

Since the COVID-19 outbreak began, the American Hospital Association has worked to keep members informed during this pandemic. To help hospitals and health systems address maternal and neonatal health during this public crisis, the AHA has assembled resources on how to 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**

The Centers for Disease Control and Prevention in late June reported that pregnancy may increase a person's risk of severe illness from COVID-19. In a CDC study, pregnant women were significantly more likely to be hospitalized, admitted to the intensive care unit and receive mechanical ventilation than non-pregnant women; however, pregnant women were not at greater risk for death from COVID-19.<sup>1</sup> The CDC recommends pregnant women and their families take preventive measures to reduce their risk of contracting COVID-19. In response to this new finding, the American College of Obstetricians and Gynecologists (ACOG) recommends clinicians counsel patients who are pregnant or planning to become pregnant on the potential of increased risks and emphasize the importance of taking precautions to prevent infection.

Little is known yet about the risk of newborns contracting COVID-19 from mothers who test positive for the virus. Doctors in France reported what they believe to be the first confirmed case of a baby contracting COVID-19 in utero. According to the CDC:

- Newborns can be infected with COVID-19 after being in close contact with an infected person.
- Some infants have tested positive for the virus shortly after birth. It is unknown if these babies contracted the virus before, during, or after birth.
- Most newborns who have tested positive for COVID-19 had mild or no symptoms and have recovered fully. However, there are some reports of newborns with severe illness.
- A small number of other complications, such as preterm (early) birth have been reported in babies born to mothers who tested positive for COVID-19. It is unknown if these events were related to the virus.

New York Governor Andrew Cuomo convened a task force of multidisciplinary experts to address the effect of COVID-19 on pregnancy and examine the best approaches to provide mothers with safe alternatives to hospitalization, when appropriate. The COVID-19 Maternity Task Force's recommendations included testing all pregnant women for the virus and designating doulas as an essential member of the care team, among other suggestions.

ACOG 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 of their State Perinatal Quality Improvement Collaborative.

## **MITIGATING RISK IN LABOR AND DELIVERY**

The CDC offers [Considerations for Inpatient Obstetric Healthcare Settings](#) as well [guidelines](#) for infection prevention, testing and control considerations for health care facilities providing obstetric care for pregnant patients with confirmed coronavirus disease (COVID-19). The SMFM's updated [labor and delivery considerations](#) during COVID-19 addresses exposure mitigation, personal protective equipment (PPE) for health care workers, and clinical obstetric care for women with COVID-19 or who are suspected of having the virus.

## **VISITATION POLICY DURING LABOR AND DELIVERY**

Most 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. There are exceptions based on individual hospital procedures.

[New Jersey](#) and [New York](#) recently issued executive orders recognizing doulas as essential members of the delivery team, which allows for them to be present to support the mother and her family member during labor and delivery. Other states, including California and Washington, are considering similar measures.

## **UTILIZING REMOTE RESOURCES FOR PRE- AND POSTNATAL CARE**

Following [CDC guidelines](#) for social distancing, many providers are using telemedicine platforms for pre- and postnatal care when appropriate. This approach is driven by the primary care 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.

The Health Resources and Services Administration in April [awarded](#) \$20 million to increase telehealth capability, capacity and access to distant care services for providers, pregnant women, children and families. Grant recipients include American Academy of Pediatrics (AAP), University of North Carolina Maternal Health Care, Association of Maternal and Child Health Program and Family Voices. The funds also will help telehealth providers navigate cross-state licensing regulations.

- ACOG and Women's Preventive Services Initiative (WPSI) published a guide of frequently asked questions (FAQs) regarding telehealth services.
- [Children's National Hospital](#) in Washington, D.C. found that the use of telehealth during the COVID-19 pandemic has aided its efforts in closing gaps concerning access and health equity. Telehealth promotes online provider-communication, lactation support and at-home monitoring of blood sugar and other measurements.

### **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 make the clinical decision regarding which mothers are eligible for telehealth appointments.

- [Babyscripts](#) partners with [several provider-based health plans and hospitals](#) including Advocate Aurora Health, Banner Health, Cone Health, MedStar Health and UPMC Magee-Womens Hospital 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 adverse events like postpartum depression.

- Some hospitals are completing a thorough social assessment to identify a mother's support system upon discharge to 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. Unfortunately, there are continued challenges with the supply of PPE. 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 earlier, the CDC recently issued a statement that pregnancy may increase a person's risk of severe illness from COVID-19.

## NEONATAL CARE DURING COVID-19

According to the [CDC](#), limited reports have raised concern of possible intrapartum or peripartum transmission, but the extent and clinical significance of vertical transmission by these routes is "unclear." Neonatal care and neonatal intensive care units (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. The AAP published [Frequently Asked Questions](#) regarding the management of babies born to COVID-19 positive mothers.

