

Information regarding COVID-19 for Mothers and Families

We would like to take this opportunity to reassure you that the Pembroke Regional Hospital is following best practice guidelines to ensure the safest delivery for you and your new baby.

We appreciate the fear and challenges that you have had to overcome being pregnant during this time. We would strongly encourage you to keep a journal and focus on all the positive aspects of your experience. You, your family, and your newborn will be part of a long story that will appear in history books for years to come.

To ensure a safe environment for all patients, we have initiated the following:

In an effort to reduce the number of patients on the unit, we have changed our outpatient and inpatient registration procedures as well as our visiting policy.

Please call the Maternal Child Care Unit at 613-732-2811 extension 6438 before coming to the hospital for any pregnancy or labour assessments.

We are currently not allowing a support person to accompany you until you are admitted in labour. However, other exceptions may be considered for compassionate care reasons (e.g. vaginal bleeding). Depending on the outcome of your assessment, your support person will be asked to wait in his/her car until you are assessed and admitted. Once admitted, you or your nurse will notify your support person to come to the Maternal Child Care Unit.

The mother and support person will be screened upon entry into the hospital. It is extremely important that you be upfront when being questioned during this screening. The screening tool is an important safeguard that has been put in place to ensure a safe environment for all.

If you fail your screening, there are special protocols put into place to ensure a safe delivery. Please be reassured that the staff have been trained and are fully qualified to take care of you. A failed screening does not mean that you have COVID-19. You will be swab-tested and the physician and nurse will ensure that you have all the information required.

Please note that your support person must screen negative (e.g. no travel outside Canada in the past 14 days, no fever, cough or contact with a person with fever, cough, or contact with someone who has been screened for COVID-19). Also keep in mind that if you screen positive, your partner will screen positive by default (since he/she will have had close personal contact with a suspected COVID-positive person and, therefore, will fail). If your support person does not pass the screening, you will be able to choose another support person.

You can have another support person as long as they have not had contact with you. Please decide who this may be in advance so that you are not trying to find someone while in labour. If you do not have anyone, please do not be concerned. The nurses will ensure that you receive the best care possible while in our care. At this time, labour patients can have one support person and no other visitors.

In an effort to control spread of COVID-19, it is recommended that all patients, their support person, and all health care staff wear a mask. Due to the summer temperatures, the hospital and Infection Control agree that if staff are not in the room and you wish to take off your mask

when nursing, it is safe to do so. When hospital staff enters the room, you will be requested to put your mask on. Please refer to the handout that discusses safe removal and handling of a mask.

Patients and their support people are not allowed to leave the unit once admitted. If your support person leaves, he/she cannot return. If you or your support person are a smoker, we recommend that you bring nicotine replacement therapy (gum, puffers, patches) if needed, as neither of you will be able to come and go to smoke.

Your car seat can be left in your vehicle and your baby may be carried out in your arms.

Bring a 2-3 day supply of clothing and extra snacks and drinks for you and your support person.

Hot meals will be provided to you and your partner. We have a fridge and microwave in most rooms. Some people bring in a cooler.

General Statements & Prenatal Care Questions:

1) *What can I do to cope with stress and anxiety?*

It is normal to feel anxious or worried about COVID-19. If you are pregnant, you might feel sad about having to cancel celebrations and stay away from relatives and friends.

You can take care of yourself by trying to:

- Take breaks from the news
- Get regular exercise and eat healthy foods
- Try to find activities that you enjoy and can do in your home
- Stay in touch virtually with your friends and family members

Keep in mind that most people do not get severely ill from COVID-19. It helps to be prepared, and it is important to do what you can to lower your risk and help slow the spread of the virus.

2) *Is it safe to give birth at the hospital or birthing centre?*

Yes, it is still safe to come to the hospital or go to a birthing centre to have your baby. We have taken many steps to protect all patients, including you and your baby, and the staff. All patients, support people, and hospital staff are screened when they enter the hospital.

Your safety, the safety of your baby and family, and the safety of your care team is our priority. Health Care Providers (HCPs) are taking all the precautions to keep you and your family safe. Do not delay seeking care for you and your baby.

3) *Are pregnant women more at risk of contracting the virus?*

Research is currently happening to help us to understand the impacts of COVID-19 infection in pregnant women. Data is limited, but at present there is no evidence that pregnant women are at higher risk of severe illness than the general population. It is important that pregnant women and their family members take precautions to protect themselves against COVID-19 and report possible symptoms (including fever, cough, or difficulty breathing) to their healthcare provider(s).

4) *Can I give the virus to my baby before birth?*

Experts do not yet know for sure. They think this is not likely to happen while the baby is still in the uterus (womb).

Mothers with the infection can pass the virus to the baby after it is born if the baby is not properly protected. Your healthcare team will explain the special safety measures that you can take to help keep you and your baby safe.

