

COVID-19: Maternal and Child Health During COVID-19

Since the COVID-19 outbreak began, the American Hospital Association has worked to keep members informed with pertinent information and resources to combat this pandemic. To help hospitals and health systems address maternal and neonatal health during this public crisis, the AHA has assembled resources from across the field that you may find useful as you provide safe and high-quality care to mothers and babies during this time. We will continue to periodically update these resources.

COVID-19 DURING PREGNANCY

According to the Centers for Disease Control and Prevention (CDC), the risk of contracting COVID-19 during pregnancy remains unknown. Generally speaking, women who are pregnant are at higher risk for any type of infection. In the largest study of pregnant women conducted in the U.S. to date, researchers examined cases at two New York hospitals over a two-week period. About 15% of pregnant patients tested positive with only about 2% presenting with symptoms¹. The severity of the COVID-19 symptoms for pregnant patients mirrored those of patients who were not pregnant; that is, 84% of cases were mild and 14% were severe or critical.²

There is no evidence at this time to support that COVID-19 can be passed to an unborn child in utero; however, there is no evidence validating that it cannot. Thus, health care providers are following safety guidelines issued by the [CDC](#). In addition, UCLA Health and University of California San Francisco recently launched the Pregnancy Coronavirus Outcomes Registry ([PRIORITY](#)) for pregnant women and new mothers who have tested positive or are being evaluated for COVID-19. The registry will follow the mothers and babies for one year to collect data on symptoms and outcomes.

The American College of Obstetricians and Gynecologists and the Society for Maternal-Fetal Medicine (SMFM) developed an outpatient assessment tool that includes an [algorithm](#) to help providers better assess and manage pregnant women who test positive for COVID-19.

Providers can use this triage tool to determine the level of severity, make appropriate referrals and plan appropriately for labor and delivery.

- Some states like [Nebraska](#) and [Florida](#), include this algorithm as a resource on their State Perinatal Quality Improvement Collaborative.

MITIGATING RISK IN LABOR AND DELIVERY

To mitigate risk, the SMFM and Society for Obstetric Anesthesia and Perinatology recommend that hospitals follow these [considerations](#) to limit the number of providers who enter a room and for staff scheduling.³

- [UCDavis](#) limits the number of providers in the room during delivery. Providers wait outside the room in the event they are needed (see webinar Slide 31).
- [University of Texas Health San Antonio](#) assigns each mother with one doctor and one nurse.

VISITATION POLICY DURING LABOR AND DELIVERY

At this time, many hospitals have limited visitors to one patient support person in the room during delivery. This person is screened for COVID-19 symptoms before and throughout the course of labor and delivery.

- As cases of COVID-19 increased in New York City, some hospitals initially prohibited any visitors during labor and delivery. The New York State Department of Health issued a statewide policy on March 30 that hospitals had to allow at least one patient support person to be present during birth.
- Out of an abundance of caution for patients and health care providers, some hospitals are prohibiting a companion during labor and delivery.
- [Lucile Packard Children's Hospital Stanford](#) in California allows one partner or birth support person on the labor and delivery, antepartum and maternity units.

UTILIZING REMOTE RESOURCES FOR PRE- AND POSTNATAL CARE

Following [CDC guidelines](#) for social distancing, many providers are utilizing telemedicine platforms for pre- and postnatal care when appropriate. This approach is driven by the primary provider and takes into consideration the type of appointment and whether patients present with high-risk factors. Women are encouraged to inform their physicians if they have adverse symptoms related to their pregnancy or show symptoms of COVID-19.

Prenatal Care

Many health systems are altering their approach to prenatal care. For patients identified as low risk by their primary physicians, telemedicine is being used more frequently.

- [Michigan Medicine](#) changed its schedule for in-person prenatal care to the initial visit, anatomy ultrasound and the 26-36 and 39-week visits. Other prenatal visits are through telemedicine platforms.
- [Mayo Clinic](#) in Minnesota started using telehealth for all pre- and postnatal appointments for patients identified as low risk. Physicians are making the clinical decision regarding which mothers are eligible for telehealth appointments.
- [Babyscripts](#) partners with [several health plans and hospitals](#) including UPMC Magee-Womens Hospital, Advocate Aurora Health, Atrium Health, Cone Health, MedStar Health and WellSpan Health to support appointments as well as pregnancy health through apps, thus limiting in-person contact when applicable for prenatal care.

Postpartum Support

Spouses, partners and extended family are often sources of support during labor and postpartum. The COVID-19 status of a loved one and the need for social distancing may increase the potential for such adverse events as postpartum depression. While there is not enough research to validate this assumption, many providers are assessing available support for mothers following delivery.

