

COVID-19: Recommendations for Doulas

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 on providing birth-doula and postpartum-doula support during 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. 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.

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 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.

What is the current policy for hospital visitation during the COVID-19 public health emergency?

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. Encourage your client to contact their hospital in advance to learn more about its policy, and be prepared to adjust should the policy change. Note that you and any other 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 are designed to keep you and your client (the person who is pregnant) safe.

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 is 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 more information about your client'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**.

Should I plan to be physically present during my client’s labor and delivery, or offer virtual doula support?

In deciding whether to attend births in person, you should consider your client’s and your own preferences, as well as the hospital or birthing facility’s policies. Attending virtually will minimize your exposure to COVID-19 and the chance that you could unknowingly infect others. For more information, see [COVID-19: Guide to Virtual Doula Support](#).

Given the well-documented benefits of doula support, you may decide to attend your client’s labor and delivery in person in certain situations. For example:

- 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 who will be present during their labor and delivery, but also strongly desires your physical presence, and you are comfortable providing in-person support.

If you decide to attend your client’s labor and delivery in person, consider bringing PPE such as a surgical mask, gloves and a gown, in case the hospital or birthing facility does not have enough supplies for you.

In other situations, you may decide that you cannot provide in-person support during your client’s labor and birth. For example:

- You have [risk factors](#) for more serious illness from COVID-19, such as being age 50 or older or having one or more underlying health conditions.
- You live in a household with someone who is at increased risk for COVID-19.
- You are the parent of dependent children, and have limited access to child care.
- You are uncomfortable attending the birth 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 your client’s needs.

How can I best support my client if they want or have to change their birth plan or location of birth?

People who are pregnant may be concerned about going to a hospital or birthing facility to birth their baby. They may also be concerned about their birth plan. Given the challenges of the COVID-19 public health emergency, their birth experience is very likely to be different than what they expected.

Some clients may now consider a home birth as a safer option. This can be a difficult choice. For more information, see The New York Homebirth Collective’s [An Open Letter to the Birth Community Regarding COVID-19 and the Increased Interest in Homebirth](#). Your client may also want to consider a free-standing birth center, such as the [Jazz Birth Center of Manhattan](#). However, many providers may not accept new patients during this time, especially given the increased demand for out-of-hospital birth services.

Your client should consult with their health care provider if they have any questions or concerns about their birth plan or location of delivery. The provider will advise them on the best course of action, as well as the hospital or birthing facility's infection-control policy.

Another option is to encourage your client to minimize the amount of time they spend in the hospital or birthing facility. You may want to support your client at home, virtually or in person for as long as possible before they transfer to the hospital or birthing facility. 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 advanced. In general, the more hours of labor spent in an alternative setting, the fewer hours in the hospital or birthing facility.

In rare instances, your client may be unable to get to a hospital or birthing facility while in labor. If this happens, call **911** and provide virtual or in-person support while the client is 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 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.

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 can be expected during my client's postpartum hospital stay?

As mentioned above, Governor Cuomo's executive order requires that hospitals allow patients giving birth to have a support person and/or a doula with them for the duration of their hospital stay. You may also be able to provide virtual postpartum and lactation support. For more information, see [COVID-19: Guide to Virtual Doula Support](#).

Some hospitals are discharging patients who recently gave birth earlier than usual to minimize the amount of time they are in a potentially infectious environment. Encourage your client to contact their provider to find out what to expect in terms of how long they will be in the hospital, how people are paired with roommates if they do not have a private room, and what to do for follow-up after leaving the hospital. Your client's provider may recommend virtual follow-up appointments after discharge instead of in-person appointments. Your client should make sure that they have a follow-up plan from their provider before discharge, and that their baby has a follow-up plan from the pediatrician. Plan to visit your client after they return home, either virtually or in person, to provide postpartum and lactation support.

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](#)."

What warning signs should I advise my client to look for after birth?

Medical complications can come up after giving birth. The CDC's "[Hear Her](#)" campaign has important information for people who are pregnant, people who have recently given birth, their support teams and their health care providers.

Make sure your client understands the risk factors and warning signs for health problems after birth. Those who are not under medical surveillance in the days immediately following 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.

Counsel your client to tell someone if they notice any signs or symptoms that concern them after giving birth. They have the right to speak up. If they are still in the hospital or birthing center, they should tell their health care provider about their concerns. If they are at home, they should contact their provider, call **911** or go to an emergency room.

Make sure your client knows that if they have concerns after giving birth and are unable to reach their provider, they should call **NYC Health + Hospitals** at **844-NYC-4NYC (844-692-4692)** to be connected to a provider. If they are having a medical emergency, they should call **911**.

Warning Signs for Health Problems After Giving Birth



Counsel your clients to call 911 if they have:

- Chest pain
- Trouble breathing or shortness of breath
- Thoughts about hurting themselves or their baby
- A seizure

Counsel your client to call their provider if they 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

Remind your client that whether they contact their provider, call **911** or go to the emergency room, they should report the following:

1. They recently had a baby;
2. When they had their baby; and
3. The 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.”

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

NYC Health Department may change recommendations as the situation evolves.

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