

Enhancing Safety and Mitigating Risk During the Pandemic

Information Specific to the Home Birth Setting

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When making decisions in difficult conditions, with limited evidence and when resources are scarce, midwives will do their best to provide care in challenging circumstances and should consider the following:

- Available evidence
- Putting risk into perspective
 - Weigh the risk of potentially becoming ill, the risk of being a vector of illness and the effect of withdrawal of their services on individual clients, midwife and hospital colleagues as well as to the wider health care system.
- Solidarity between midwives, midwifery practices and professions
 - How can midwives and health care providers best support each other during times of crisis?
- Trust, good intentions and generosity
 - Recognize that during a pandemic, each person is doing their best to make good decisions with the information they have, in rapidly evolving and challenging circumstances.

(Association of Ontario Midwives, 2020)

PPE and Safety Protocols: Home Visits

Home visits should be reduced to only critical visits where no other option is feasible. Each home must be considered potentially infectious for COVID-19.

Midwives can reduce the risk of exposure during a home visit by taking the following precautions:

- COVID-19 Screening & having clients/family take their temperature before in person visits
- Asking clients to clean and disinfect common areas of the home
- Hold visits in a low-traffic room in the house
- Request limiting the number of people at visit
- Utilize natural ventilation when possible

PPE and Safety Protocols: Home Visits

- Set up a clean & dirty areas in your car and near the entrance to your home
- Prior to visit: Shower and change into clean clothes
(Consider wearing an apron or two layers of clothing)
- Use appropriate hygiene
- Bring only essential items into the visit
- All equipment & container should be sanitized before placing them back in the car or quarantined
- Use only approved disinfectant for equipment
- Wash clothes in the hottest water setting on your machine with adequate detergent, dry on high heat

Recommendations for Clients

- Strong suggestions for birth families to practice good physical distancing, especially as the due-window approaches
- If someone must go out/to the store, quarantine or disinfect goods they bring home, shower immediately before touching any surfaces, wash clothes in hot water
- Recommend use of a mask at all times outside the house (per current CDC recommendations)
- Practice frequent hand hygiene, respiratory etiquette and disinfect commonly touched surfaces
- Eating well, good hydration, stress management & adequate sleep (midwives too!)

Precautions Some Midwives are Taking

- No in person visits until physical distancing orders are over
- If an in-person visit must be conducted doing the majority of the appointment virtually from the car and coming into the home only for the blood draw, palpation etc
- Asking clients to order supplies for home visits: doppler, BP cuff, thermometer & order birth kits early to avoid delays
- To minimize exposure between a single family and multiple midwives, the same person (midwife, student, assistant) attends the prenatal home visit, birth, and postpartum visits
- Limiting number of people at birth
- Recommending no in person visits for the new baby with family & well-wishers

Challenges for Solo Midwives

- No backup in case of personal or family illness
- Potential unavailability of second midwife/assist
- Supplies & adequate PPE are harder to access
- Generally not well integrated into the medical community
- Increased workload with late to care clients
 - Ensuring they are low risk, extra visits, building relationship, insurance issues
- Stress, overwhelm, lack of sleep
- Savior mentality

General Birth Protocols

Current recommendations are that clients exhibiting signs of infection or COVID-19 symptoms when they go into labor are generally NOT considered eligible for homebirth

- Emerging evidence from NYC is showing that between 14-33% people in labor were asymptomatic & positive for COVID-19 when admitted to hospital
 - Of those people, about 30% developed COVID-19 related complications during their stay (Breslin et al., 2020)
- If homebirth is continued, consider increased monitoring protocols: Respiratory rate, spO₂, and temperature assessments hourly (RCOG, 2020)
- Assessment for development of COVID-19 symptoms
- Increased fetal monitoring q 15-30 min in labor and q 5 min in the second stage

General Birth Protocols Cont.

- Consider contacting local hospital & EMS when client goes into labor to verify ability to transport & determine current hospital transfer protocols
- Bring minimal equipment into the birth space
- Place hand sanitizer at the door of the birth room and use when entering / exiting the room
- Set up an area to properly don/doff PPE away from the birth room that includes clean gloves, hand sanitizer, garbage bags for storing dirty PPE & clothing to be washed (AOM, 2020)
- For PPE & equipment that will be re-used a second waste container can be used to isolate the contaminated equipment (AOM, 2020)

Specific Personal & PPE Considerations at a Home Birth

- Remove all jewelry, secure hair, change into birth clothes, sanitize hands and don a face mask
- Utilize eye protection for any procedures that include close face to face contact, as well as from the time birth is imminent onward
- The CDC recommends using N95 respirators for aerosol-generating procedures (AGPs)
- The International Society for Ultrasound in Obstetrics and Gynecology has included the second stage of labor and vaginal birth as possible AGPs that should require appropriate PPE, including N95 masks & eye protection or face shield
- During second stage, birth attendants are at increased risk of exposure to respiratory droplets and fecal content
- It is recommended by ACOG & the ISUOG that patients wear masks the entire time the staff are in the room

Considerations for Your Practice

- Statement on your website about accepting late transfer clients
- Develop a “canned response” to inquiries as they can be very time consuming
- Collaborating with midwives closest in geography to see if people are able to cover / work together
- If developing symptoms yourself (or in your household), transferring care to other providers for 14 days
- Placentophagy risks are unknown regarding COVID-19
- Waterbirth risks are unknown: consider risks transporting & sanitizing tubs, reduced effectiveness of PPE when wet, active virus has been found in feces
- Health records for all clients should be made available in the event of a transfer of care
- Consider switching to Electronic Health Record (EHR)

