



Pregnancy and COVID-19 Resources for Health Care Providers

March 21, 2020

Background

The New York State Department of Health (Department) and the Centers for Disease Control and Prevention (CDC) continue to closely monitor the novel coronavirus (COVID-19) outbreak. In response to the outbreak, Governor Andrew M. Cuomo's Executive Order 202 declared a state of emergency on March 7, 2020.

Infectious disease experts are continuing to learn about the newly emerged virus causing COVID-19, called SARS-CoV-2, including how it spreads and affects different at-risk populations. Currently, spread of the SARS-CoV-2 is thought to occur person-to-person via respiratory droplets through close contact. According to the CDC at this time we do not know if pregnant people are more susceptible to COVID-19 than the general public. However due to changes that occur during pregnancy, pregnant people may be more susceptible to viral respiratory infections. It is important for pregnant people to protect themselves from illness and for their health care providers to have the most current and updated information to provide the best care for them.

General Infection Prevention Strategies

Overall, pregnant people should take the same precautions as the general public to avoid infection. Strategies pregnant people and their families should use to prevent COVID-19 are the same actions routinely employed for infection prevention to reduce transmission of common respiratory viruses (e.g., influenza or "flu" or "the common cold") and include:

- Stay home if you are sick. Call your health care provider for advice that can be provided over the phone or using telehealth, before seeking care in the office.
- Cover your mouth and nose with a tissue when coughing or sneezing and then discard it in a closed container, or if a tissue is not available, use the inside of your elbow.
- Keep your hands clean by washing your hands often with soap and water for at least 20 seconds. If soap and water are unavailable, use an alcohol-based hand sanitizer containing at least 60% alcohol.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with others, especially those who are sick.
- Get the flu shot (at this time, there is no current vaccination for coronaviruses).

We do not yet know the risk COVID-19 may have on pregnancy or potential problems during delivery or post-partum. The Department is sharing currently available resources to help providers support and care for pregnant and postpartum patients.

As this is a rapidly evolving outbreak, providers should regularly visit the NYS Department of Health Coronavirus website for providers:

<https://coronavirus.health.ny.gov/information-providers>



Summary of CDC's Interim Guidance for Inpatient Obstetrical Care Settings

On February 18, 2020, the CDC issued [*Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 \(COVID-19\) in Inpatient Obstetric Healthcare Settings.*](#) This includes recommendations for:

- *Prehospital Considerations*
 - Pregnant patients with confirmed or suspected COVID-19 should notify their physician and the obstetric unit should be informed prior to arrival so that the facility can make appropriate infection control preparations before the patient arrives for care.
- *During Hospitalization*
 - Birthing hospitals must ensure that labor and delivery staff are correctly trained and capable of implementing recommended infection control interventions. Staff should ensure they understand and can adhere to infection control requirements. <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>
 - Birthing hospitals should follow infection control guidance, such as managing visitor access including essential support persons during labor and delivery (i.e., spouse/partner). <https://coronavirus.health.ny.gov/system/files/documents/2020/03/covid19-hospital-visitation-guidance-3.18.20.pdf>
- *Parent/Baby Contact*
 - It is unknown whether newborns with COVID-19 are at increased risk for severe complications.
 - Transmission after birth via contact with an infected individual is a concern. To reduce risk of transmission from an infected parent, facilities should consider temporary separation of parent and newborn when the parent has confirmed or suspect COVID-19 until transmission-based precautions are discontinued. Several considerations are discussed in the guidance document.
- *Breastfeeding*
 - Limited research has been conducted on COVID-19 virus and breast milk. Small studies have not found the virus in breast milk of infected postpartum patients.
 - If an obstetrical patient has confirmed or suspect COVID-19, and intends to breastfeed, they should be encouraged to express their breast milk to establish and maintain milk supply. A dedicated breast pump should be provided to the patient. Hand hygiene prior to, and thorough washing of the breast pump components following use, are critical to reducing risk of infection to the newborn. Bottle feeding should be provided by a healthy caregiver, either the patient's support person or hospital staff as available.
 - If direct breastfeeding is preferred by the obstetrical patient, they should wear a face mask and practice hand hygiene before each feeding.

Guidance Related to Visitors in Obstetrical Care Settings

On March 18, 2020, the Department issued a health advisory, available on the Department's COVID-19 website, <https://coronavirus.health.ny.gov/system/files/documents/2020/03/covid19-hospital-visitation-guidance-3.18.20.pdf> regarding hospital visitation. Effective immediately, hospitals are to suspend all visitation, except when medically necessary (i.e., visitor is essential



to the care of the patient) or for family members or legal representatives of patients in imminent end-of-life situations.

