



COVID-19

Considerations for Inpatient Obstetric Healthcare Settings

Updated Nov. 19, 2021

Summary of Recent Changes

Updates as of November 19, 2021



- Updated to include increased risk for stillbirth among pregnant people with COVID-19.

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These infection prevention and control considerations are for healthcare facilities providing obstetric care for pregnant patients with suspected¹ or confirmed coronavirus disease (COVID-19) in inpatient obstetric healthcare settings including obstetrical triage, labor and delivery, recovery and inpatient postpartum settings.

This information is intended to aid hospitals and clinicians in applying broader [CDC interim guidance on infection prevention and control for COVID-19](#).

Since maternity and newborn care units vary in physical configuration, each facility should consider their appropriate space and staffing needs to prevent transmission of the virus that causes COVID-19. These considerations include appropriate isolation of pregnant patients who have suspected¹ or confirmed COVID-19; basic and refresher training for all healthcare personnel on those units to include correct adherence to infection control practices and [personal protective equipment \(PPE\)](#) use and handling; and sufficient and appropriate PPE supplies positioned at all points of care.

These considerations are based upon the limited evidence available to date about transmission of the virus that causes COVID-19. The approaches outlined below are intentionally cautious until additional data become available to refine recommendations for prevention of person-to-person transmission in inpatient obstetric care settings.

Although the overall risks are low, pregnant and recently pregnant people are at an increased risk for severe illness from COVID-19—including illness that results in ICU admission, mechanical ventilation, and death—compared with non-pregnant people. Additionally, pregnant people with COVID-19 are at increased risk of preterm birth and stillbirth and might be at increased risk for other pregnancy complications.

Prehospital Considerations

- Pregnant patients with suspected¹ or confirmed COVID-19 should notify the obstetric unit prior to arrival so the facility can make appropriate infection control preparations such as: identifying the most appropriate room for labor and delivery, ensuring infection prevention and control supplies and PPE are correctly positioned, and

informing all healthcare personnel who will be involved in the patient's care of infection control expectations before the patient's arrival.

- If a pregnant patient who has suspected¹ or confirmed COVID-19 is arriving via transport by emergency medical services, the driver should contact the receiving emergency department or healthcare facility and follow previously agreed-upon local or regional transport protocols. For more information refer to the [Interim Guidance for Emergency Medical Services \(EMS\) Systems and 911 Public Safety Answering Points \(PSAPs\) for COVID-19 in the United States](#).
- Healthcare providers should promptly notify infection control personnel at their facility of the anticipated arrival of a pregnant patient who has suspected¹ or confirmed COVID-19.

During Hospitalization

- Pregnant people admitted with suspected¹ COVID-19 or who develop [symptoms consistent with COVID-19](#) during admission should be prioritized for testing. Testing of asymptomatic pregnant people is at the discretion of the healthcare provider and facility. Healthcare facilities should ensure recommended infection control practices for hospitalized pregnant patients who have suspected or confirmed COVID-19 are consistent with [Interim Infection Prevention and Control Recommendations](#).
- All healthcare facilities that provide obstetric care must ensure that their personnel are correctly trained and capable of implementing recommended infection control interventions, including the use of personal protective equipment. Individual healthcare personnel should ensure they understand and can adhere to infection control requirements.
- Healthcare facilities providing inpatient obstetrical care should limit visitors to pregnant people who have known or suspected COVID-19 infections.
 - Visitors should be limited to those essential for the pregnant person's well-being and care (emotional support persons).
 - Depending upon the extent of community-transmission, institutions may consider limiting visitors to one essential support person and having that person be the same individual throughout the hospitalization.
 - Use of alternative mechanisms for patient and visitor interactions, such as video-call applications, can be encouraged for any additional support persons.
 - Any visitors permitted to labor and delivery should be screened for [symptoms of COVID-19](#) and should not be allowed entry if fever or other symptoms are present.
 - Visitors should be informed about use of masks (including cloth face coverings) for any person entering the healthcare facility and about appropriate use of personal protective equipment according to current facility visitor policy. Visitors should be instructed to only visit the patient room and should not go to other locations within the facility, including any newborn nursery.

Considerations for Newborns and Breastfeeding

CDC has developed recommendations for healthcare providers caring for neonates (newborns) at risk for COVID-19, including testing and infection prevention and control considerations, as well as guidance for care of breastfeeding mothers. For more information, visit [Evaluation and Management Considerations for Neonates At Risk for COVID-19](#) and [Guidance on Care for Breastfeeding People](#).

Disposition

Patients with COVID-19 can be discharged from the healthcare facility whenever clinically indicated. For more information, see [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings](#). Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.

Patients who are able to be discharged from the hospital but have not met criteria to discontinue isolation and wish to reduce the risk of transmission to their newborn may continue temporary separation at their place of residence (if feasible) until cleared to discontinue home isolation following either the symptom based strategy or testing based strategy. When temporary separation is being considered, its risks and benefits should be discussed by the mother and the healthcare team. Decisions about temporary separation should be made in accordance with the mother's wishes. For more information, refer to guidance in the [Discontinuation of Home Isolation for Persons with COVID-19](#).

People who are caring for infants and young children may experience increased stress, feelings of isolation, or loneliness because of social distancing measures during the COVID-19 outbreak or related temporary separation. [Postpartum depression](#) symptoms may be worsened because of COVID-19 social distancing measures. Providers are encouraged to share resources with patients about [coping with stress](#) during the COVID-19 pandemic.

Footnote:

¹ For the purpose of obstetric care, a suspected COVID-19 case is someone who has [symptoms of COVID-19](#), or has had a recent high risk contact (such as a family member at home with COVID-19) and does not have a negative test result (either because no test was done or because the test is still pending). Some facilities may choose to test all patients regardless of symptoms or known exposure as part of a universal testing protocol. Regardless of pending test results, pregnant individuals who are asymptomatic at the time of admission and have no history of high risk contact should not be considered to be suspected cases.

More Information

[Resources for Hospitals and Healthcare Professionals Preparing for Patients with Suspected or Confirmed COVID-19](#)

[Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 \(COVID-19\) or Persons Under Investigation for COVID-19 in Healthcare Settings](#)

[Guidance on Care for Breastfeeding People](#)

[Evaluation and Management Considerations for Neonates At Risk for COVID-19](#)

[World Health Organization Interim Guidance on Clinical Management of Severe Acute Respiratory Infection When Novel Coronavirus \(nCoV\) Infection Is Suspected](#) [↗](#)

[National Institutes of Health: Coronavirus Disease 2019 \(COVID-19\) Treatment Guidelines](#) [↗](#)

Previous Updates

Updates from Previous Content [^](#)

As of May 20, 2020

- Updated to reflect new [Evaluation and Management Considerations for Neonates At Risk for COVID-19](#) and updated [Guidance on Care for Breastfeeding People](#)