Things to Know in General for Your Specific Area of Service

- How / where to refer a person for COVID-19 testing
- Generally recommended that homebirth midwives do NOT swab for COVID-19 and allow test kits to be utilized in locations with more infection control availability
- Local hospital current transfer policy, L&D policies and allowance of support persons
- Your local ambulance availability & response time as affected by the pandemic
- Is there any disruption to the Newborn Screening Process (or mail service) in your area
- Are there changes to how pediatricians, lactation consultants etc. are seeing new patients
- What support is there in your area regarding access to information for clients, access to financial help, mental health support and complementary provider support

Telemedicine Visits

- Because this is a newly introduced mode of communication for most midwives, recommend to obtain & document Informed Consent for Telemedicine (MAWS, 2020)
- HIPAA compliance has been relaxed to accommodate the unprecedented changes in healthcare during this time, but midwives should continue to limit the risk of disclosing Personal Health Information (PHI)
- State compliance rules may not be relaxed
- Most online platforms are *NOT* HIPPA compliant – Facetime, Skype, Google Hangout and Zoom
- Doxy.me is a HIPPA compliant platform
- Insurance companies mandate use of HIPPA compliant platform in order to bill for telemed visits

Suggested Schedules of Care

All in-person clinical care should take place only after COVID-19 screening

- Modifications to standard prenatal care schedules are supported by World Health Organization (WHO), International Confederation of Midwives (ICM), and CDC guidelines
- WHO recommends a minimum of eight prenatal contacts and doing virtual visits whenever possible
 - Found no difference in rate of mortality or cesarean with 4 vs. 8 contacts, though 4 may increase perinatal mortality
 - Found no difference in outcomes for 8 vs. 11-15 contacts

Suggested Schedules of Care: Association of Ontario Midwives

Prenatal visit schedule (total visits in person & telemed):

- One contact during first trimester
- Two contacts during second trimester: at 16-20 weeks; 28 weeks
- A third contact between 25-26 weeks may be offered
- Five contacts during the third trimester: at 31-32; 34-36; 38; 40 & 41 weeks

Postpartum visit schedule:

- One visit within the first 48 hours of birth (as appropriate to offer NBS & feeding support)
- One additional visit in the first week
- Offer additional visits including discharge visit virtually

Suggested Schedules of Care: Midwives' Association of WA State

In Person:

- Initial prenatal visit: 10-12 weeks
- Prenatal visits: 20*, 28, 32, 36, 38, 39, 40&41 weeks
- Visits in the third trimester primarily in person
- Postpartum: 24-48 hours, 3-5 days*, 1 week, and 6 weeks

Telemedicine:

- Consultation visits
- Prenatal visits: <12, 14 and/or 16, 20*, 24, 30, 34&37 weeks
- Postpartum: 2 weeks, 3-4 weeks
- Other visits as deemed appropriate if the client has been exposed to or is ill with COVID-19 and is adhering to self-quarantine or self-isolation precautions

COVID-19 Counseling

In addition to standard prenatal education, counseling and screening, initial visits should include COVID-19 related discussion (MAWS, 2020)

- Potential delays in accessing higher level care
- Reduced procedures such as telemed
- Current COVID-19 precautions, symptoms
- Immune support, self-care, safety of OTC medications, herbs etc
- Informed choice discussions should now include considerations of the altered circumstances
- Given that comorbidities have been documented to increase the severity of COVID-19 infections, review of risks and CDC recommendations on testing & vaccinations in pregnancy is recommended

Screening for Symptoms Questions

If a person answer yes to any of these questions (for themselves or other household members) consider telemed only visits and referral for testing if needed

- Have you had a cough, fever, body aches, or a sore throat in the last 14 days
- Has anyone in your household had the above symptoms
- Have you been in direct contact with someone who has tested positive for COVID-19 or a person whose test is pending
- Do you currently have a temperature
- Have you traveled outside of your immediate area in the last 14 days

Reference

Association of Ontario Midwives. (2020, March). *Clinical FAQs*. Retrieved from <https://www.ontariomidwives.ca/covid-19-clinical-faq#homebirth>

Breslin N, Baptiste C, Gyamfi-Bannerman C, et al. (2020). COVID-19 infection among asymptomatic and symptomatic pregnant women: Two weeks of confirmed presentations to an affiliated pair of New York City hospitals, *American Journal of Obstetrics & Gynecology* MFM (2020). Click [here](#).

Boelig, RC, Manuck T, Oliver MA, et al. (2020, March 25). Labor and delivery guidance for COVID-19. [published online ahead of print]. *Am J Obstet Gynecol* MFM. Click [here](#).

Centers for Disease Control (2020, March). *Coronavirus disease 2019 (COVID-19): How to protect yourself*. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fprepare%2Fprevention.html

Centers for Disease Control (2020, March). *Coronavirus disease 2019 (COVID-19): Recommended precautions for household members, intimate partners, and caregivers in a non-healthcare setting of a patient with symptomatic laboratory-confirmed COVID-19 OR a patient under investigation*. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

Midwives Association of Washington State. (n.d). *MAWS' interim guidelines for community-based midwives during the COVID-19 pandemic*. Retrieved from <https://www.washingtonmidwives.org/covid-19-response.html>

Palatnik A, McIntosh JJ. (2020). Protecting Labor and Delivery Personnel from COVID-19 during the Second Stage of Labor [published online ahead of print, 2020 Apr 10]. *Am J Perinatol*. Click [here](#).

World Health Organization (WHO). (2020, March 19). *Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19): Interim guidance*. Retrieved from https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf