

December 2020 E-Newsletter: Shared Decision Making Protects Mothers-Infants During Covid-19 One Hospital's Experience.

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The COVID-19 pandemic has certainly changed the landscape for any woman and her family giving birth in 2020. At the onset of the pandemic, experts didn't know a lot about COVID-19 and pregnancy. Early information suggested that pregnant women did not seem more likely than other people to get the infection. There was information disseminated that the virus was not passed from mother to fetus during pregnancy but after delivery it may be possible to pass the virus to the baby. As information became available, the recommendations changed daily and sometimes felt like hourly.

Hard decisions had to be made by all healthcare facilities related to visitation for labor and delivery, postpartum, nursery and, NICU. How will we take care of COVID positive women in labor? What happens to the baby after delivery? What do we do about visitation for parents with sick babies in the NICU? These

questions and many more were ones that had to be addressed in order to protect the staff, patients and community but at the same time attempt to preserve the joy and happiness associated with the birth of a baby.



To best navigate the challenges, the Obstetric and Neonatal teams at Phoebe Putney Memorial Hospital came together to discuss what a reasonable plan would be for our patients. Collectively, we reviewed as much literature as we could find to include recommendations from CDC, ACOG, NANN, AAP, AWHONN, and CMQCC. We were able to locate information from the New York State Department of Health, one of the hardest hit areas early in the pandemic. This was important information for us as Albany was an early hot spot for the state of Georgia. Our decision making was based upon balancing the risk of an infection versus the trauma that separation of moms from their babies and families could cause. Our hospital supported this endeavor and made universal rapid COVID screening available to any patient being admitted to L&D. We knew within 1-2 hours whether or not the patient was COVID positive. This was very important as virtually ALL of our patients presented asymptomatic but through the universal testing, we saw roughly 3-4% of our patients testing positive upon admission.

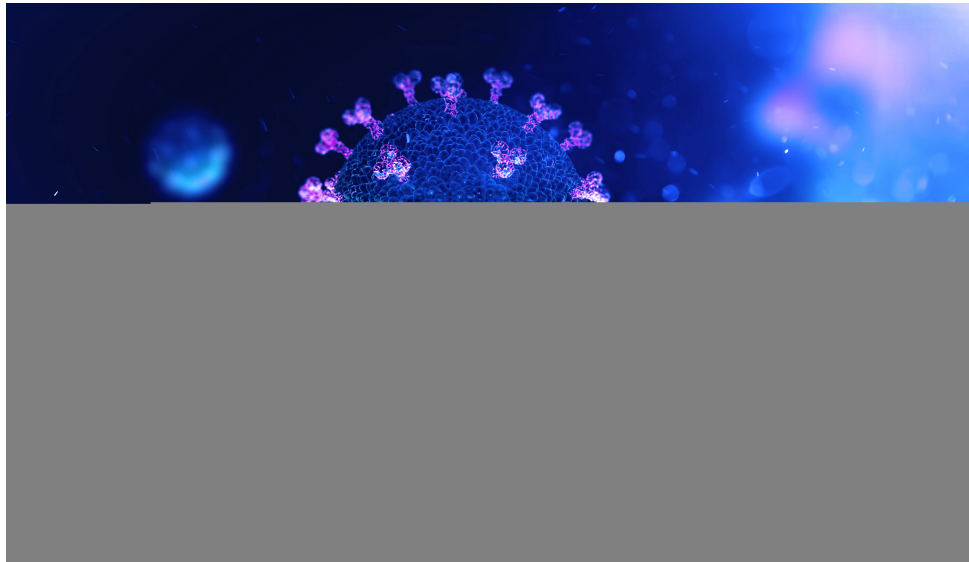
We felt that support people were essential to patient care throughout the labor, delivery and, postpartum periods, regardless of the COVID status. The birthing mom was allowed to have one support person of her choosing to remain with her from admission to L&D through discharge from Mother-Baby. This support person had to wear a mask at all times and had temperature checks every shift. We did not allow siblings or any children under the age of 18 to visit. Restricted visitation included grandparents, friends and other family members. Of course, this was not without challenges and disappointments which we heard about every day.



For our COVID positive moms, she had a choice to keep her baby with her or send to the NICU. One barrier for us is we don't have a "formal" newborn nursery as all of our mom's room-in with their baby. Any infant not kept with the mom would either have to go the NICU or we had to create a temporary nursery location. There were strict guidelines that both mom and her support person had to agree to follow. Those included the wearing of masks at all times, when baby was not being fed, maintaining a distance of 6 feet from mom and, the support person was to remain in the room as much as possible (we arranged for meal delivery for both). Breastfeeding was supported and encouraged. Mom was provided with instructions on how to properly clean her breasts prior to each feeding. A COVID positive mom was not permitted to visit the baby in the NICU and the baby was placed in isolation until two negative swabs were obtained and then moved out.



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As part of our decision process, we reflected upon what things would any mom need to know about their own care and the care of their baby once discharged home. The team believed we'd be doing the COVID positive mom a huge disservice by keeping her from the baby for 24-96 hours, then return the infant on day of discharge and expect her to know what to do. All the many teaching moments that happen during the postpartum stay would be lost and attempting to cram it all in at one time wasn't the best course of action. The pandemic changed the way all outpatient or office visits were being handled and our mom and babies would potentially be affected by this. Giving as much support as we could and would during normal times, was the best defense towards ensuring discharge home was as safe as possible. New moms have significant stress when taking the newborn home, layer in the disruptions caused by the pandemic and it becomes overwhelming.

Throughout the pandemic, as new information becomes available and changes recommended, we modify our practice. We encourage our perinatal providers and patients to engage with us in candid conversations to set realistic expectations. To date, we have no reports of infants that roomed-in with COVID positive moms developing COVID or having to be hospitalized within 14 days

after discharge from the hospital with anything related to COVID. Our future plan is to participate with Woman's Hospital in Louisiana and Dr. Elizabeth Sutton in a research study to gather information from our mom's about the implications and experiences surrounding being pregnant during the COVID-19 pandemic.

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