For labor and delivery, the Department considers **one support person** essential to patient care throughout labor, delivery, and the immediate postpartum period. This person can be the patient's spouse, partner, sibling, doula, or another person they choose. This person will be the only support person allowed to be present during the obstetrical patient's inpatient care. This restriction must be explained to the obstetrical patient in plain terms, upon arrival or, ideally, prior to arriving at the hospital. Hospital staff should ensure that all patients fully understand this restriction, allowing them to make a decision about visitation with their potential support persons. Individuals age 60 years or older, are not encouraged to be support persons at this time due to increased risk of morbidity with COVID-19 infection.

The support person **must** be asymptomatic for COVID-19 and must not be a suspect or recently confirmed case. Additionally, hospital staff should screen the support person for symptoms (fever, cough, or shortness of breath) including a temperature check prior to entering the labor and delivery floor and every twelve hours after, and for potential exposure to someone with COVID-19. The support person must stay in the room.

Summary of Kaiser Family Foundation's

[Novel Coronavirus "COVID-19": Special Considerations for Pregnant Women](#)

The Kaiser Family Foundation (KFF) published a document for providers regarding Special Considerations for Pregnant Women. KFF acknowledges that there is insufficient data for many topics related to COVID-19 and pregnancy. Despite this, several considerations and recommendations are made.

- The risk for adverse obstetrical and neonatal outcomes due to COVID-19 is largely unknown.
- Small studies suggest that the virus does not pass from parent to fetus across the placenta during pregnancy (known as 'vertical transmission'). Other studies suggest that blood-borne transmission of COVID-19 is unlikely.
- In small studies, virus has not been detected in amniotic fluid, umbilical cord blood, placental tissue, or breastmilk. CDC has issued precautionary guidance for people with suspected or confirmed infection who are also breastfeeding:
https://www.cdc.gov/coronavirus/2019-ncov/prepare/pregnancy-breastfeeding.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fspecific-groups%2Fpregnancy-faq.html#anchor_1584169714
- While newborn infections are limited, there have been some cases of infected newborns; it is unclear when and how they were infected.
- Adverse health outcomes have been identified in infants whose parent has COVID-19, although it is unclear whether these outcomes are related to the COVID-19 infection. These outcomes include premature labor and delivery, respiratory distress, and even death.
- Practicing social distancing while meeting prenatal and postnatal care needs may be more difficult during pregnancy. The use of telemedicine services may be an effective approach to limit exposure while continuing to provide quality care. KFF has additional



information on potential uses of telemedicine in pregnancy, found at <https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/>.

New York State (NYS) Specific Information:

- **Cost-Sharing Waived for COVID-19 Testing**

On March 13, 2020, emergency regulations were adopted that prohibit health insurers from imposing cost-sharing on in-network visits (including outpatient provider office visits, urgent care visits, telehealth visits, and laboratory tests), as well as emergency room visits, when the purpose of the visit or test is to diagnose COVID-19. Cost-sharing may be applied for any follow-up care or treatment, including inpatient hospital admission, in accordance with applicable policy and as otherwise permitted by law. For additional information, visit https://www.dfs.ny.gov/reports_and_publications/press_releases/pr202003131 and <https://www.governor.ny.gov/news/governor-cuomo-announces-new-directive-requiring-new-york-insurers-waive-cost-sharing>.

- **Telehealth and Telephonic Communication Services for Prenatal through Postpartum Care**

Effective March 13, 2020 and during the current state of emergency only, Medicaid will reimburse evaluations and management services conducted by telephone, in cases where face-to-face visits may not be recommended, and it is medically appropriate. This includes prenatal care visits. Such services must be provided by a physician, physician assistant, or licensed midwife actively enrolled in fee-for-service Medicaid or Medicaid Managed Care Plans. Additional guidance can be found at: https://www.health.ny.gov/health_care/medicaid/program/update/2020/index.htm.

In addition to Medicaid, the Executive Order requires that private insurers provide reimbursement for telehealth services. Emergency regulations were adopted on March 17, 2020, requiring **all** insurance companies to waive cost-sharing for in-network telehealth visits.

