

WHAT IS COVID-19?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. Patients with COVID-19 have experienced mild to severe respiratory illness, including fever, cough, shortness of breath, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. The virus that causes COVID-19 is a novel (new) coronavirus. It is not the same as other types of coronaviruses that commonly circulate among people and cause mild illness, like the common cold. The risk for severe illness from COVID-19 increases with age, with older adults at highest risk.

HOW DOES COVID-19 SPREAD?

The virus that causes COVID-19 is thought to spread mainly from person-to-person, between people who are in close contact with one another (within about 6 feet for 15 minutes or longer) through respiratory droplets when an infected person coughs or sneezes. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose or possibly their eyes, but this is not thought to be the main way the virus spreads. The best way to protect yourself and to help reduce the spread of the virus that causes COVID-19 is to limit your interactions with other people as much as possible and take precautions to prevent getting COVID-19 when you do interact with others. Those steps include wearing a face covering, maintaining social distance of 6 feet and washing your hands frequently. If you start feeling sick and think you may have COVID-19, get in touch with your healthcare provider within 24 hours.

WHAT IS THE RISK TO PREGNANT WOMEN OF GETTING COVID-19?

Although current data reflects the overall severe risk of illness is low, pregnant people are at an increased risk for severe illness from COVID-19 when compared to non-pregnant people.

DOES COVID-19 POSE A HIGHER RISK FOR PREGNANT AND POSTPARTUM WOMEN?

- **Increased risk of hospitalization.** Data show pregnant people with COVID-19 are more likely to be hospitalized and are at increased risk for intensive care unit (ICU) admission and receipt of mechanical ventilation than nonpregnant people. Risk of death is similar for both groups. But much remains unknown.
- **Body changes.** Pregnant and postpartum women experience changes in their body that may put them at a higher risk for contracting viruses such as influenza and other respiratory infections, including COVID-19. As with any other pregnancy, care should be taken to protect themselves from illness.
- **Health of the baby.** During pregnancy, the health conditions of the mother and baby are important. Neonates with SARs-COV2 had reported signs of fever, lethargy, rhinorrhea, cough, tachypnea, increased work of breathing, vomiting, diarrhea, and poor feeding. Most of the reported signs are commonly found in term and preterm neonates; therefore, infection and complication contribution to positive SARs-COV2 signs is unclear.

Current evidence suggests that COVID-19 infections in neonates are uncommon. If neonates do become infected, the majority have either asymptomatic infections or mild disease (i.e., do not require respiratory

support), and they recover. Currently, there is insufficient data to make a recommendation regarding delayed cord clamping and skin-to-skin care.

- **Share your concerns with your OBGYN.** Pregnant or postpartum women with questions about COVID-19 or who are experiencing anxiety during this time should relay their concerns to their OBGYN or healthcare provider.

CAN COVID-19 CAUSE PROBLEMS FOR A PREGNANCY?

Pregnant women with COVID-19 are at risk of preterm labor. If you are experiencing symptoms of COVID-19, call your OB/GYN to assess these symptoms and advise if any additional precautions for pregnancy are needed.

CONSIDERATIONS FOR PREGNANT AND POSTPARTUM WOMEN

Utilize [CDC Guidelines](#) for protecting pregnant and postpartum women from COVID-19.

Prehospital considerations. Symptomatic OB patients should contact the healthcare facility prior to arrival so that the facility can make appropriate infection control preparations. If arriving by EMS, EMS staff should be encouraged to screen for COVID-19 symptoms and notify the hospital as soon as possible if any suspicious patient may be symptomatic.

- **Manage visitor access during hospitalization.** Limiting visitors to only the essential support person for labor (example: partner, doula, provider, etc.), and ensure screening of support individuals for symptoms.
- **Mother/Baby hospitalization room-in.** The ideal setting for the care of a healthy, full-term newborn during the birth hospitalization is within the mother's room. Newborns are at a low risk of contracting COVID-19 from its mother, especially when she uses appropriate precautions. Healthy mothers and neonates should be isolated from mothers with suspected or confirmed COVID-19 infection and their neonates. Isolating the infant in the Neonate Intensive Care unit is no longer recommended unless the infant's clinical condition warrants.
- **Mother/Baby contact.** Early and close contact between the mother and neonate has many well-established benefits. A mother who has confirmed COVID-19 or is a PUI should put on a facemask and practice hand hygiene before each feeding or other close contact with her newborn. The facemask should remain in place during contact with the newborn.
- **Hospital discharge.** Discharge for postpartum women should follow recommendations described in the [Interim Considerations for Disposition of Hospitalized Patients with COVID-19](#). Considerations and resources for feeding support, newborn follow-up, perinatal mood evaluations, and family planning services should all be addressed upon discharge for all patients, especially positive Covid-19 cases, prior to leaving the facility.
- **Persons with confirmed COVID-19** infection should continue to practice measures to reduce the risk of transmission to infant by wearing facemask, washing your hands before feeding or other close contact with her newborn. Patients who are able to be discharged from the hospital but have not met criteria to discontinue isolation and wish to reduce the risk of transmission to their newborn may continue temporary separation at their place of residence (if feasible) until cleared to discontinue home isolation following either the symptom-based strategy or testing based strategy.
- **Once your isolation has ended** you should still wash your hands before caring for your newborn, but you do not need to take the other precautions. You most likely will not pass the virus to your newborn or any other close contacts after your isolation period has ended.

