

## COVID-19: Recommendations for Doulas

For general information about COVID-19, including how to guard against stigma, visit [nyc.gov/health/coronavirus](https://nyc.gov/health/coronavirus). For real-time updates, text “COVID” to 692-692. Standard 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.

It is always important for pregnant people to follow public health guidance on how to protect themselves from illness, including COVID-19 (see the [“What Can Doulas and Pregnant People Do to Prevent COVID-19?”](#) section below).

### Who Is Most at Risk for Serious Illness?

- People age 50 and older (people age 65 and older are at the highest risk)
- 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](https://nyc.gov/health) and search for [COVID-19 groups at higher risk](#).

People with regular close contact with someone who has or may have COVID-19 are also at higher risk of getting COVID-19. This includes people who live in the same home, caretakers who work in the home or sexual partners.

Please read [COVID-19: Guidance for People Who Are Pregnant, Breastfeeding or Caring for Newborns](#) for answers to the following questions to best support your client:

- What happens if a pregnant person develops COVID-19?
- Can people with COVID-19 breastfeed?

- Can people with COVID-19 room in with or stay in the same room as their baby?
- Will I have to change my prenatal care appointments?
- Should I change my delivery plan or location of delivery?
- Information for people who have recently given birth (or who are “in the fourth trimester”).

### What Can Doula and Pregnant People Do to Prevent COVID-19?

Doula and pregnant people should do the same things as the general public to avoid COVID-19 infection:

- **Stay home as much as possible:** Monitor your health more closely than usual for [COVID-19 symptoms](#) and stay home as much as possible even if you feel well and have no symptoms. Leave only for essential medical care or other essential errands.
- **Physical distancing:** Stay at least 6 feet away from people who are not members of your household.
- **Wear a face covering:** Protect those around you. Wearing a face covering that covers both your mouth and nose helps reduce the spread of COVID-19, especially if you are sick and don't have symptoms. For more information about face coverings, visit [nyc.gov/health](https://nyc.gov/health) and search for [FAQ about face coverings](#).
- **Practice healthy hand hygiene:** Wash your hands often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer if soap and water are not available; clean frequently touched surfaces regularly; avoid touching your face with unwashed hands; do not shake hands with other people; and cover your cough or sneeze with your arm, not your hands.

### How Do I Practice Physical Distancing?

- **Stay home** as much as possible.
- Keep at least 6 feet between yourself and others who are not members of your household.
- Do not gather in groups.
- Avoid crowded places.
- Avoid all nonessential travel and interactions. Going out for medical care is considered essential travel.

### Can I Attend Births in Person?

On April 29, 2020, Governor Andrew Cuomo issued [Executive Order 202.25](#) requiring that hospitals “allow any patient giving birth to have present with them: a support person . . . and/or a doula, who does not have symptoms of COVID-19, for the labor, delivery and the remaining duration of the patient's stay.” Some hospitals have interpreted this as allowing a single support person; others are allowing two support people, including a doula. In either case, the support person(s) may be required to stay in the patient's room for the entire labor and delivery. Follow the instructions of the hospital staff — they exist to keep you and your client (the pregnant person) safe.

To minimize your chance of unknowingly infecting others, and to minimize your own exposure, it is recommended that [doula attend births virtually in most cases](#). In certain situations, however, given the well-documented benefits of doula support, you might decide to attend a birth in person. Such situations include but are not limited to the following:

- Your client has no other support person and would otherwise give birth alone.
- Your client feels that you are the most appropriate person to provide support.
- Your client has a support person but also strongly desires your physical presence, and you are comfortable providing in-person support.

If you decide to attend the birth in person, consider bringing personal protective equipment (PPE) such as a surgical mask, gloves and gown.

You may also decide that you cannot provide in-person support during this pandemic. Reasons may include but are not limited to the following:

- You have risk factors for more severe COVID-19 illness, such as being age 50 or older, or having one or more chronic health conditions ([listed above](#)).
- You live in a household with someone who is at increased risk for severe COVID-19 illness.
- You are the parent of dependent children, and access to child care is limited.
- You are uncomfortable attending births in person.

In such a situation, as always with doula support, you should make every effort to find another doula who is able to provide the support the client needs.

For information about your client's rights during childbirth, read the [New York City Standards for Respectful Care at Birth](#).

### **How Can I Best Support My Client If They Want or Have to Change Their Delivery Plan or Location of Delivery?**

People who are late in their pregnancy during the COVID-19 pandemic may be concerned about going to a hospital to birth their baby. They may also be concerned about whether they can still follow their birth plan. Given the challenges of the COVID-19 pandemic, their birth experience is very likely to be different from what they expected. Your client should consult with their health care provider if they have any questions or concerns about their place of delivery. Their provider will advise on the best course of action, as well as the infection control policy in the facility.