5) *Am I or my baby at increased risk of complications if I get COVID-19?*

We know that pregnant women who get COVID-19 usually have mild symptoms. Pregnant women who have COVID-19 might have an increased risk of preterm labour and birth (when

the baby is born before 37 weeks of pregnancy). However, this seems to be more of a risk in women who get very sick and have pneumonia.

6) *What will happen with my antenatal appointment during my pregnancy?*

Your healthcare provider may suggest some virtual or online visits through telephone or videoconferencing. There are some appointments that will still be very important to have in person. Your prenatal care provider can update you on your unique plan.

Continue to have these discussions with your healthcare team to find out the best possible options for you and your baby. You still need prenatal care during the pandemic. Your healthcare team is ready to help you in the safest way possible. It is important that you continue to have regular check-ups and appointments.

7) *Will I still have access to the same number of ultrasounds? Or will these be offered less often than usual?*

In most cases, prenatal screening will be the same as before the pandemic. Visit [Prenatal Screening Ontario's website](#) for a helpful video on what to expect for prenatal screening in Ontario at this time. To read more about this topic, Prenatal Screening Ontario also has a useful list of [Frequently Asked Questions](#) (FAQs) for patients and families.

If you are unwell, screening may change. Please check with your Health Care Provider, as some visits may be offered online or virtually, depending on the situation. There are some visits that you will need to attend in person.

8) *Will my support person be able to come with me for my in-person appointments or assessments?*

Most hospitals in our region do NOT allow a support person to be present for prenatal visits or during admission into the hospital for prenatal reasons (such as for observation while you are still pregnant). Your support person will be allowed ONLY when you are admitted for labour.

9) *What should I be doing to decrease my risk of getting the virus?*

It is important for you to take special care to protect against the risk of becoming ill:

- Stay home as much as possible except for important medical appointments.
- Talk to your doctor, obstetrician, or midwife about the possibility of telephone or videoconference appointments.
- Avoid unnecessary visitors to your home.
- Wash your hands often with soap and water for at least 20 seconds OR, if not available, use alcohol-based hand sanitizer.
- Practice physical distancing. Keep a distance of at least two metres from others.
- Avoid touching your mouth, nose, and eyes.

- In accordance to [Public Health Agency of Canada \(PHAC\), wear a cloth or procedure mask in public space.](#)
- Avoid crowded places and peak hours. Make limited trips to the store for essentials.
- Avoid travel by public transit.

If you have travelled outside of Canada, had close contact with someone who has or is suspected to have COVID-19 in the last 14 days, you need to self-isolate.

If you have been diagnosed with COVID-19, or are waiting to hear the results of a lab test for COVID-19, you must isolate at home. For more information on this topic, you can visit [Public Health Agency of Canada's website.](#)

10) Should I be self-isolating before I give birth to my baby?

To date, no provincial or national recommendations have been made regarding this topic.

If you are having a planned (elective) Caesarean section, your healthcare providers may recommend that you self-isolate 14 days before your baby's scheduled Caesarean section.

It is impossible to predict when you will go into labour. Some healthcare providers are discussing the option of self-isolating prior to labour with their patients. Please talk to your prenatal care provider about the best options for you. For more information about self-isolation, visit your local public health agency or health unit's website.

For more information, you can also visit [Public Health Agency of Canada's website.](#)

Labour & Birth Care Questions:

1) Will I be allowed to have a support person with me during my labour?

In Canada, the following statement was provided by various groups of people who care for pregnant people and their babies. You can read more about it, here: [SOGC Joint Statement with CFPC, NACM, CAPWHN and CAM.](#)

You will be allowed to have one support person with you during labour. Your support person will be screened for COVID-19 prior to coming into the hospital or birthing centre with you. If your partner is ill or has any signs and symptoms of COVID-19, you will need to have a 'back-up' support person. You may want to think about this plan ahead of time.

Your support person is not able to leave and come back to the hospital or birthing centre; therefore, it is very important that you and your support person pack all items that you need for your entire stay, including medications or prescriptions, snacks, and other necessities. It is very important that patients and families follow the guidelines at each hospital or birthing centre to keep everyone safe.

2) Will my choice of interventions and/or pain management options be restricted?

All pregnant women, including those with confirmed or suspected COVID-19 infections have the right to high quality care before, during, and after childbirth. This includes antenatal, newborn, postnatal, intrapartum and mental health care. The [World Health Organization](#) outlines some helpful information in their infographic for patients and families.

A safe and positive childbirth experience includes:

- Being treated with respect and dignity;
- Having a companion of choice present during delivery;
- Clear communication by maternity staff;
- Appropriate pain relief strategies'
- Mobility in labour where possible, and birth position of choice.

