



Interim Guidelines on the management of suspected COVID-19/SARS-CoV-2 in the pregnant and post partum period

V1.1 01.04.2020

Version	Date	Changes from previous version	Drafted by
1.1	01/04/2020	<p>Explicit guidance re. attendance of birth partner/accompanying person in delivery suite</p> <p>Women should be permitted and encouraged to have a birth partner present with them during labour and birth. Having a trusted birth partner present during labour is known to make a significant difference to the safety and well-being of women in childbirth.</p> <p>Woman attending for intrapartum care who does not have suspected/confirmed COVID-19</p> <ul style="list-style-type: none"> • asymptomatic birth partners are permitted in the delivery suite – they should be asked to wash their hands frequently. • symptomatic birth partners should remain in self-isolation at home and should not attend the delivery suite. Women should be advised when making plans about birth to identify potential alternative birth partners, should the need arise. <p>Women attending for intrapartum care with current suspected/confirmed COVID-19 :</p> <ul style="list-style-type: none"> • asymptomatic birth partners are permitted in the delivery suite – they should be asked to wash their hands frequently. • symptomatic birth partners should remain in self-isolation at home and should not attend the delivery suite. Women should be advised when making plans about birth to identify potential alternative birth partners, should the need arise. 	HPSC

This guidance must be read in conjunction with the national Infection Prevention and Control Precautions for Possible or Confirmed COVID-19, Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and Avian Influenza A in Healthcare Settings.

For further information on COVID-19 in pregnancy and the post partum period see guidance produced by the Royal College of Obstetricians and Gynaecologists, available at:

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-28-covid19-pregnancy-guidance.pdf>

As this is an evolving situation this guidance is subject to ongoing review and will be updated as further information becomes available.

Fundamental to managing the risks of transmission of SARS-CoV-2 to healthcare workers or to other patients and visitors is the implementation of Standard Precautions with all patients at all times. Standard precautions, in particular hand hygiene and respiratory hygiene and cough etiquette is expected to greatly reduce the risk of transmission of all respiratory viruses including SARS-CoV-2.

SARS-CoV-2 infection in pregnancy and the postpartum period

There is very little information currently available on SARS-CoV-2 infection in pregnancy and in the postpartum period. In a limited case series in China, no evidence of the virus was found in the amniotic fluid, cord blood or breast milk of six women with COVID-19 who had delivered by Caesarean section & none of the infants developed infection.¹

Transmission of SARS-CoV-2

Current evidence suggests that SARS-CoV-2 can spread from person to person;

directly, through contact with an infected person's respiratory secretions

or

indirectly, through contact with surfaces contaminated with the virus because an infected person has coughed or sneezed on the surface. It is still not known how long the SARS CoV2 virus survives on surfaces

or

by droplet transmission, through direct impact of droplets from the respiratory tract onto the mucosa of a person who is in close contact with an infected person when they cough or sneeze (within 1 m)

Note: Coronaviruses cause infection by attaching to the respiratory mucosa and/or conjunctiva. They do not infect through intact skin but may be passed to the mucosa by touching eyes, nose or mouth.

HOW TO MANAGE A PREGNANT OR POSTPARTUM INDIVIDUAL WITH SUSPECTED OR CONFIRMED SARS-COV-2 INFECTION

Pre-Delivery

- Prior to delivery, a hospitalised pregnant person with suspected or confirmed SARS-CoV-2 infection should be managed in accordance with the [infection prevention and control guidance for COVID-19](#)). The attending clinician should inform the local public health department and the local Infection Prevention and Control Practitioner/Consultant Microbiologist of all suspected or confirmed cases of COVID-19 infection.

- Pregnant patients must be informed about the Infection Prevention and Control precautions that are being implemented and the rationale behind the precautions.
- Routine Laboratory investigations including urinalysis and blood testing should be performed as clinically indicated.

Delivery

- If delivery is by planned induction or elective caesarean section, consider deferral, if appropriate. This decision should be taken at senior level weighing up the obstetric indication for delivery with the risk to mother and baby of delivery while unwell.
- Patients with suspected or confirmed COVID-19 who are in labour and/or in the delivery suite should be placed in an isolation room with en-suite facilities. The door should remain closed with appropriate isolation signage (standard, droplet and contact) placed on the exterior door. The patient should remain in isolation throughout their hospital admission.
- Healthcare staff in the delivery suite must adhere to Standard Contact and Droplet Precautions including the wearing of [appropriate PPE as per guidance](#).
- Mothers should not be asked to wear a mask during labour and birth however they should be requested to wear a surgical mask when outside of the isolation room.
- Women should be permitted and encouraged to have a birth partner present with them during labour and birth. Having a trusted birth partner present during labour is known to make a significant difference to the safety and well-being of women in childbirth.²⁻⁴ A single, asymptomatic birth partner should be permitted to stay with the woman, at a minimum, through pregnancy and birth, unless the birth occurs under general anaesthetic. Additional restrictions, such as limiting the number of birth partners to one and restricting any visitors to antenatal or postnatal wards should follow hospital policy.
- One birth partner/accompanying person (e.g. partner/family member) is permitted to accompany the patient during the delivery, as long as the birth partner is asymptomatic (does not have symptoms of COVID-19). Asymptomatic birth partners should be asked to wash their hands frequently.

