

# Morning Glory Childbirth Services

## COVID-19 EMERGENCY PRACTICE GUIDELINES/PROTOCOLS

These guidelines are based upon what we know about the 2019 Novel Coronavirus causing the Global COVID-19 pandemic and worldwide health crisis. These guidelines are likely to change very rapidly as we learn more about this virus and according to local rates of infection, protocols of referring healthcare institutions, and as availability of protective equipment and resources change.

### I. GENERAL GUIDELINES AND RECOMMENDATIONS FOR ALL CLIENTS AND THEIR FAMILIES

- A. Clients should avoid non-essential doctor visits and non-emergent visits to the Emergency Department, Labor & Delivery, the lab, or InstaCare. Emergencies, obstetric or otherwise, will follow normal practice and transfer guidelines.
- B. We will follow the developed algorithm to assess need to transfer care based on COVID-19 symptoms, risk factors, and needs. Clients transferred to OB care for COVID-19 symptoms will not be assessed in person and the birth team cannot accompany them for care to limit the chance of exposure.
- C. For well clients without exposure risks, we will be observing the following modifications to our usual schedule:
  - 1. Phone/telemedicine visit for the discussion and question part of the prenatals and for all consultations
  - 2. Initial visit not to happen before 12 weeks.
  - 3. In person-portion of visits (belly check, vitals, urine) at 20, 28, 33, 36, 38, 40, 41 weeks. All in between visits will be by video conference.
- D. All clients will be encouraged to practice social distancing/isolation for their entire household. THIS CAN DECREASE THE RISK OF INFECTION FOR OUR ENTIRE COMMUNITY AND THE LIKELIHOOD OF TRANSFER DUE TO INFECTION OR SUSPICION OF INFECTION.
- E. COVID-19 testing recommendations will be based upon CDC and ACOG guidelines.
  - 1. <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>
  - 2. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019>
- F. All clients will be given best practice guidance for handwashing, hygiene, and infection control.
- G. Clients should not travel, eat out, or attend group events. Trips to stores should be minimized and children should not accompany them. If there is no choice, they should be restrained in a cart, carrier, or stroller and everyone should use handwashing and hand sanitizer multiple times throughout the trip.
- H. As the situation evolves, protocols may change. If quarantines or curfews are put into place, midwives cannot guarantee their ability to attend a birth, or for the birth to occur in the planned location (i.e. home vs. hotel vs. hospital). We will be subject to recommendations and requirements set by local, state, and federal governments and the Georgia or South Carolina Health Departments or CDC.
- I. Due to quarantine and illness, we cannot guarantee that you will be able to meet your birth team prior to your birth. We will do everything in our power to keep you updated and give you opportunities to connect, when possible.

### II. PRENATAL CARE GUIDELINES

- A. All in-person consultations may be deferred until further notice, telehealth technology (through the internet) may be substituted.
- B. All clients will be screened over the phone for illness/risk factors 4-12 hours before their scheduled in-person visits. SEE ALGORITHM

- C. Prenatal home visits may be limited or canceled during the outbreak.
- D. All clients and their support person are asked to bathe/shower prior to coming to the appointment and put on clean clothing.
- E. Exposure limiting practices will be used for appointments.
  1. Appointments will be scheduled so that there is no overlap and no one waiting in the waiting room.
  2. 1 adult (no cold/flu symptoms) support person may accompany the client.
  3. Clients and support person will have their temperature taken prior to entering the office building. If their temperature is above 99.4F, they are to go back to their car and text/call to reschedule their appointment. They are not permitted to enter the building. If their temperature is 99.4F or lower, they may enter and go straight to the restroom to wash their hands with soap and water for a minimum of 20 seconds. In order to ensure accurate temperatures, DO NOT eat or drink anything for at least 15 minutes before arriving.
  4. We will be limiting in-person exposure time to 15 minutes. Clients will be encouraged to provide a list of questions for their appointment that can be answered through the EHR messaging system or during their telehealth portion.
  5. No children will be allowed into the office until further notice.
  6. Depending on the current outbreak, midwifery students and assistants may not attend appointments.
  7. Telehealth appointments will be available to clients that wish to avoid exposure, have comorbidities, or have signs of illness. Certain appointments will happen via telehealth for all clients.
  8. Infection control recommendations from the CDC will be followed after every visit
- F. You are encouraged to collect prenatal self-care packages (automated B/P cuff, fetal doppler, thermometer, and urinalysis strips). Low cost options are provided. Education on proper use will be provided.
  1. Blood Pressure Cuff -<https://amzn.to/2J2hwjY>
  2. Doppler- <https://ebay.to/2WwoINf>
  3. Thermometer - <https://amzn.to/2QB9d33>
  4. Urinalysis Strips - <https://amzn.to/2xdyF7M>