- The Illinois Perinatal Quality Collaborative hosted a webinar on June 26, [COVID-19 Strategies for OB & Neonatal Units](#) featuring Riverside Medical Center and Advocate Lutheran General Hospital.

## BREASTFEEDING GUIDELINES

The CDC has published [breastfeeding guidelines](#) for mothers. It is unknown whether COVID-19 can be transmitted through breast milk. The limited data available suggests it is unlikely. Where skin-to-skin contact may present a risk for the baby, babies may be bottle-fed breast milk. The CDC recommends mothers and families make the decision whether to breastfeed. They should receive counsel on risks and preventative measures. The [AAP](#) issued similar

guidelines regarding breastfeeding to help advise and support mothers and family members when newborns leave the hospital.

The Academy of Breastfeeding Medicine also 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 during the COVID-19 crisis through the app [Pacify](#). New mothers also have unlimited access to lactation experts.

## **RACIAL DISPARITIES**

Black women die at a rate of three times more frequently than white women as a result of childbirth. Recent data from the CDC demonstrate that COVID-19 mortality rates are substantially higher among Blacks, Latinx and Native Americans than among whites or Asians. Latinx women have been impacted more than twice as much as any other ethnicity.<sup>3</sup> The American Academy of Family Physicians [issued a letter](#) on the need to address provider bias as essential to addressing maternal health disparities. In addition, the AHA, the AMA and the ANA [urged](#) the Department of Health and Human Services to identify and address disparities in the federal response to COVID-19, including increasing the availability of testing, ensuring access to equitable treatment and disseminating timely, relevant, culturally appropriate and culturally sensitive public health information.

- Black Mamas Matter Alliance hosted a webinar in May, 2020, [Black Maternal Health and the U.S. COVID-19 Response](#).
- The AHA supports provisions of the [MomsNibus Act](#) for its critically important policies to eliminate preventable mortality and close the racial and ethnic disparities in maternal health and also supports legislation that would extend postpartum coverage for women enrolled in Medicaid and the Children’s Health Insurance Program.

## **MATERNAL MENTAL HEALTH**

A recent [KFF poll](#) revealed that nearly half (45%) of adults in the U. S. reported that their mental health has been negatively impacted as a result of anxiety around the pandemic and economic decline.<sup>4</sup> [Early research](#) indicates that pregnant women and new mothers are even more vulnerable. Pregnant and new mothers are facing isolation, having to develop a comfort level with virtual appointments, potential changes in birth plans and other social determinants of health challenges that can have an impact on mental and physical health.<sup>5</sup>

- Providence Health in California offers coping skills and support resources in their blog, [Pregnancy, Postpartum and Parenting in the Age of COVID-19](#).
- The California Quality Care Collaborative hosted a [webinar](#), “Supporting your Perinatal Units During COVID-19: Mental Health for Patients and Healthcare Workers.” Experts from **Lucile Salter Packard Children’s Hospital** suggest approaching patients and families through the lens of medical post-traumatic stress disorder and grief. [Slides](#) also are available.
- In recognition of Maternal Mental Health week in May, the AHA featured a [blog](#) from **SCL Health/Saint Joseph Hospital** in Denver reflecting on maternal mental health during a pandemic.
- [Intermountain Healthcare](#) identified warning signs and resources for postpartum depression amid the COVID-19 pandemic.

- AHA and the Institute for Healthcare Improvement (IHI) published a blog, [Supporting New Moms in the time of COVID-19](#).
- For a list of resources for postpartum support, visit [Postpartum Support International](#).

## Sources

1. Ellington S, Strid P, Tong VT, et al. Characteristics of Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status — United States, January 22–June 7, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:769–775. DOI: <http://dx.doi.org/10.15585/mmwr.mm6925a1>.
2. Labor and Delivery COVID-19 Considerations. Society for Maternal-Fetal Medicine and Society for Obstetric and Anesthesia and Perinatology. [https://s3.amazonaws.com/cdn.smfm.org/media/2277/SMFM-SOAP\\_COVID\\_LD\\_Considerations\\_3-27-20\\_\(final\)\\_PDF.pdf](https://s3.amazonaws.com/cdn.smfm.org/media/2277/SMFM-SOAP_COVID_LD_Considerations_3-27-20_(final)_PDF.pdf).
3. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>.
4. The Implications of COVID-19 for Mental Health and Substance Use. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.
5. Addressing Maternal Mental Health Issues During COVID and Beyond. <https://medcitynews.com/2020/05/addressing-maternal-mental-health-issues-during-covid-19-and-beyond/>.