COVID-19 Updates: Rethinking Labor & Delivery; Mothers Revisiting their Birth Plans

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The Alliance for Patient Access (allianceforpatientaccess.org), founded in 2006, is a national network of physicians dedicated to ensuring patient access to approved therapies and appropriate clinical care. AfPA accomplishes this mission by recruiting, training and mobilizing policy-minded physicians to be effective advocates for patient access. AfPA is organized as a non-profit 501(c)(4) corporation and headed by an independent board of directors. Its physician leadership is supported by policy advocacy management and public affairs consultants. In 2012, AfPA established the Institute for Patient Access (IfPA), a related 501(c)(3) non-profit corporation. In keeping with its mission to promote a better understanding of the benefits of the physician-patient relationship in the provision of quality healthcare, IfPA sponsors policy research and educational programming.

The coronavirus pandemic has spread throughout the world and into even the most rural areas of the United States. If you are pregnant and living in the United States, how is your childbirth going to differ from a woman that delivered in 2019?

• What health care protocols and policies help a pregnant mother who tests positive for COVID-19 near her due date?

• How do hospitals treat pregnant women with COVID-19 and keep them separated from the rest of the hospital population, while they recover?

• What happens if your newborn becomes exposed to COVID-19 in the hospital? How long will you be separated from your child?

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ACOG Guidance

To help parents and their doctors, the American College of Obste-tricians and Gynecologists (ACOG) has issued guidance, i.e., a "practice advisory" related to pregnancy during the COVID-19. (1)

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These recommendations are consistent with CDC Guidance for healthcare facilities with ongoing obstetric practice. (2)

Taken together, these guidances address, to name a few:

• Notification by COVID-19 positive or symptomatic, pregnant patients to their health care provider before entering a hospital setting or requiring an ambulance to transport them to a health care facility;

• Infection control training and mitigation for providers and other hospital personnel, in and out of the delivery room;

• Mother to infant contact in the hospital to control suspected COVID-19 infection in either mom or baby; maintaining separation upon hospital discharge; and

• Virus transmission and the possibility of infectious virus in the breast milk.

Pregnant Women Testing Positive for Coronavirus-19

In a recent ABC News piece, "Mom who tested positive for COVID-19 describes giving birth, being isolated from her newborn daughter," a 27-year-old woman in Michigan describes that she was "about ten days away from her March 24 due date with her second child when she started to get a sore throat." Her early symptoms, like shortness of breath, were attributed to being in the third trimester of pregnancy, and therefore not unusual. When her water broke, and she called her doctor about hospital admission, even the doctor asked if her struggle to breathe - evident over the

phone call - was the result of experiencing a contraction. (3)

Her doctor relayed to the hospital staff the mother's condition and symptoms consistent with coronavirus infection.

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The woman describes being taken into a delivery room within the hospital designated entirely for expecting mothers with COVID-19 symptoms or positive tests. For clarification, she went into labor without a definitive test result for coronavirus, but providers treated her with a presumption of a positive test. She was tested for the virus right before giving birth.

A healthy baby arrived and was also tested for COVID-19 before being taken to an "isolation nursery." The baby's mom would not see her in person for five days after that. The baby was later discharged from the hospital to an extended family member who had not interacted with the baby's mother or father before birth. The mom remained in the hospital for three days to recover - having tested positive for COVID-19. Luckily, her baby's COVID-19 test was negative.

While these new hospital policies around childbirth are no doubt aimed at the safety and health of the mother, provider, and caregivers, the policies are no less surprising or may be shocking to new parents and those with positive COVID-19 tests entering a health care facility at this time.

The 2020 Epidemic that Made Many Women Revisit their Birth Plan

The story described above highlights some of the emergency plans and policies in place at the Michigan hospital during this epidemic - isolation delivery rooms and nursery; helmet-style personal protective equipment (PPE) worn by the obstetrician and hospital staff; and no visitors, not even family members, for a person in the hospital with COVID-19.

It sounds almost like delivering a baby in the hospital amidst the

pandemic is something akin to living on another planet - one without oxygen, perhaps.

What is happening to moms that are not experiencing COVID-19 symptoms and not testing positive, but are nearing their due date?

"Upon seeing pictures of hospitals challenged in caring for COVID-19 patients in different media outlets, the hospital setting can be even more scary than usual."

[Good Morning America](#) reports, "Some pregnant women are also suddenly looking at other birthing options in light of restrictions many hospitals have placed on the number of people allowed in the delivery room and in-hospital visiting areas in light of the coronavirus." Upon seeing pictures of hospitals challenged in caring for COVID-19 patients in different media outlets, the hospital setting can be even more scary than usual. "Searches on Google for information on home births have increased markedly as the novel coronavirus has spread in the United States," the article asserts. (4)

[Also, mothers may be restricted to having only one person or none accompany them to labor and delivery in a hospital.](#) Current stories of hospitalized COVID-19 patients reflect that visitors cannot be entertained while they recover. The impact on other patients and their visitors, in the absence of the infection, are quite similar. So, expecting moms are faced with choosing between a partner or spouse, another relative, or even a doula. They all cannot be together in the room during this once in a lifetime moment. (5)

[In an average year, fewer than 1% of total U.S. births per year occur in the home, according to the American College of Obstetricians and Gynecologists (ACOG) - approximately 35,000 births.](#) (4)

Doctors ask mothers considering home birth to assess the following before making the final decision: their medical history, increased risks to their health and baby, level of risk associated with their current pregnancy, and practical considerations like a current shortage of ambulatory or emergency care related to coronavirus (should there be at-home complications in delivery) before making a last-minute change to their birth plan.

In 2020, the emergency policies in place related to childbirth are a lot to consider. If women have been self-quarantined and working from home, leading up to their due date, questions about the unknowns of giving birth in a hospital (whether tomorrow or in the coming months) are reasonable.

Nevertheless, some mothers and providers may be wondering, when do these temporary measures resolve? Will we ever get back to "normal" in the delivery rooms, operating rooms, and maternity wards?

Conclusion

According to the ABC News piece above about the Michigan mother: Experts say it is unlikely that a mom with COVID-19 would transfer the virus to a fetus during pregnancy.

However, newborns are "susceptible to person-to-person spread," according to the [U.S. Centers for Disease Control and Prevention (CDC).](#) (6)

There is still so much to learn about the impact of this global health crisis on everyday healthcare needs, especially the often unpredictable delivery of a human baby.

References:
1. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019
2. https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html
3. https://abcnews.go.com/GMA/Wellness/mom-tested-positive-covid-19-describes-giving-birth/story?id=70063909
4. https://www.goodmorningamerica.com/wellness/story/interest-home-births-spikes-amid-coronavirus-expectant-moms-69965749
5. https://www.theatlantic.com/family/archive/2020/03/giving-birth-during-coronavirus-pandemic/608320/
6. https://www.cdc.gov/

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