

# PROGENY

**Coronavirus Disease 2019 (COVID-19)**

**March 2020**

The World Health Organization recently declared the COVID-19 outbreak as a pandemic. This outbreak has hospitals devising plans to prevent the spread of the disease and to care for those who are ill. Obstetric patients must also be considered in these plans. Much is unknown about the disease and the susceptibility of severe illness for pregnant women is uncertain. Previous experiences with other influenza like illnesses have shown that pregnant women could be at a higher risk of severe illness, morbidity, or mortality. Hospitals must be prepared to deal with these challenges. Encouraging women to use preventive actions like, frequent hand washing, using an alcohol-based hand cleaner, not touching their faces, avoiding travel and crowds will inhibit the spread of the disease. Iowa Department of Public Health is closely monitoring the Coronavirus and has the most current information on the virus in Iowa as well as the videos of the Governor's press conferences. You can find current updates at the following link <https://idph.iowa.gov/Emerging-Health-Issues/Novel-Coronavirus>.

It is believed that the transmission of the disease is to be spread from an infected person to others through respiratory droplets from coughing and sneezing in close personal contact, including touching and shaking hands and touching one's nose, mouth, or eyes before washing hands. Currently, it is unlikely that there is vertical transmission of COVID-19 to a baby before, during, or after birth. The risk of adverse birth outcomes is largely unknown. The American College of Obstetricians and Gynecologists (ACOG) reported in their [Practice Advisory](#) that preterm birth has been reported among infants born to mothers who are positive for COVID-19 during pregnancy. Some birth defects are associated with high fevers early in pregnancy. These women should be monitored closely. ACOG and the Society for Maternal Fetal Medicine (SMFM) has an algorithm for [Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus \(COVID-19\)](#).

Pregnant women and especially those with severe chronic medical illnesses (heart, lung, or kidney disease) should follow the CDC precautions for those at higher risk of severe illness. This guidance includes general practices such as stocking up on supplies, keeping space between themselves and others when out in public, keeping away from others who are sick, limiting close contact, and frequent hand washing. The CDC recommends avoiding crowds as much as possible and that during a COVID-19 outbreak in one's community, those with severe chronic illnesses should stay home as much as possible. Review these recommendations [here](#).

The CDC has guidelines to care for women in the [inpatient obstetric healthcare setting](#). It is recommended that healthcare personnel have prior notification from EMS or a caregiver of women with suspected or confirmed COVID-19 as to their arrival to a facility for admission. This allows the facility to prepare for the woman and notify the facility's infection personnel, local, and state health departments. Upon arrival pregnant women who are suspected of or have confirmed COVID-19 should be isolated in single patient rooms with the door closed.

The Society for Maternal Fetal Medicine (SMFM) [recommends](#) that the timing of delivery for most women should not be dictated by maternal COVID-19 infection. Those women infected in early pregnancy and recover should expect the usual timing of delivery. SMFM advises, “women infected in the third trimester who recover, it is reasonable to attempt to postpone delivery (if no other medical indications arise) either until a negative testing result is obtained or quarantine status is lifted in an attempt to avoid transmission to the neonate. In general, COVID-19 infection itself is not an indication for delivery.”

The concern for the newborn is the possibility of transmission via infectious respiratory secretions. It is unknown if newborns are at increased risk of severe complications if infected with COVID-19. The CDC offers guidelines for infection control in their document [Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings](#). It is recommended to limit the number of visitors allowed to visit. Facilities should consider temporarily separating the mother and newborn in separate rooms to reduce the risk of transmission from a mother with suspected or confirmed COVID-19.

Feeding, diapering, and bathing of the newborn would be done by a healthy parent, caregiver, or healthcare personnel. Any parent, caregiver, visitor, or healthcare personnel should use appropriate personal protective equipment (PPE) when providing cares or are in close proximity to the newborn. Discontinuing the mother’s transmission-based precautions and reuniting the mother and baby follow the [Interim Guidance for Discontinuation of Transmission-Based Precautions and Disposition of Hospitalized Patients with COVID-19](#).

