

COVID-19 (2019 NOVEL CORONAVIRUS) PREGNANCY CHILDBIRTH AND THE NEWBORN BABY

At Ballarat Health Services (BHS), all the staff are working hard to keep births as safe as possible during this time, and help support women to still have a happy and enjoyable time during your pregnancy and birth.

Staff at BHS are closely monitoring developments regarding the novel coronavirus and are committed to taking all advised precautions. In order to limit the spread of COVID-19 to others, including your newborn baby, it has been necessary to make some changes to our usual practices.

The following Q&A's relate to COVID-19, childbirth and caring for the newborn baby. This advice is based on current expert knowledge at the time of publication. Please refer to the Department Of Health and Human Services (DHHS) Website (www.dhhs.vic.gov.au/coronavirus) or Ballarat Health Services website (www.bhs.org.au) for the latest information about COVID-19.

What are the hospital and clinics doing to minimise the risk of COVID-19?

The following changes to routine pregnancy care have been implemented to reduce the risk that healthy patients are exposed to COVID-19:

- Reducing or postponing antenatal visits and/or increasing the interval between antenatal visits.
- Limiting time of face to face visits to less than 15 minutes.
- Utilising telehealth/telephone consultations for counselling & discussion.
- Moving antenatal classes online.
- Limiting visitors (one support person only) while in hospital.
- Considering early discharge from hospital when safe.

How can I best protect myself against getting COVID-19?

There is no vaccination available. Pregnant women should be considered a vulnerable or at-risk group. The following preventative measures can help:

- Frequent handwashing with soap.
- Avoid anyone who is coughing or sneezing.
- Avoid touching eyes, nose and mouth.
- Practice social distancing by remaining 1.5m away from others where possible, avoid crowded places.
- Avoid all non-essential travel.
- Limit support person to one in labour only. Avoid visits from siblings and extended family members.
- If your support person has COVID-19, is suspected of COVID-19 or under quarantine/isolation, they **should not** accompany you to the hospital.
- Current advice is for you to consider self-isolating at home from 28 weeks gestation. If you need a letter in support of this for your employer, phone the clinic and one can be posted to you.

What should I do if I become unwell?

If you develop cold/flu symptoms (fever, cough, sore throat, nausea, vomiting, diarrhoea, fatigue, difficulty breathing) please arrange an urgent medical review via phoning the dedicated DHHS hotline on 1800 675 398 or BHS COVID Clinic on 532 088 89 for consideration of COVID-19 testing. If you have any of these symptoms, are required to self-isolate or are diagnosed with COVID-19, you should notify your healthcare provider to reschedule or change your appointment to telehealth. This will enable you to continue to receive antenatal or postnatal care and reduced the risk to other pregnant patients or health workers.

Are pregnant women at increased risk of developing severe complications from Covid-19?

From current data, pregnant women do not appear to be more severely unwell if they develop COVID-19 than the general population. It is expected that the large majority of pregnant women will experience only mild or moderate cold/flu like symptoms.

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In terms of effect on pregnancy, women who are COVID-19 positive at the time of birth have a higher rate of caesarean section (C-section) and a higher rate of preterm labour. They will be monitored for foetal growth for the duration of the pregnancy as there may be associated growth restriction. For women who are trying to conceive, or who are in early pregnancy, there is no evidence to suggest an increased risk of miscarriage with COVID-19.

Can I transmit the virus to my baby while I am pregnant?

As this is a new virus, there is limited evidence about caring for women with COVID-19 when they have just given birth. It appears that most newborn babies born to mothers with coronavirus will be healthy at birth. A small number of babies have been diagnosed with coronavirus shortly after birth, so there is a chance that infection may have occurred in the womb (this is called vertical transmission), but it is not certain whether transmission was before or soon after birth. Your maternity team will maintain strict infection control measures at the time of your birth and closely monitor your baby after birth.

Can I still give birth in hospital if I am diagnosed with COVID-19?

Yes. The safest place to birth your baby is in an obstetric unit at a hospital, where you have access to highly trained staff and emergency facilities. In the hospital setting you and your baby will be closely monitored using specialist equipment during labour. Continuous electronic foetal monitoring (monitors how your baby is coping with labour) can only take place on an obstetric unit where doctors and midwives are present, and therefore it is not recommended to birth at home or in a midwifery led unit where this monitoring would not be possible.

There is no evidence that a C-Section or induction of labour is necessary to reduce the risk of vertical transmission. However due to significant transport delays associated with the infection control measures, women who are positive for COVID-19 at the time of labour, may be recommended a C-section earlier than usual for the safety of them and their baby.

