



Pregnancy and COVID-19 Resources for Health Care Providers

Updated November 19, 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 disaster emergency on March 7, 2020.

Infectious disease experts are continuing to learn about the 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, new research suggests that pregnant people may be at an increased risk for severe illness from COVID-19. Additionally, there may be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19. 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") and include:

Everyone should:

- Wash your hands often with soap and water for at least 20 seconds, especially before you eat.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick. Keep a distance of at least 6 feet to help slow the spread of COVID-19 and wear a face mask or cloth face covering when social distance cannot be maintained.
- Cover your cough and sneezes with a tissue and discard it in a closed container.
- Clean frequently touched surfaces and objects.

Additionally, people at increased risk for severe illness from COVID-19, and those who live with them, should limit interactions with other people as much as possible, to reduce the risk of getting COVID.

For people who are sick:

- Stay home.
- If you have a fever (a temperature over 100.0 F), stay home for at least 24 hours after your fever is gone without the use of fever-reducing medicines, such as acetaminophen.



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- Keep sick household members away from others. If you have a separate room, that is best.
- Use soap and water, a bleach and water solution, or EPA-approved household products to clean surfaces and objects. You can make your own cleanser with a mixture of 1 cup of liquid unscented chlorine bleach in 5 gallons of water.
- Avoid sharing personal items.
- Anyone at high risk for complications should talk to their healthcare provider for more information.

As additional research is conducted and guidance is updated, the Department will continue to share 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 Guidance and How it Applies in New York State

On May 20, 2020, the CDC issued updated guidance for *Considerations for Inpatient Obstetric Healthcare Settings* at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>. This includes recommendations for:

- Prehospital Considerations
 - Pregnant patients and their designated support person should be tested for COVID-19 pursuant to NYSDOH guidance, “Revised Interim Guidance: Protocol for COVID-19 testing Applicable to All Healthcare Providers and Local Health Departments” (dated July 2, 2020).
 - 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.
 - Healthcare providers should promptly notify hospital infection control personnel of the anticipated arrival of a pregnant patient with confirmed or suspected COVID-19.
 - Patients should be encouraged to identify their desired support person (as outlined in Executive Order 202.25) ahead of hospital admission.
- 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 pursuant to “Updated Interim Guidance: Protocol for COVID-19 testing Applicable to All Healthcare



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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>.

- All birthing facilities must follow visitation/support person guidelines as outlined in Executive Orders 202.12, 202.13, and 202.25, as extended. See section labeled “Visitation” below for further information.
- Parent/Baby Contact
 - Data suggest that infants under 12 months of age may be at higher risk for severe illness from COVID-19 compared to older children; however, information on clinical presentation is limited and based on small case series and case reports.
 - Although the benefits of parent/baby skin-to-skin contact are well understood, transmission after birth via contact with an infected individual is a concern. The determination of whether or not to separate a newborn from its birth parent with known or suspected COVID-19 should be made on a case-by-case basis, using shared decision-making between the patient and clinical team. Several considerations are discussed in the CDC guidance document.
 - If separation is not undertaken, other measures to reduce the risk of transmission should be considered, utilizing shared decision-making. Several recommendations are discussed in the CDC guidance document.
- Evaluation and Management of Neonates at Risk for COVID-19
 - Testing is recommended for all neonates born to obstetrical patients with confirmed or suspected COVID-19, regardless of whether the neonate shows signs of infection.
 - Such neonates, regardless of symptoms, should have testing performed at approximately 24 hours of age. If initial test results are negative or not available, testing should be repeated at 48 hours of age.
 - For asymptomatic neonates expected to be discharged before 48 hours of age, a single test can be performed prior to discharge between 24 and 48 hours of age.
- 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. Use of a cloth or surgical face mask is strongly encouraged during pumping, as viral particles shed through coughing, sneezing or talking may contaminate the pumped milk. 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. If an alcohol-based hand sanitizer is used, it should have at least 60% alcohol. A face covering or mask should be used until 14 days after the patient’s last positive COVID-19 test.



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- Lactation support should still be provided regardless of the patient's breastfeeding method of choice. For patients discharged before support can be provided, referral to hospital or community-based lactation support is strongly encouraged.
- A frequently asked questions on breastfeeding and COVID-19, written for consumers and patients is available at https://coronavirus.health.ny.gov/system/files/documents/2020/11/covid-19_breastfeeding_guidance.pdf.

Guidance Related to Visitors in Obstetrical Care Settings

On May 20, 2020, the Department issued an updated health advisory, available on the Department's COVID-19 website, <https://coronavirus.health.ny.gov/covid-19-updated-guidance-hospital-operators-regarding-visitation> regarding hospital visitation for obstetrical patients.

