



Interim Guidance for Providers: Prenatal Care Considerations During the COVID-19 Pandemic

April 24, 2020

AUDIENCE: The following interim guidance was developed by the San Francisco Department of Public Health for use by obstetric care providers of prenatal care. This guidance can be found online at <http://www.sfcdcp.org/covid19hcp>.

BACKGROUND:

Novel coronavirus disease, or COVID-19, is a new respiratory disease that can spread from person to person. Most people who get the infection have no symptoms or mild symptoms at a early. Some people have gotten very sick from it and need to be hospitalized – especially people who are older and have chronic medical conditions. The most common signs and symptoms of infection include fever, cough, difficulty breathing, fatigue, muscle aches, sore throat, and headache. Nausea, vomiting, or diarrhea are less-common symptoms of COVID-19. At present, there is no vaccine to prevent COVID-19 and no treatment after someone has been exposed to COVID-19. The best way to prevent the spread of the virus is to avoid being exposed to the virus.

We do not currently know if pregnant women have a greater risk of getting sick from COVID-19 than the general public nor whether they are more likely to have serious illness as a result. Available data are reassuring but are limited to small case series. In general, pregnant women experience immunologic and physiologic changes that make them more susceptible to viral respiratory infections including, potentially, COVID-19. It is reasonable to consider that pregnant women might be at greater risk for severe illness, morbidity, or mortality compared with the general population, as is observed with other related coronavirus infections [including severe acute respiratory syndrome coronavirus (SARS-CoV) and Middle East respiratory syndrome coronavirus (MERS-CoV)], and other viral respiratory infections, such as influenza, during pregnancy. It is always important for pregnant women to protect themselves from illnesses.

This guidance supplements the [Centers for Disease Control](#) and the [American College of Obstetrics and Gynecology's](#) COVID-19 infection control and prevention guidelines for birth workers and adds to the San Francisco Department of Public Health's screening and management recommendations that take into account local community transmission:

SFDPH Guidance for Obstetric Care Given Local Transmission

- Consider modifying prenatal visit schedules to limit the risk of spreading COVID-19.
- Implement Telehealth solutions where feasible.
- Support your patient's right to select their delivery setting.
- Notify patients in a timely way regarding changes in policies likely to impact their care experience.

Screen for COVID-19:

- Encourage patients to contact their provider if they are having symptoms at home before presenting to the hospital.
- All patients should be screened for symptoms of a cold or influenza-like illness (such as fever, cough, sore throat, runny nose, sneezing, new shortness of breath, or muscle aches) *before* in-person visits.



- If, after screening, a patient reports non-urgent symptoms of or exposure to a person with COVID-19, that patient should be instructed not to come to the health care facility for their routine prenatal appointment (but should be offered symptomatic treatment and COVID-19 testing, if there are resources available). Patients over 36 weeks should be prioritized for COVID-19 testing to inform management and minimize impact in the inpatient setting.

Support COVID-19 prevention efforts:

- Pregnant patients should follow the same recommendations as the general population with regard to wearing a face covering. Masks or cloth face coverings over the face and mouth should be used when going outside for essential activities or when in close proximity to others. Face coverings can be made of a variety of cloth materials, such as bandanas, scarves, t-shirts, sweatshirts or towels. Hands should be washed or sanitized before and after touching face coverings. Cloth face coverings should be washed frequently.

- Pregnant patients should avoid close contact with non-household members and wash hands frequently.

Follow best practices for managing a suspected or confirmed COVID-19 infection.

- If a patient presents with symptoms consistent with COVID-19, they should be promptly assessed for illness severity, clinical co-morbidities, and social risks to determine appropriate level of care. Please see the [algorithm](#) co-created by the American Academy of Obstetrics and Gynecology and the Society for Maternal Fetal Medicine to support clinical decision-making, posted at www.acog.org.
- During acute illness, fetal management should be similar to that provided to any critically ill pregnant woman. Very little is known about the natural history of pregnancy after a patient recovers from COVID-19.
- In the setting of a mild infection, management similar to that for a patient recovering from influenza is reasonable.
- Given how little is known about this infection, a detailed mid-trimester anatomy ultrasound examination may be considered following first-trimester maternal infection. For those experiencing illness later in pregnancy, it is reasonable to consider sonographic assessment of fetal growth in the third trimester.

Consider alternative prenatal care schedules:

Although evidence is limited regarding the safety and efficacy of modified prenatal schedules, the American College of Obstetrics and Gynecology (ACOG) recognizes the need to implement innovative strategies during this rapidly evolving public health emergency. Any decision to modify prenatal care delivery should be made at the individual level. Obstetrician–gynecologists and other obstetric care providers should continue to provide medically necessary prenatal care, referrals, and consultations.

Some examples of approaches to modifying prenatal care that may be considered are listed below. Modifying or reducing care is only appropriate due to the high risk of inadvertent exposure to COVID-19 from receiving or delivering care at this time; normal care approaches and schedules should resume when this risk subsides.

- Space out in-person appointment times where appropriate to reduce the number of patients and staff in the office or facility at one time.



- Implement alternate or reduced prenatal care schedules by grouping components of care together (e.g. vaccinations, glucose screenings, etc.) to reduce the number of in-person visits. Examples of alternative prenatal schedules have been [posted by ACOG, at www.acog.org](#).
- Practices and facilities that do not yet have the infrastructure to offer telehealth should begin strategizing around how telehealth could be appropriately integrated into their services. Telephone calls *are* reimbursable by major insurance providers. Importantly, the ability to access telemedicine may vary by patient resources and some assessment of this—although often challenging in times of crisis—will be necessary to ensure equitable care.
- The Department of Health and Human Services Office for Civil Rights has announced that it will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers who serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency.
- Antenatal fetal surveillance and ultrasonography should continue as medically indicated. Elective ultrasound examinations should not be performed, and ultrasonography should be used prudently and only when its use is expected to answer a relevant clinical question or otherwise provide medical benefit to the patient.
- It may be appropriate to postpone or cancel some testing or examinations if the risk of exposure and infection within the community outweighs the benefit of testing. However, this should be a decision made at the local practice or facility level, balancing the risks and benefits of decreased exposure, completing the test, and site capacity.

This document has been retired and may contain incorrect and outdated information. For current guidance, please visit the SFDPH COVID-19 information for the public at www.sfcdcp.org/covid19 (pregnancy accordion)

Support your patient's right to select their delivery setting:

In the wake of the COVID-19 pandemic many pregnant people are adjusting their birth plans due to concerns around elevated risk of exposures to COVID-19 in the hospital setting and hospital restrictions on the number of support people allowed. Local home birth and birth center midwives are experiencing an increasing number of requests for their services as a result of the pandemic. This is the San Francisco Department of Public Health's interim guidance of supporting a patient's rights to select their delivery setting.

- Pregnant people should be informed about the appropriate selection of candidates for home birth, including the availability of a certified nurse–midwife, certified midwife or midwife whose education and licensure meet the International Confederation of Midwives Global Standards for Midwifery Education, or physician practicing obstetrics within an integrated and regulated health system.
- Collaborative care throughout the antepartum, intrapartum, and postpartum periods is crucial to safety in all birth settings, including hospitals, birth centers, and homes. Communication between providers about their respective roles and the care plan is essential and should be documented in the medical record. One health professional should take primary responsibility for ongoing coordination of the collaborative care plan.
- Availability of timely transfer and an existing arrangement with a hospital for such transfers is a requirement for consideration of a home birth. Effective information sharing between home birth providers and hospital-based birth workers at the time of transfer facilitates collaboration and improves outcomes. This includes sharing medical history, imaging, labs and other all other pertinent health information.
- In California, fetal malpresentation and multiple gestation are contraindications to a planned home birth. A qualified provider should assess safety on a case-by-case basis for pregnant people requesting home birth services.



- Hospital-based providers should support COVID-19 testing for pregnant patients who develop symptoms of a cold or influenza-like illness. Pregnant patients planning a home birth who develop active symptoms of COVID-19 during labor should deliver in the hospital.

Although recognizing that many patients are experiencing new concerns because of the COVID-19 pandemic, ACOG continues to recommend following existing evidence-based guidance regarding home birth. Please see [Committee Opinion 697, Planned Home Birth](#), posted at www.acog.org, for additional guidance, including counseling regarding the risks, benefits and absolute contraindications of home birth.

FOR ADDITIONAL INFORMATION:

This and other clinical guidance specific to San Francisco are posted online at www.sfcdcp.org/covid19hcp.

Additional resources include:

- For patients, “Interim Guidance for People Who Are Pregnant or Caring for Others Who Are Pregnant During the COVID-19 Pandemic” is posted at www.sfcdcp.org/covid19.
- [CDC: COVID-19 Guidelines on Pregnant Women and Children](#)
- [Society for Maternal-Fetal Medicine: COVID-19 Resources](#)
- [American College of Obstetrics and Gynecology: COVID-19 Resources](#)

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