Will I be able to have my birth partner with me during labour and birth?

Yes, we encourage having your birth partner present during labour and birth, provided that he/she is well. However, if your partner has symptoms of COVID-19, they will not be allowed to go into the maternity suite, to safeguard the health of you, your baby and the maternity staff supporting you.

Similar to all other hospitals in Victoria, there is currently a restriction on visitors on the post-natal ward at BHS. At present only one visitor (usually the birth partner) is allowed, provided that this person is not suspected of having COVID-19 or under isolation.

Will I be able to stay with my baby/give skin-to-skin if I have suspected or confirmed COVID-19?

Provided your baby is well and does not require care in the Special Care Nursery (SCN), you will stay together after you have given birth.

Separation is not advised as this may have potential negative effects on breastfeeding and bonding. An individualised discussion about the risks and benefits should take place between you, your family and the doctors caring for your baby (paediatricians).

If your baby needs admission to SCN for any reason, the baby will be isolated from other babies, and for this reason you/your partner will not be able to visit in the SCN until you are clear of the virus yourself. We recognise that this will be very stressful and will make every effort to help make it easier.

Will my baby be tested for COVID-19?

If you have confirmed or suspected coronavirus when the baby is born, doctors who specialise in the care of the newborn (paediatricians) will examine your baby and advise you about their care, including whether they need testing. Babies who are well at birth will not routinely be tested for COVID-19. Most newborn babies will be able to go home with their mum soon after birth. Your midwife and the Maternal Child Health Service will be able to help you look out for signs that your baby might have developed coronavirus.

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In the vast majority of cases in the world so far, babies have remained unaffected or had only mild disease. If you or your midwife have concerns about your baby, a review by a paediatric doctor will be organised. If necessary, your baby may be admitted to the SCN.

Is it safe to breastfeed if I have COVID-19?

Yes. There is no evidence showing that the virus can be carried in breastmilk, although data is still limited. The well-recognised benefits of breastfeeding outweigh any potential risks of coronavirus through breastmilk, and the current advice is that a mother with confirmed or suspected COVID-19 wishing to breastfeed should be encouraged to do so. The main risk of breastfeeding is close contact between you and your baby. If you cough or sneeze, this could create droplets which contain the virus, which could potentially infect the baby after birth.

All precautions should be taken including handwashing and wearing a mask. If you are expressing breastmilk in hospital, a dedicated pump will be used. Consider asking someone who is well to feed your expressed milk to your baby.

How can I prevent my baby from getting COVID-19?

The best way to prevent your baby from becoming infected is to thoroughly wash your hands (for at least 20 seconds) with soap and warm water every time before handling your baby. Care should also be taken to wash your hands after changing nappies, because of the chance of the virus being present in the baby's poo.

Mothers with coronavirus should not kiss their baby until the infection has cleared. If non-infected family members are looking after the baby, strict handwashing is also advised. **At this stage social distancing also applies to interactions of non-household members with your baby.**

How will I know if my baby develops COVID-19?

It appears that most newborn babies born to mothers with coronavirus will be healthy at birth. If the baby develops signs of infection, this usually occurs from 1-3 weeks of age. Most babies who develop symptoms will have a mild infection, but a small number of babies may become very unwell and need intensive care.

If your baby does develop coronavirus, then there is a chance he/she will need to go to the hospital. If your baby develops any of the following symptoms, please take them to the hospital for review.

If there are any household contacts with confirmed coronavirus, please let the emergency nurse know immediately.

Symptoms of coronavirus in a young baby may include:

- Fever (high temperature) – **over 37.5°C** is a fever.
- Breathing difficulties including, **fast breathing** (more than 60 breaths per minute), **strained breathing** (sucking in or underneath the ribs), **noisy breathing**, **shallow breathing** or **pauses in breathing**.
- **Cough.**
- Baby very **sleepy or floppy**, not interested in feeding, **feeding smaller amounts** than usual or **feeding for shorter periods of time**.
- Baby **not having wet nappies**.
- **Vomiting and diarrhoea.**
- Irritability and **difficult to settle**.
- Colour change – **looking pale, grey or blue.**

If you have any concerns or further questions about the wellbeing of yourself or your unborn baby during your self-isolation period, contact your midwife or, out of hours, your maternity team. They will provide further advice, including whether you need to attend hospital.

References:

RANZCOG: (<https://ranzocg.edu.au/statements-guidelines/covid-19-statement>)

DHHS: (www.dhhs.vic.gov.au/coronavirus)