During the state of emergency, cost-sharing is to be waived for **any** telehealth services, including those not related to COVID-19 if the services would have been covered at the provider office or facility.

Telehealth resources are included below:

For information about platforms that can be used to deliver virtual services during this declared state of emergency please see the following link for guidance from HHS— <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>

- **Special Enrollment for Uninsured New Yorkers**

In NYS pregnancy is considered a qualifying event for health care on the NY State of Health. In addition, the NY State of Health and the New York State Department of Financial Services have made a Special Enrollment Period available to New Yorkers,



between March 16, 2020 and April 15, 2020, with coverage effective April 1, 2020. Eligible individuals are able to enroll in insurance coverage through [NY State of Health](#).

Individuals who are eligible for Medicaid, Essential Plan, and Child Health Plus can enroll year-round.

For additional information, visit https://health.ny.gov/press/releases/2020/2020-03-16_nysoh_special_enrollment_period.htm.

Additional Resources:

Resources for Clinical Care of Pregnant and Postpartum Patients and Newborns

CDC Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings (February 18, 2020)

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

Kaiser Family Foundation – Novel Coronavirus “COVID-19”: Special Considerations for Pregnant Women (March 17, 2020)

<https://www.kff.org/womens-health-policy/issue-brief/novel-coronavirus-covid-19-special-considerations-for-pregnant-women/#>

CDC Webinar: Coronavirus Disease 2019 (COVID-19) Update – Information for Clinicians Caring for Children and Pregnant Women (March 12, 2020)

https://emergency.cdc.gov/coca/calls/2020/callinfo_031220.asp

CDC COVID-19 Specific Groups Guidance: Pregnant Women and Children (February 24, 2020)

<https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/pregnant-women-and-children.html>

American College of Obstetricians and Gynecologists – Practice Advisory: Novel Coronavirus 2019 (COVID-19) (March 13, 2020)

<https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/Practice-Advisory-Novel-Coronavirus2019>

Society for Maternal-Fetal Medicine – Resources for Maternal-Fetal Medicine Subspecialists

<https://www.smfm.org/covid19>

Patient Education Resources

CDC Frequently Asked Questions: Pregnancy, Breastfeeding and COVID-19

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

March of Dimes Coronavirus Disease (COVID-19): What You Need to Know About Its Impact on Moms and Babies

<https://www.marchofdimes.org/complications/coronavirus-disease-covid-19-what-you-need-to-know.aspx>



Department of Health

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Every Mother Counts – Information and Resources related to COVID-19 and maternal health
https://everymothercounts.org/on-the-front-lines/information-on-coronavirus-to-stay-informed-and-up-to-date/?mc_cid=4bfd1633a8&mc_eid=573c21b738.

Resources related to telehealth and telephonic services

NYSDOH – Medicaid Update – Expansion of Telehealth (February 2019)
https://www.health.ny.gov/health_care/medicaid/program/update/2019/2019-02_speced.htm

NYSDOH – Medicaid Update - Telephonic Communication Services (March 2020)
https://www.health.ny.gov/health_care/medicaid/program/update/2020/2020-03-13_covid-19.htm

Northeast Telehealth Resource Center
<https://www.telehealthresourcecenter.org/netrc/?Center=NETRC>

NETRC Telehealth COVID-19 Toolkit (March 17, 2020)
<https://www.netrc.org/docs/COVID-19-Epidemic-Telehealth-Toolkit-NETRC-March-2020.pdf>

Kaiser Family Foundation – Telehealth and Pregnancy (February 26, 2020)
<https://www.kff.org/womens-health-policy/issue-brief/telemedicine-and-pregnancy-care/>

Additional COVID-19 guidance for health care providers:

NYSDOH - <http://coronavirus.health.ny.gov/information-providers>
CDC - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html>

Health advisories and alerts are posted on the Department's Health Commerce website (<https://commerce.health.state.ny.us/hcs/index.html>), in the IHANS application. Note: A Health Commerce System account, as well as approval for access to IHANS is required.



Pregnancy and COVID-19 Resources for Pregnant People and their Families

March 21, 2020

Background

The New York State Department of Health (Department) and the Centers for Disease Control and Prevention (CDC) continue to closely monitor the novel coronavirus (COVID-19) outbreak. In response to the outbreak, Governor Andrew M. Cuomo's Executive Order 202 declared a state of emergency on March 7, 2020.