Some people who are pregnant may now consider an out-of-hospital birth to be a safer option. The Homebirth Midwives of New York collective offers [information about home birth during the COVID-19 outbreak](#) on its website. Your client may also want to consider a free-standing birth center, such as the [Brooklyn Birthing Center](#). However, remember that many providers may not be able to accept new patients who are close to their due date, especially given the increased demand for out-of-hospital birth services.

Another option is for clients to try to minimize the amount of time they spend in the hospital. You may want to support your client at home, virtually or in person, for as long as possible before they transfer to 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 — in a car in the parking lot, for instance, or while walking around the building — until labor is advanced. In general, the more hours of labor spent in an alternative setting, the fewer hours in the hospital.

In rare instances, your client may be unable to get to a birthing facility while in labor. If this happens, call **911** and provide support virtually or in person while waiting for the ambulance. The American College of Nurse-Midwives has two helpful resources to guide your client: [Emergency Preparedness for Childbirth](#) and [Giving Birth “In Place”: A Guide to Emergency Preparedness for Childbirth](#).

### **What If My Client Has COVID-19?**

If your client is sick or has [COVID-19 symptoms](#), advise them to contact their birthing facility before they arrive. This will allow the facility to prepare for the client’s arrival. Inform your client they may be tested for COVID-19 upon admission into the hospital. It is likely the support person accompanying the client to the hospital (the doula, partner, other family member or friend) will also be screened for COVID-19.

### **What Can Be Expected After Giving Birth?**

Some hospitals might not allow support people to be present during postpartum recovery, but you may be able to provide [virtual postpartum and lactation support](#). If your client is experiencing symptoms of or has tested positive for COVID-19, they can still have close contact with their baby and initiate early exclusive breastfeeding, according to [World Health Organization guidelines](#). The guidelines state parents can breastfeed safely with good respiratory hygiene, hold their newborn skin-to-skin and share a room with their baby. They should wash their hands before and after touching their baby and keep all surfaces clean. In certain situations, a health care provider may recommend separating the baby from the parent who has COVID-19 while the parent is in the hospital or is being tested for COVID-19 to reduce the risk of the newborn becoming infected with COVID-19. Such decisions should be made on a case-by-case basis.

Some hospitals are discharging postpartum patients as soon as possible (usually within 12 to 36 hours postpartum for vaginal deliveries) to minimize the amount of time they are in a potentially infectious environment. You can encourage your client to contact their health care provider to find out what to expect in terms of how long they will be in the hospital and what to do for follow-up. In addition, make sure your client understands the risk factors and [warning signs for health problems after birth](#) ([see next section for details](#)). Those who are not under medical surveillance in the days right after birth should be particularly watchful, especially if they gave birth by Cesarean section (C-section) or have underlying health conditions such as hypertension (high blood pressure) or diabetes, which can increase their risk for severe maternal morbidity. Your client should make sure they have a follow-up plan from their health care provider before discharge and their baby has a follow-up plan from the pediatrician. You

should plan to visit your client after they return home, either virtually or in person, to provide postpartum and lactation support.

You should let your client know that if they have concerns after giving birth and are not able to reach their health care provider, they can call NYC Health + Hospitals at 844-NYC-4NYC (844-692-4692) to be connected to one. If they are having a medical emergency, they should be advised to call **911**.

### **What Warning Signs Should I Look Out for After Birth?**

Medical complications can come up after giving birth. Just as during pregnancy, advise your client to tell someone if they do not feel well or if they notice any signs or symptoms that concern them after giving birth. Remind them they have the right to speak up. If they are still in the hospital or birthing center, advise them to tell their health care provider. If they are at home, they should call their provider, call **911** or go to an emergency room. Share the following warning signs with your client:

#### **WARNING SIGNS FOR HEALTH PROBLEMS AFTER GIVING BIRTH**



#### **Call 911 if you have:**

- Chest pain.
- Trouble breathing or shortness of breath.
- Thoughts about hurting yourself or your baby.
- A seizure.

#### **Call your provider if you have:**

- Headaches that will not go away, even after taking medication.
- Headaches with blurry vision or other vision changes.
- An incision that is not healing.
- Bleeding (for instance, enough to soak through one or more pads in one hour) or passing large blood clots.
- A temperature of 100.4 degrees Fahrenheit or higher.
- Legs that are swollen, red, painful or warm to the touch.

Whether your client calls their health care provider, calls **911** or goes to the emergency room, remind them to report the following:

- 1) They recently had a baby
- 2) When they had their baby
- 3) What specific symptoms they are having. For example: "I had a baby six days ago and I have a bad headache that is not getting better even after taking ibuprofen."

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

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