- Some hospitals are completing a thorough social assessment to identify a mother's support system upon discharge home, including the health status of all household members.
- California-based [Lompoc Valley Medical Center's](#) dedicated webpage offers information and support to postpartum mothers during COVID-19, including a recommendation to keep postpartum appointments and by telemedicine instead of in-person, if possible.

- Hospitals are offering online and phone support for new mothers who are experiencing depression and anxiety. [Virginia Commonwealth University Medical Center](#) is providing helpline support until their Getting Better Together support group is able to meet in person again.

PREGNANT HEALTH CARE STAFF

Health care workers are hospitals' most valuable resource in responding to COVID-19 and stopping its spread. The current supplies of personal protective equipment (PPE) are inadequate, leaving health care workers worried about protecting themselves and their families. The AHA joined the American Medical Association and the American Nurses Association to [urge](#) the government to employ every lever, including fully using the Defense Production Act, to increase the supply of PPE. The AHA also is urging manufacturers to increase production of PPE, and we have undertaken the [100 Million Mask Challenge](#) to provide additional support by increasing supplies. In addition, we are supportive of bonus pay for front-line workers during the pandemic.

As stated, according to the CDC, there is no evidence to suggest that pregnant women are at higher risk of contracting COVID-19, but we know pregnancy alters the immune system. In addition to the [CDC guidelines](#) for all health care providers, some hospitals have developed additional procedures for those who are pregnant.

- [Vanderbilt University Medical Center](#) published guidance for its pregnant health care workers following CDC guidelines.
- Articles have been published featuring [pregnant medical providers](#) during COVID-19.
- [St. Louis hospitals](#) share their policies regarding pregnant health care workers. For example, BJC HealthCare is not assigning pregnant health care providers to care for patients who are confirmed or suspected of having COVID-19.
- **Lucile Packard Children's Hospital Stanford** presented a webinar on March 24 in collaboration with California Maternal Quality Care Collaborative: "Preparing Your Maternal and Neonatal Units to Respond to COVID-19: Practical Recommendations from a Frontline Hospital." Webinar participants reported that there was limited contact between health care workers and patients confirmed or suspected with COVID-19. After 37 weeks, pregnant health care workers are to avoid all in-person patient contact.

NEONATAL CARE DURING COVID-19

According to the CDC, "a very small number of babies have tested positive for the virus shortly after birth. However, it is unknown if the newborns contracted the virus before or after birth."⁴ There have been instances of women with COVID-19 delivering prematurely, but scientists cannot say for sure that these early births were due to COVID-19.⁵ There is little information about neonatal intensive care units (NICU) and COVID-19 available at this time. It appears that neonatal care and NICUs are functioning similar to labor and delivery units with regard to minimizing the number of health care providers in the room and limiting visitors.

- [Indiana University Health Methodist Hospital](#) transferred babies from the NICU to other hospitals to make room for adult COVID-19 patients.

BREASTFEEDING GUIDELINES

The CDC has published pregnancy and breastfeeding [guidelines](#) for both mothers who have tested positive for the virus and those who have not. There is no evidence that breast milk is contaminated. Recommendations depend on

the mother's COVID-19 status and symptoms. The Academy of Breastfeeding Medicine issued a [statement](#) on the safety of breastfeeding at home and in the hospital.

- [Johns Hopkins All Children's Hospital](#) in Florida recommends following the CDC guidelines and offers comprehensive responses to some of the questions and concerns regarding the safety of breastfeeding.
- Philadelphia's Department of Public Health offers free and unlimited breastfeeding support through the app [Pacify](#) during the COVID-19 crisis. New mothers also have unlimited access to lactation experts.

RACIAL DISPARITIES

African American women die at a rate of 3-4 times more frequently than white women as a result of childbirth. Moreover, preliminary data indicate that minorities are at increased risk of infection and mortality from COVID-19. According to recent CDC data, African Americans account for 33% of confirmed COVID-19 cases while they represent 13% the U.S. population.⁶ The limitation of support persons, including doulas, may adversely impact African American mothers as studies have shown that using doulas can improve outcomes for mothers and infants, especially for women at risk of adverse outcomes, including African American and Hispanic women.⁷

- The [Association of American Medical Colleges](#) is offering a webinar series on maternal health equity.
- The **Museum of the African Diaspora** and **Mother-to-Mother Postpartum Justice Center** presented a webinar, "[Still We Rise: Black Maternal Health During COVID-19](#)," with a panel of experts discussing how COVID-19 is impacting the resiliency and resources for black birthing mothers.

Sources

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5. What to know about COVID-19 and pregnancy? Medical News Today. March 24, 2020. <https://www.medicalnewstoday.com/articles/coronavirus-and-pregnancy>.
6. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.
7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647727>.