Pregnancy is an exciting and sometimes stressful experience. Being pregnant during a disease outbreak may add extra anxiety and concern for you and those you care about who are pregnant. Health care providers and people who research infections are still learning about the virus that causes COVID-19, including how easily it spreads and affects different at-risk populations.

Currently, the virus is thought to be spread from an infected person to others by respiratory droplets when a person coughs or sneezes and is in close contact with another person. According to the CDC, we do not yet know if pregnant people are more susceptible to COVID-19 than the general public. Due to changes that occur during pregnancy, pregnant people may be more susceptible to viral respiratory infections. The most important thing you can do is to protect yourself from getting sick. This includes following the same guidance that is provided to everyone, including people who are not pregnant:

General Infection Prevention Strategies

All people should use prevention strategies to reduce their chances of getting any virus (like influenza or "flu" or "the common cold").

- Stay home if you are sick. Call your health care provider for advice that can be provided over the phone or using telehealth, before seeking care in the office.
- Cover your mouth and nose with a tissue when coughing or sneezing and then discard it in a closed container, or if a tissue is not available, use the inside of your elbow.
- Keep your hands clean by washing your hands often with soap and water for at least 20 seconds. If soap and water are unavailable, use an alcohol-based hand sanitizer containing at least 60% alcohol.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with others, especially those who are sick.
- Get the flu shot (at this time, there is no current vaccination for coronaviruses).
- Call your health care provider with any questions about how you feel.

For more information about how to protect yourself and your family from COVID-19, visit the New York State Department of Health Coronavirus website at www.health.ny.gov/coronavirus.

It is important for pregnant people and people who care for them to protect themselves from illness. These Frequently Asked Questions (FAQs) will explain what we currently know about COVID-19 and its impact on pregnancy, and give you information on how to stay healthy.



Frequently Asked Questions about COVID-19 and Pregnancy

General Questions:

If I'm pregnant, am I more likely to get COVID-19?

Right now we do not know if pregnancy makes people more likely to get sick from COVID-19. We do know that pregnancy can cause changes to the body that may increase the risk of getting some infections.

If I get COVID-19, how sick will I get?

We do not know if this infection is more serious for a pregnant person. With other similar infections like the cold or flu, some pregnant people may be more likely to have a severe illness.

Can COVID-19 cause problems for my pregnancy?

We do not know at this time if COVID-19 causes problems during pregnancy, or if it affects the baby's health after birth.

Who can I talk to about COVID-19 and my pregnancy?

We recommend that you call your health care provider and ask about how COVID-19 might affect you and your baby. There is a lot of incorrect and outdated information online and on social media.

During Pregnancy or Delivery

If I have COVID-19, can I pass it to my baby?

We still do not know if exposure to COVID-19 during pregnancy or during delivery will impact your baby.

Can COVID-19 affect my pregnancy?

We still do not know how the virus affects pregnancies. There have been a small number of reported problems with pregnancy or delivery, like premature delivery (before 37 weeks gestation). However, it is not clear that these problems were because of the infection, or other reasons.

Is it safe to go to the hospital for an appointment or to deliver my baby?

If you have an appointment at a hospital, call ahead to find out if there are any changes. Some health care providers may do prenatal visits at a different location.

Hospitals are safe for delivering your baby. In New York State, hospitals must designate separate space for labor and delivery, to keep patients healthy and safe. If you can, call your health care provider before going to the hospital. They will tell you if there are changes to admitting procedures due to COVID-19.



I heard hospitals will not allow visitors into the hospital. Does this mean I cannot have someone with me when I deliver?

In order to limit the spread of infections, hospitals are limiting visitors. For people who come to the hospital to deliver a baby, you may have **one support person** with you. This support person can be your spouse, partner, doula, or any other person of your choosing. This person will be the **only support person** allowed to be present **during your hospital care**. Because this virus affects older people more than younger people, you should avoid choosing a support person who is 60 or older if possible. Your support person cannot have any symptoms of being sick or have been recently sick. They will be screened for symptoms of COVID-19 including a temperature check before and during their stay with you.

Infants

If I have COVID-19 during pregnancy, will it hurt my baby?

We do not know if the virus affects newborns if they were exposed during pregnancy. A small number of newborns have been diagnosed with COVID-19 within days of delivery, but we do not know if they were infected during pregnancy, delivery, or after birth.

Can my baby stay with me after I deliver?

Most babies will continue to stay with their parent after delivery. If you have COVID-19 or your healthcare provider thinks you might be infected, the hospital may decide it is best to separate the parent and infant. This decision will be made between you and your healthcare provider.