You will be asked to wear a face mask during the pushing phase of labour (also called the second stage of labour) to reduce the risk of spreading the COVID-19 virus.

Health workers will continue to take all appropriate precautions to reduce risks of infection to themselves and to others, including hand hygiene and appropriate use of protective clothing like gloves, gowns, and medical masks.

- EPIDURALS

Pregnant women who are suspected or confirmed as having COVID-19 may be encouraged to have an epidural early in their labour. The decision whether or not to have an epidural is very personal and your healthcare team will discuss the risk and benefits of both options.

The reason epidurals are being recommended is to provide optimal pain control in the event of an emergency Caesarean section birth. This method of pain control decreases the risk of exposure to the virus for your baby and the health care team.

- ENTONOX

At this time, we are unable to provide nitrous oxide/Entonox (sometimes called laughing gas) to patients who are in labour due to the risk of spreading the virus with this type of pressured gas.

Postpartum Care Questions:

1) *Will I be allowed to do delayed cord clamping?*

Based on available evidence, your healthcare provider can plan to continue with delayed cord clamping.

2) *Will I be able to do skin-to-skin?*

Yes, you can still plan to do skin-to-skin with your baby if you so choose.

If you are having symptoms of COVID-19 or if you are sick, certain precautions will be taken in order to be able to do skin-to-skin.

The World Health Organization (WHO) has said there are many benefits of skin-to-skin contact and breastfeeding, which outweigh the potential risks of transmission and illness associated with COVID-19.

3) *Will I be able to breastfeed my baby?*

Yes, as long as you are healthy, you will be able to breastfeed your baby. COVID-19 has not been detected in human breastmilk. Human breastmilk has antibodies and immune factors that protect the health of babies.

[Public Health Agency of Canada](#) states that breastfeeding lowers your baby's risk of infection and illness throughout infancy and childhood. There are some guidelines to follow:

- When you are breastfeeding your baby, you should always wear a mask or, if not available, a non-medical mask or face covering, and consider covering the baby with a blanket or towel.
- The breastfeeding person should adhere to proper respiratory hygiene and hand hygiene before and after close contact with the baby.
- The Canadian Paediatric Society recommends COVID-19 positive moms wash the breast prior to feeding. This is an important discussion to have with your health care provider.

If you are too sick to breastfeed or provide routine baby care due to COVID-19 or other health concerns, your healthcare team will support you to express your milk for your baby.

You will be encouraged to:

- Ask a healthy adult to feed and care for your baby. Some people may transmit COVID-19 even though they do not show any symptoms.
- Continue to wear a non-medical face mask or facial covering when caring for a baby in a house where someone has or may have COVID-19 in order to help protect the baby and others around you.

- Feed the baby with expressed breast milk or with formula if breastmilk is not available.
- Sterilize equipment carefully before each use if using a breast pump.
- Do not share bottles or breast pump.
- Ask any other healthy household members to wear a non-medical face mask when physical distancing of 2 metres cannot be followed. (Cloth masks are available on the unit and will be provided free of charge, if COVID19 testing has been completed.)

4) Will the baby be allowed to stay in the room with me? (“Rooming-in”)

The Society of Obstetricians and Gynecologists of Canada's (SOGC) Infectious Disease committee does not recommend universal isolation of the infant from either confirmed or suspected infection in the mother. However, depending on a family's values and availability of resources, they may choose to separate infant from mother until isolation precautions for the mother can be stopped.

You and your baby will room-in together unless you have suspected or confirmed COVID-19. If this is the case, the healthcare team will discuss the options with you, including the risks and benefits of rooming-in with your baby. This is called shared decision making. If you decide to room-in together, your healthcare team will show you how to do this as safely as possible.

5) If my baby needs to go to the Neonatal Intensive Care Unit (NICU) in Ottawa, will my support person and I be allowed to visit our baby there?

If you are NOT sick, you will be able to visit your baby.

If you are COVID-19 positive, or being tested for COVID-19, you will not be allowed to go in the NICU to visit your baby to prevent infection of other patients and families.

Your healthcare team will work with you to provide alternative ways to see your baby if you are separated. (FaceTime, Skype, Zoom, virtual visits, etc.).

If you are COVID-19 positive, or are being tested for COVID-19 and breastfeeding, your healthcare team will share information with you so that you can pump at home and provide expressed breastmilk to your baby in the NICU.

Mothers who are separated from their babies in the NICU should pump frequently at home to keep up their supply, with the end goal of being able to breastfeed your baby at the breast, once you are able to visit your baby again.

If you are pumping at home or in the hospital, you will need to follow infection prevention measures such as hand washing, cleaning equipment, wiping down surfaces and other information outlined above. Ask your health care team for more information on how to do this.

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(The full version of this document with in-text citations is available upon request)