



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

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

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.