Considerations include all of the following:

- Resolution of fever, without use of antipyretic medication
- Improvement in illness signs and symptoms
- Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive sets of paired nasopharyngeal and throat swabs specimens collected  $\geq 24$  hours apart (total of four negative specimens—two nasopharyngeal and two throat). See [Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Patients Under Investigation \(PUIs\) for 2019 Novel Coronavirus \(2019-nCoV\)](#) for specimen collection guidance.

An ill mother may wish to room in with her newborn or it may be necessary due to facility limitations. Measures to reduce the exposure of the newborn could be the use of physical barriers like a curtain between the dyad and placing the newborn at least 6 feet away from the mother. If a mother strongly desires to breast feed, she should wash her hands and wear a mask while feeding and any close contact with the newborn. These safety measures continue until the transmission-based precautions are discontinued.

Currently, there is no evidence of COVID-19 in the breast milk of infected women. An isolated mother who desires to express breast milk should have access to a dedicated breast pump. She should be encouraged to pump to establish and maintain milk supply. She should practice good hand hygiene, thoroughly wash all pump parts that come into contact with milk, and the entire pump should be appropriately disinfected per the manufacturer’s instructions. The CDC also has instructions for [cleaning](#) breast pump kits. The CDCs recommendations for pregnancy and breastfeeding are [here](#).

Discharge for postpartum women should follow the recommendations described in the [Interim Considerations for Disposition of Hospitalized Patients with COVID-19](#). Parents and caregivers should have instructions to reduce the risk of transmission to newborns discharged with pending test results or have tested negative for COVID-19. Follow the information in the [Interim Guidance for Preventing Spread of Coronavirus Disease 2019 \(COVID-19\) in Homes and Residential Communities](#).

Clinician Outreach and Communication Activity (COCA) provides timely, accurate, and credible information to clinicians related to emergency preparedness and response and emerging public health threats. COCA fosters partnerships with national clinician organizations to strengthen information-sharing networks before, during,

and after a public health emergency. In recent weeks COCA has provided webinars providing information regarding COVID-19 updates. Follow [this link](#) to view Coronavirus Disease 2019 (COVID-19) Update—Information for Clinicians Caring for Children and Pregnant Women. Other webinars may be accessed from this site also.

## **ACOG**

Practice Advisory: Novel Coronavirus 2019 (COVID-19) <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/Practice-Advisory-Novel-Coronavirus2019>

Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus (COVID-19) <https://www.acog.org/-/media/Practice-Advisories/COVID-19-Algorithm5.pdf?dmc=1&ts=20200317T2059229917>

## **CDC COVID-19 Resources**

Evaluating and Reporting Persons Under Investigation (PUI) for COVID-19

[https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html?deliveryName=FCP\\_8\\_DM21038](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html?deliveryName=FCP_8_DM21038)

Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings

[https://www.cdc.gov/coronavirus/2019-ncov/infection-control/controlrecommendations.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfectioncontrol.html&deliveryName=FCP\\_8\\_DM21038](https://www.cdc.gov/coronavirus/2019-ncov/infection-control/controlrecommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfectioncontrol.html&deliveryName=FCP_8_DM21038)

Clinical Guidance for Management of Patients with Confirmed COVID-19

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html?deliveryName=FCP\\_8\\_DM21038](https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html?deliveryName=FCP_8_DM21038)

Implementing Home Care of People Not Requiring Hospitalization for COVID-19

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html?deliveryName=FCP\\_8\\_DM21038](https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-home-care.html?deliveryName=FCP_8_DM21038)

Disposition of Non-Hospitalized (In- Home) Isolation for Patients with COVID-19

[https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html?deliveryName=FCP\\_8\\_DM21038](https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html?deliveryName=FCP_8_DM21038)

Information on COVID-19 and Children and Pregnant Women <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnant-women.html>

Considerations for Infection Prevention and Control of COVID-19 in Inpatient Obstetric Healthcare Settings

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>

Breastfeeding for a Mother Confirmed or Under Investigation For COVID-19

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnancy-guidance-breastfeeding.html>

## **SMFM**

Coronavirus (COVID-19) and Pregnancy: What Maternal-Fetal Medicine Subspecialists Need to Know

[https://s3.amazonaws.com/cdn.smfm.org/media/2262/COVID19\\_PDF.pdf](https://s3.amazonaws.com/cdn.smfm.org/media/2262/COVID19_PDF.pdf)

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