If the planned birth partner has symptoms of COVID-19, they should remain in self-isolation at home and should not attend the delivery suite. Women should be advised when making plans about birth to identify potential alternative birth partners, should the need arise.

The birth partner/accompanying person should be informed of the risk and if they accept that risk they should be provided with [appropriate PPE while in patient's room](#) and instructed how to put on and take off the PPE correctly.

- Intrapartum antibiotics should be given if indicated as per local protocols for example for intrapartum fever or Group B Strep. prophylaxis
- All waste should be disposed of as [healthcare risk waste](#)
- The placenta should be disposed of as per normal practice. If histology is required the tissue should be hand delivered to the laboratory and the laboratory informed of suspected/confirmed COVID 19. Additional information on laboratory biosafety practice is available [here](#)
- All linen should be treated and processed as infected laundry.
- For information on environmental cleaning/decontamination please refer to the [national infection prevention and control guidelines](#)
- For additional information on the care of the patient in the operating theatre please refer to the [national infection prevention and control guidance](#)

Postpartum

- Infection control precautions for mothers with COVID-19 should continue in line with the national interim Infection Prevention & Control guidelines. Transfer to a [receiving hospital](#) may be appropriate in line with local procedures.
- As information on this new virus is limited and no prophylaxis/treatment is available the option for care to be provided to the baby by someone other than the mother should be discussed. This discussion should involve the parent(s), neonatologist, infection prevention & control practitioner and public health as appropriate. The decision on who will provide care (family member, or healthcare worker), the period of time required and where the care will be provided (at home/or in hospital) will depend on many factors and should be made on a case by case basis. As yet, the period of infectivity of SARS-CoV-2 is unknown.
- Where a mother indicates that she wishes to care for the baby herself every effort should be made to ensure that she has been fully informed of and understands the potential risk to the baby.
- If the mother decides to care for the baby herself, both mother and baby should be isolated in a single room with en-suite facilities for the duration of hospitalisation. The following additional precautions are advised
 - The baby should be placed in an enclosed incubator in the room
 - When baby is outside the incubator and mother is breast feeding, bathing, caring for, cuddling, or is within 1 metre of the baby the mother should be advised to wear a long sleeved gown and surgical mask, and to clean her hands thoroughly with alcohol hand rub or soap and water before and after interacting with the baby.

- The mother should be encouraged and taught to practice respiratory hygiene and cough etiquette
- Baby should be temporarily removed from the room if any aerosol generating procedures are to be performed within the room.

Breastfeeding

To date no evidence has been found to suggest that the virus is present in the breast milk of mothers with COVID-19. There has been no evidence of virus transmission in breastmilk from previous experience with other coronaviruses such as SARS CoV or MERS CoV and therefore the risk of transmission through breast milk is likely to be low.

- The mother should be encouraged to express breastmilk so that the neonate can receive the benefits of breastmilk, and to maintain the mother's milk supply in order that breastfeeding can continue once mother and baby are reunited. If expressing breast milk using a pump, this should be dedicated to the mother for the duration of hospitalisation and should be cleaned and disinfected as per the manufacturer's instructions.
- The expressed breast milk (EBM) container should be transported from the mother's room to the storage location in a plastic-specimen transport bag. Storage conditions should be as per local policy however the EBM should be clearly marked and stored in a patient specific container box separate from EBM of other patients.
- If a mother with COVID-19 decides to care for her infant herself then breastfeeding should be encouraged as normal.

The neonate

- Healthcare staff in the delivery suite should adhere to [Standard, Contact and Droplet Precautions](#)
- If [aerosol generating procedures](#) are undertaken, appropriate IPC guidance should be followed.
- As soon as the infant is stabilised after birth, they should be placed in an enclosed incubator.
- The neonate should be isolated in an enclosed incubator in a single room. Appropriate isolation signage should be in place.
- The neonate should be closely observed (at home or in hospital as clinically indicated) for signs of infection for a minimum period of 14 days in line with public health guidance for follow up of close contacts of COVID-19 (SARS-CoV-2) cases.
- Infants with signs of possible infection should be tested for SARS-CoV-2 as part of their septic work up, however other pathogens should also be considered and empiric antibiotics prescribed as per standard procedures for Early/Late Onset Neonatal Sepsis.

- Visitors should be restricted. However a risk assessment should be performed on a case by case basis and should be part of the discussion on who is providing care for the baby. Visitors should wear [appropriate PPE](#)

References

1. Chen H, Guo J, Wang C, Luo F, Yu X, Zhang W et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: a retrospective review of medical records. *The Lancet*. Feb 12 2020
2. Bohren MA, Berger BO, Munthe-Kaas H, et al. Perceptions and experiences of labour companionship: a qualitative evidence synthesis. *Cochrane Database of Systematic Reviews* 2019(3) doi: 10.1002/14651858
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4. Shakibazadeh E, Namadian M, Bohren MA, et al. Respectful care during childbirth in health facilities globally: a qualitative evidence synthesis. *Bjog* 2018;125(8):932-42. doi: 10.1111/1471-0528.15015 [published Online First: 2017/11/09]