### III. LABOR & BIRTH CARE GUIDELINES

- A. Prior to midwives' arrival, clients and all support people must take their oral temperature. Any client with a temperature exceeding 99.4F will be required to transfer. The birth team may not enter the home until the temperature is taken.
- B. Clients with severe symptoms or confirmed COVID 19 infection in their household, must transfer care to the hospital.
- C. Prior to midwives' arrival, clients and all support people are asked to bathe/shower and change into clean clothing.
- D. Birth team will be screened for symptoms prior to attending the birth. Unwell team members may not attend births.
- E. Birth team will shower and don fresh clothes prior to leaving home, utilize proper and frequent handwashing, and hand sanitizing practices.
- F. All visitors will be screened for illness and may not be present if positive for symptoms. A positive screening of illness for anyone in the household/attendance at birth will classify the client as high risk for exposure.
- G. Clients must disinfect all possible surfaces in home prior to the birth team's arrival. A 10 to 1 water and bleach solution works wonderfully for this purpose. If you are unable to find a new bottle of bleach, please let your midwives know. Lysol and other disinfectants can work as well. Please make sure you allow the disinfectant/solution to dry on the surface.
- H. Non-essential attendees of the birth will be limited on a case by case basis.
- I. Because COVID-19 can be spread through fecal matter, laboring and birthing in the water is only possible if there is not any fecal contamination. If and when fecal

contamination occurs, the client will be asked to leave the birth tub for the duration of labor and birth.

J. Contact/High Risk Clients

1. Personal Protection Equipment and stringent infection control procedures will be utilized (as available).

- a) Universal precautions
- b) Gowns (as available)
- c) Masks (as available)
- d) Shower before (at home) and after birth (possibly at client's home)
- e) Change of clothes (stored in zip lock bag) before leaving
- f) Minimize contact
- g) Follow CDC guidelines for infection control as closely as possible in the community environment.

(1) <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

2. Laboring and birthing in water will not be permitted.

3. Clients will wash hands/use sanitizer before holding the baby.

4. Children not permitted to be present at births for clients/households with illness or symptoms.

5. All visitors will be screened for illness and may not be present if positive for symptoms.

6. The primary support person/partner/father is not considered a visitor. If he/she has mild symptoms, they may be present but will be required to wear a gown, gloves, and mask (as available, if not available, sick individual is not permitted to attend birth) and should not hold the baby.

K. Non-essential attendees of the birth will be limited on a case by case basis.

IV. POSTPARTUM CARE GUIDELINES

A. In home 24-48 hr postpartum visit will be performed as usual, as this is critical

B. Other visits will be performed on case by case basis, encouraging telehealth when possible during pandemic. When possible, in home appointments will be performed outside the home, in the family's yard.

C. Clients are encouraged to purchase a baby sling to monitor their baby's weight when in-home visits are not possible.

1. • Baby Scale - <https://amzn.to/33zepcV>

D. Birth certificates may be completed via mail or email.

E. 6 week and 12 week postpartum visits may be deferred until the pandemic is resolved

V. BREASTFEEDING, PUMPING, & SUPPLEMENTING RECOMMENDATIONS

A. If you are well:

1. Wash hands prior to touching breast, pump and pump parts, bottles, etc.
2. Thoroughly clean all pump parts, pacifiers, and bottles with hot soapy water after every use. Spray pump with disinfecting solution after every use.

B. If you are feeling sick or have been diagnosed with COVID-19:

1. Wash hands prior to touching your baby, breast, pump and pump parts, bottles, etc.
2. Wear a mask, if possible, while feeding baby.
3. Thoroughly clean all pump parts, pacifiers, and bottles with hot soapy water after every use. Spray pump with disinfecting solution after every use.

I understand these protocols and promise to adhere to them, as long as COVID-19 is active. I understand these protocols might change due to developing information and I will be flexible in birthing plans as needed.

Updated 3/22/2020