- If you had symptoms, your isolation period ends after:
 - 10 days since symptoms first appeared, and
 - 24 hours with no fever, without fever-reducing medications, and
 - Other symptoms of COVID-19 are improving.
 - If you never had symptoms, your isolation period ends after
 - 10 days have passed since the date of your positive COVID-19 test.

BREASTFEEDING AND BREAST MILK

Mothers who intend to breastfeed or continue breastfeeding should be encouraged to breastfeed or express their breast milk to establish and maintain milk supply, especially if separation is necessary. If possible, a dedicated breast pump should be provided. Before each feeding or handling breast pump or bottle parts the mother should wash her hands and follow [recommendations](#) for proper pump cleaning after each use. If possible, consider having someone who is not sick feed the expressed breast milk to the infant.

Breast milk provides protection against many illnesses and is the best source of nutrition for most infants. There are rare exceptions when breastfeeding or feeding expressed breast milk is not recommended. In limited studies on women with COVID-19 and another coronavirus infection, Severe Acute Respiratory Syndrome (SARS-CoV), the virus has not been detected in breast milk; we do not know whether mothers with COVID-19 can transmit the virus via breast milk. To learn more visit [Breastfeeding](#).

HOW CAN PREGNANT WOMEN PROTECT THEMSELVES FROM GETTING COVID-19?

Pregnant women should do the same things as the general public to avoid infection. You can help stop the spread of COVID-19 by taking these actions:

- Cover your cough (using your elbow is a good technique)
- Avoid people who are sick
- Clean your hands often using soap and water or alcohol-based hand sanitizer

You can find additional information on preventing COVID-19 disease at CDC's ([Prevention for 2019 Novel Coronavirus](#)).

CAN COVID-19 BE PASSED FROM A PREGNANT WOMAN TO THE FETUS OR NEWBORN?

Transmission of COVID-19 to neonates is thought to occur primarily through respiratory droplets during the postnatal period when neonates are exposed to mothers or other caregivers with COVID-19. Limited reports have raised concern of possible intrauterine, intrapartum, or peripartum transmission. Vertical transmission remains unclear.

IF A PREGNANT WOMAN HAS COVID-19 DURING PREGNANCY, WILL IT HURT THE BABY?

Current evidence suggests that COVID-19 infections in neonates are uncommon. If neonates do become infected, the majority have either asymptomatic infections or mild disease (i.e., do not require respiratory support), and they recover. Severe illness in neonates, including illness requiring mechanical ventilation, has been reported but appears to be rare. Data shows some women have experienced preterm labor related to COVID-19. Infants born prematurely may require admission to the Neonatal Intensive Care (NICU) for treatment or increased surveillance.

WHAT SHOULD I DO IF I'M EXPERIENCING SYMPTOMS?

If you are experiencing symptoms of acute respiratory illness, follow the recommended CDC guidelines:

- **Stay at home** until you are free of fever (100.4 degrees Fahrenheit or greater using an oral thermometer) for at least 24 hours without the use of fever or other symptom-reducing medicines and other symptoms have improved.
- **Avoid close contact with people who are sick.**
- **Practice respiratory etiquette** (e.g., covering coughs and sneezes with a tissue or sleeve).
- **Practice frequent, proper handwashing** with soap and warm water or with hand sanitizer that contains at least 60% alcohol.
- **Perform routine environmental cleaning.** Routinely clean and disinfect all frequently touched surfaces (e.g., doorknobs, countertops) with usual cleaning and disinfection products. Follow all instructions on the product label.
- **Contact your OB/GYN** by phone just to make them aware of your symptoms or contact telehealth.

ADDITIONAL INFORMATION

Additional information and resources for COVID-19 are available at the links below.

- CDC COVID-19 webpage: <http://coronavirus.gov>
- IDOH COVID-19 webpage: <https://in.gov/coronavirus>
- National Perinatal Association: <http://www.nationalperinatal.org/COVID-19>
- American College of Obstetrics and Gynecology: <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/Practice-Advisory-Novel-Coronavirus2019>
- American Academy of Pediatrics: <https://www.aappublications.org/news/2020/03/12/coronavirus031220>