Breastfeeding

I'm worried about COVID-19 and breastfeeding. Who can I talk to?

Call your health care provider to talk about breastfeeding. If you are in the hospital, you can also ask to talk to a lactation consultant.

Can COVID-19 be passed to my baby from breast milk?

We do not know if COVID-19 can be passed into breastmilk, but there is no specific guidance against breastfeeding during infection with similar viruses that cause colds or the flu.

If I have COVID-19, or might have been exposed to COVID-19, should I breastfeed?

Breast milk is the best source of nutrition for most infants. However, we still do not know much about COVID-19. Starting or continuing to breastfeed while infected with COVID-19 is a decision that people should make along with their family and their healthcare provider.

Someone with a confirmed COVID-19 infection, or someone who has symptoms of infection should [take all possible precautions](#) to avoid spreading the virus to their infant. This could include:

- washing hands thoroughly before touching the infant; and
- wearing a face mask, if possible, while breast feeding.



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People who are expressing breast milk with a breast pump should:

- use a breast pump that only you use (a 'dedicated' breast pump),
- wash your hands before touching any pump or bottle parts,
- follow [recommendations](#) for proper pump cleaning after each use, and
- if possible, consider having someone who does not have COVID-19 feed the expressed breast milk to the infant.

Additional breastfeeding resources:

Breastfeeding and the flu: <https://www.cdc.gov/breastfeeding/breastfeeding-special-circumstances/maternal-or-infant-illnesses/influenza.html>

Precautions to avoid spreading COVID-19: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

Breast pump cleaning recommendations:

<https://www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding/breastpump.html>

Additional Resources on COVID-19 and Pregnancy

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

<https://www.marchofdimes.org/complications/coronavirus-disease-covid-19-what-you-need-to-know.aspx>

New York State Resources for Pregnant and Parenting Families

If you are pregnant or a new parent and need other supports, please visit the following sites to learn about our free perinatal home visiting programs, available in some areas of the state:

Maternal and Infant Community Health Collaborative:

https://www.health.ny.gov/community/adults/women/docs/michc_by_county.pdf

Maternal, Infant and Early Childhood Home Visiting Program:

https://www.health.ny.gov/community/pregnancy/home_visiting_programs/pregnant_parenting_fam.htm#list

Family Planning Program

https://www.health.ny.gov/community/pregnancy/family_planning/program_sites.htm



DATE: March 21, 2020

**Health Advisory: COVID-19 Guidance for Hospital Operators Regarding Visitation
Updated Guidance regarding Obstetrical and Pediatric Settings**

On March 18, 2020, the Department issued a health advisory, available on the Department's COVID-19 website, <https://coronavirus.health.ny.gov/system/files/documents/2020/03/covid19-hospital-visitation-guidance-3.18.20.pdf>, regarding hospital visitation restrictions. Effective immediately, hospitals are to suspend all visitation, except when medically necessary (i.e., visitor is essential to the care of the patient) or for family members or legal representatives of patients in imminent end-of-life situations.

For **labor and delivery**, the Department considers **one support person** essential to patient care throughout labor, delivery, and the immediate postpartum period. This person can be the patient's spouse, partner, sibling, doula, or another person they choose. In these settings, this person will be the only support person allowed to be present during the patient's care. This restriction must be explained to the patient in plain terms, upon arrival or, ideally, prior to arriving at the hospital. Hospital staff should ensure that patients fully understand this restriction, allowing them to make a decision about visitation with their potential support persons.

For **Pediatric patients**, the Department considers **one support person** essential to patient care in the emergency room or during hospitalization. In these settings, especially with prolonged hospitalizations, you may designate two support people which alternate visitation. Only one support person may be present at a time. This restriction must be explained to the patient's family/support system in plain terms, upon arrival or, ideally, prior to arriving at the hospital. In the event of the pediatric patient, the family/caregiver must fully understand this restriction. Individuals age 60 years or older, are not encouraged to be support persons at this time due to increased risk of morbidity with COVID-19 infection.

Labor and delivery and pediatric patient support persons **must** be asymptomatic for COVID-19 and must not be a suspect or recently confirmed case. Additionally, hospital staff must screen the support person for symptoms (fever, cough, or shortness of breath) including a temperature check prior to entering the clinical area and every twelve hours after, and for potential exposures to someone with COVID-19. The support person must stay in the room.