. They should consider having someone who does not have COVID-19 feed the baby the parent’s milk in a bottle.

HBV Considerations

- Every effort should be made to ensure that infants born to HBV surface antigen (HBsAg)-positive birthing parents complete the HBV three-dose vaccine series, per the CDC [Advisory Committee on Immunization \(ACIP\)’s Hepatitis B ACIP Vaccine Recommendations](#)

- If the pregnant person’s HBsAg status is unknown when they present for delivery, perform tests immediately to determine their status, and review results as soon as they are available.
- For interim guidance to prevent birthing parent-to-child transmission of HBV during COVID-19-related disruptions in routine preventive services, visit [cdc.gov/vaccines/schedules/hcp/schedule-changes.html](https://www.cdc.gov/vaccines/schedules/hcp/schedule-changes.html) and click on “Interim guidance to prevent mother-to-child transmission of hepatitis B virus.” This guidance includes administering single-antigen HBV vaccine, as well as HBV immune globulin, to the infant within 12 hours of birth

Equitable Care Practices

- Allow the presence of a support team that follows the hospital instructions and Executive Order 202.25. The support team can include the patient’s partner, doula, friends or other family members they had planned to be present for both the labor and birth. An increase in the number of reports of doulas experiencing difficulties entering the hospital and interacting with their clients have increased. Please remember that ALL patients are entitled to the support team of their choice.
- For more information about your patient’s rights during childbirth, see the [New York City Standards for Respectful Care at Birth](#). For more information and resources on sexual and reproductive justice, visit nyc.gov/health and search for **SRJ**

Resources

- NYC Health Department’s [Information for Providers webpage](#)
- ACOG’s COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics: [acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics](https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics)
- ACOG’s [COVID-19 webpage](#)
- Preeclampsia Foundation: preeclampsia.org/stillatrisk
- March of Dimes’ Warning signs of health problems after birth: marchofdimes.org/pregnancy/warning-signs-of-health-problems-after-birth.aspx#
- [NYC Standards for Respectful Care at Birth](#)
- CDC’s Caring for Someone Sick at Home: [cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html)
- CDC’s Considerations for Inpatient Obstetric Health Care Settings: [cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html)
- CDC’s Discontinuation of Isolation for Persons with COVID -19 Not in Health Care Settings: [cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html)
- CDC’s Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Health Care Settings (Interim Guidance): [cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html)
- ACOG’s Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus (COVID-19): [acog.org/-/media/project/acog/acogorg/files/pdfs/clinical-guidance/practice-advisory/covid-19-algorithm.pdf?la=en&hash=2D9E7F62C97F8231561616FFDCA3B1A6](https://www.acog.org/-/media/project/acog/acogorg/files/pdfs/clinical-guidance/practice-advisory/covid-19-algorithm.pdf?la=en&hash=2D9E7F62C97F8231561616FFDCA3B1A6)

- ACOG's COVID-19 advisory: [acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019](https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019)
- World Health Organization's Breastfeeding advice during the COVID-19 outbreak: emro.who.int/nutrition/nutrition-infocus/breastfeeding-advice-during-covid-19-outbreak.html
- American Academy of Pediatrics' Initial Guidance on the Management of Infant Born to Mothers with COVID-19: downloads.aap.org/AAP/PDF/COVID%2019%20Initial%20Newborn%20Guidance.pdf

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

3.13.21