

Better Maternal Outcomes COVID-19 Community Connections Call Core Themes

Guidelines for breastfeeding and skin-to-skin

Women and hospitals are getting conflicting guidance from professional groups about whether breastfeeding and skin-to-skin is recommended. Some women who are COVID+ or PUI are being separated from their newborns, but the evidence about whether this is required is unclear (and often mom and baby are discharged together). There is a need for additional guidance, as well as a need for care providers to have honest conversations with new moms about the benefits vs. risks of skin to skin and breastfeeding in the current context. Additional guidelines are needed for families with babies in the NICU. Finally, as many moms are leaving the hospital after 12 - 24 hours (or earlier) to minimize exposure to COVID-19, there is a need to make sure they have access to lactation support, breast pumps, and other necessary equipment.

- **RESOURCES**

- WHO [Q&A on COVID-19, pregnancy, childbirth and breastfeeding](#)
- [CDC Guidance on Pregnancy and Breastfeeding](#)
- American Academy of Pediatrics: [Guidance on Management of Infants Born to Mothers with COVID-19](#)
- Harvard Medical School Trends in Medicine: [COVID-19: Separating Infected Mothers from Newborns: Weighing the Risks and Benefits](#)

Patient education

It is incredibly important to educate patients about risks, both for COVID-19 and also generally. Participants cited lack of patient facing resources that can be sent home with patients. Many hospitals are also sending moms home after 12-24 hours to minimize time spent in the hospital which can pose additional risks for the mom and baby and creates an even greater need to provide patient education upon discharge.

- **RESOURCES**

- [Coronavirus \(COVID-19\), Pregnancy, and Breastfeeding: A Message for Patients](#)
- 4th Trimester Project [Resources for New Moms](#)
- [List of Patient Advocacy Orgs](#) from Momma's Voices
- [AWHONN Post-Birth warning signs](#)
- COVID Keepsake from Mercy Medical Center (PDF)
- Sample COVID Discharge Instructions from UnityPoint Health (PDF)

Telemedicine for prenatal visits

Many clinics and providers are now offering prenatal visits virtually to limit in-person interaction and exposure, but care varies based on location and clinic/facility. Some clinics have been able to provide women with blood pressure cuffs and other tools to manage care at home, but this is not widely being done. Some prenatal visits are not well-suited for telemedicine; there is a need for guidelines on how to implement telehealth prenatal programs successfully.

- **RESOURCES**

- ACOG's [Implementing Telehealth in Practice](#)
- [Telemedicine and Pregnancy Care](#)

Support for women during birth

Many hospitals are grappling with limiting visitors and family members to minimize contact to prevent the spread of COVID. Some hospitals were initially not allowing partners/support persons onto the labor and delivery ward. This has also meant that many women are not able to have doulas present. Some hospitals are finding innovative ways to support moms during labor, such as using iPads or other technology. There are known risks to maternal health outcomes when women are not able to have support person with them during delivery. These risks need to be balanced against the risks of COVID.

- **RESOURCES**

- March of Dimes COVID-19 Birth Plan (PDF)
- COVID Keepsake from Mercy Medical Center (PDF)
- WHO [Q&A on COVID-19, pregnancy, childbirth and breastfeeding](#)
- From CMQCC/CPQCC: [COVID-19 Resources for Maternal and Infant Health](#)
- American Academy of Pediatrics: [Guidance on Management of Infants Born to Mothers with COVID-19](#)
- [ACOG Clinical Guidelines and FAQs](#)
- [Dona International: Doula's and COVID-19](#)

Caring for staff

Constantly changing guidelines for PPE as well as a lack of PPE supplies are leaving staff feeling unsupported and unsafe. Risk for PTSD and staff burnout are high. In addition to adequate supplies and consistent guidelines, hospitals cited the importance of self-care and supporting staff through little things like providing food, offering a safe space for staff to take a break, and providing increased mental health resources for staff.

Overall lack of evidence regarding virus transmission

There is still a lack of evidence surrounding whether the virus can be transmitted vertically from mom to baby, and if the virus can be transmitted through breastmilk. In the absence of this knowledge, there is a lot of fear and confusion for birthing people and providers.

Support for women during prenatal care

Several participants cited a dramatic increase in fear and anxiety among pregnant women. Telemedicine can limit the exposure a pregnant person has to others. Women who are considered high-risk and/or experienced serious safety events in previous births are especially fearful, citing concerns around access to MFM specialists and also hospital preparedness in the event of an emergency (access to blood products, etc.)

PPE for providers and patients

Recommendations seem to be that the mom and her partner or support person wear masks to prevent transmission and that provider wear N95 mask from second stage labor onwards due to lack of universal testing and inability to know if mom or her partner may be carrying the virus. But hospitals have limited supplies and guidelines are not always clear. There is also the issue of whether moms should be wearing masks postpartum when breastfeeding to prevent possible horizontal transmission to the baby.

Considering home (or out of hospital) birth

Many providers cited an increase in patients who are interested in home birth as a safer option in the current context. Providers and patients alike would benefit from educational maternal and shared decision-making supports.