Additional Departmental guidance issued June 17, 2020 related to re-allowing hospital visitation in other units may be used as guidance to increase visitation for obstetrical and pediatric patients but does not further restrict such visitation policies. This guidance is available at <https://coronavirus.health.ny.gov/covid-19-hospital-visitation-program-june-17-2020>.

This guidance helps to implement and clarify the directives in Executive Orders 202.12, 202.13 and 202.25, which Governor Cuomo issued to clarify the role of essential support persons in various settings, including in labor and delivery. As articulated in the Department's May 20, 2020 guidance, Executive Order 202.25 provides that **one support person and a doula, if a patient has one**, are essential to patient care upon admission, throughout labor, delivery, and the remaining duration of the patient's hospital stay. A support person can be the patient's spouse, partner, sibling, parent, or another person they choose. The support person and the patient's doula can stay in all Article 28 settings with the patient, whether the patient gives birth at a general hospital or a birth center. This includes being present upon admission, during labor, delivery, in postpartum units, or in a birthing center, as medically appropriate. The support person and doula (if the patient has one) are the only support people 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 decide who they wish to identify as their support person.

Exceptions which restrict support persons may be applied in limited circumstances and must be limited to medical necessity determinations made by the treating clinician and/or based on the facility's ability to maintain appropriate infection control protocols.

The support person, including the doula, **must** be asymptomatic for COVID-19 and must not be a suspect or recently confirmed case. Additionally, hospital staff should screen the support person and doula for symptoms (fever, cough, shortness of breath, sore throat, runny nose,



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muscle aches or diarrhea) 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 and doula must be provided with personal protective equipment (PPE), including instructions on PPE conservation strategies to reduce unnecessary waste of resources. The support person and doula must stay in the room.

The guidance includes additional guidance for support persons of patients with confirmed or suspected COVID-19.

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 1, 2020 for the duration of the state of emergency or until issuance of subsequent guidance prior to the expiration of the state of emergency, 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 state requires that private insurers provide reimbursement for telehealth services. Emergency regulations were adopted on March 17, 2020, requiring **all** state regulated 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.



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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 who have lost their employer-provided insurance during the COVID-19 state of emergency; applications must be submitted within 60 days of losing insurance coverage. At time of publication, this special enrollment period continues through December 31, 2020. Visit <https://coronavirus.health.ny.gov/know-your-rights#insurance> for current information related to special enrollment due to COVID-19 related insurance loss.

Eligible individuals are able to enroll in insurance coverage through NY State of Health at <http://www.nystateofhealth.ny.gov>.

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

- **Community Based Support Services for Home Visitation**

In order to support pregnant patients and their families, clinicians should consider referring to community-based organizations (CBOs) that are available for enhanced prenatal and postnatal support. Through these programs, home visitors and community health workers assist pregnant and parenting families in obtaining needed health and supportive services and provide information which complements and supports healthcare messages. During the COVID-19 state of emergency, local home visiting programs like Nurse Family Partnership and Maternal and Infant Community Health Collaboratives (MICHCs) are offering remote services via phone, text, or video conference. They are helping pregnant people and their families access resources in the community such as prenatal care, doula services, breastfeeding support, food and diaper banks, mental health services, well-child visits and assistance with insurance enrollment. To contact a local home visiting program, see the links below.

Additional Resources:

Resources for Clinical Care of Pregnant and Postpartum Patients and Newborns

CDC Considerations for Inpatient Obstetric Healthcare Settings (May 20, 2020):

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



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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

American College of Obstetricians and Gynecologists – Practice Advisory: Novel Coronavirus 2019 (COVID-19) (September 25, 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>

Characteristics and Maternal and Birth Outcomes of Hospitalized Pregnant Women with Laboratory-Confirmed COVID-19 — COVID-NET, 13 States, March 1–August 22, 2020:

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6938e1.htm>

SARS-CoV-2 Infection Among Hospitalized Pregnant Women: Reasons for Admission and Pregnancy Characteristics — Eight U.S. Health Care Centers, March 1–May 30, 2020:

https://www.cdc.gov/mmwr/volumes/69/wr/mm6938e2.htm?s_cid=mm6938e2_w

Patient Education Resources

CDC Pregnancy, Breastfeeding, and Caring for Young Children (September 11, 2020):

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

March of Dimes Coronavirus Disease (COVID-19): What You Need to Know About Its Impact on Moms and Babies (October 6, 2020): <https://www.marchofdimes.org/complications/coronavirus-disease-covid-19-what-you-need-to-know.aspx>

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/>

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:



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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.

New York State Community Based Home Visitation Programs

Support for Pregnant and Parenting Families (NYSDOH):

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

Maternal and Infant Community Health Collaboratives Directory (NYSDOH; PDF):

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