

Get the Evidence You Need to Inform Your Decisions: Separation of Infants at Birth From Their Birthing Parent Who Is Suspected or Confirmed for COVID-19

Parents planning a hospital birth, or those who may be transferred from a home or birth center birth, are entering a maternity care system that is changing and adapting daily to the COVID-19 pandemic. Birthing parents need to plan and prepare in new ways. All patients admitted to a labor and delivery unit may be tested for COVID-19. The original CDC guidelines¹ for pregnant patients who were confirmed or suspected of having COVID-19 recommended the separation of birthing patients and their healthy babies immediately after birth. **The April 4, 2020 update of the CDC guidelines² now emphasize that the determination to separate an infant and a birthing parent should be made on a case-by-case basis and should utilize shared decision-making.** Hospitals are making their own policies and may differ from these CDC guidelines. This crisis is fluid, serious and quickly changing, but shared decision making must continue to be provided; and should include a discussion with the patient of risks, benefits, alternatives and patient values and preferences.³ These decisions may be difficult and deeply personal. The following information is provided to help birthing parents make a more informed decision and to advocate for themselves when possible.

► **The World Health Organization states that to date, “Relatively few cases have been reported of infants confirmed with COVID-19 and they experienced mild illness.”**⁴ A study of 2143 children (1 day-18years old) found 94.1% of children had asymptomatic, mild or moderate disease.⁵ The American Academy of Pediatrics (AAP) states, “infants under 1 year of age are at risk for severe disease although this still is a relatively rare outcome.”⁶

► **WHO recommends breastfeeding regardless of COVID-19 status⁴.** The research to date has not found coronavirus in breastmilk (CDC¹, WHO⁴, AAP⁶). Breastfeeding helps to protect infants and young children, particularly against infectious disease by passing immunity and/or anti-infective properties on through breastmilk (ILCA⁷, LLL⁸, AAP⁶).

► The World Health Organization (WHO) recommends “*Mothers and infants should be enabled to remain together and practise skin-to-skin contact, kangaroo mother care and to remain together and to practise rooming-in throughout the day and night, especially immediately after birth during establishment of breastfeeding, whether they or their infants have suspected, probable or confirmed COVID-19 virus infection.*”⁴ See <https://evidencebasedbirth.com/the-evidence-for-skin-to-skin-care-after-a-cesarean/> for more information on benefits of skin to skin and harms of separation after birth.⁹

► The Royal College of Obstetricians and Gynecologists (RCOG) states, “*...routine precautionary separation of a mother and a healthy baby should not be undertaken lightly, given the potential detrimental effects on feeding and bonding. Given the current limited evidence we advise that women and healthy infants, not otherwise requiring neonatal care, are kept together in the immediate post-partum period.*”¹⁰

► The CDC now emphasizes, “*The many benefits of mother/infant skin-to-skin contact are well understood for mother-infant bonding, increased likelihood of breastfeeding, stabilization of glucose levels, and maintaining infant body temperature and though transmission of SARS-CoV-2 after birth via contact with infectious respiratory secretions is a concern, the risk of transmission and the clinical severity of SARS-CoV-2 infection in infants are not clear.*”²

► The CDC now recommends separation be determined on a case-by-case basis, “using shared decision-making between the mother and the clinical team.”²

CDC, WHO and RCOG recommend precautions should be taken to limit exposure if you keep your baby with you:

- Frequently clean surfaces you touch
- Wash your hands before touching your baby, breast pump or bottles.
- Avoid coughing or sneezing on your baby. Wear a face mask while breastfeeding, bottle feeding or caring for your baby.
- Follow recommendations for pump cleaning after each use. A dedicated pump should be provided if possible.
- Consider asking someone who is well to feed your expressed breast milk or formula to your baby. (See CDC, RCOG, and WHO guidelines below for more detailed recommendations).

An “Informed Consent Form for Refusal of Separation from Newborn Infant” can be downloaded at Evidence Based Birth: <https://evidencebasedbirth.com/covid19/>

For Further Information:

1. CDC Recommendations February 18, 2020. <https://www.citizensformidwifery.org/covid19-1>
2. Centers for Disease Control (CDC): Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings. April 4, 2020 Update <https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>
3. AHRQ: The SHARE Approach—Essential Steps of Shared Decision Making: Quick Reference Guide. <https://www.ahrq.gov/health-literacy/curriculum-tools/shareddecisionmaking/tools/tool-1/index.html>.
4. WHO “Clinical management of severe acute respiratory infection when novel coronavirus (nCoV) infection is suspected. Interim guidance 13 March 2020” [https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-\(ncov\)-infection-is-suspected](https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected). WHO “Q&A on COVID-19, pregnancy, childbirth and breastfeeding”: <https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>. Accessed 3/22/2020
5. Dong Y, Mo X, Hu Y, et al. Epidemiological characteristics of 2143 pediatric patients with 2019 coronavirus disease in China. Pediatrics. 2020; doi: 10.1542/peds.2020-0702. <https://pediatrics.aappublications.org/content/pediatrics/early/2020/03/16/peds.2020-0702.full.pdf>
6. American Academy of Pediatrics Committee on Fetus and Newborn, Section on Neonatal Perinatal Medicine, and Committee on Infectious Diseases “Initial Guidance: Management of Infants Born to Mothers with COVID-19 : April 2, 2020” <https://downloads.aap.org/AAP/PDF/COVID%2019%20Initial%20Newborn%20Guidance.pdf>
7. ILCA Statement March 18, 2020. <https://lactationmatters.org/2020/03/18/ilca-statement-on-breastfeeding-and-lactation-support-during-the-covid-19-pandemic/>
8. Le Leche League USA FAQ <https://llusa.org/coronavirus-and-breastfeeding/>
9. Evidence Based Birth: Evidence on: Skin-To-Skin After Cesarean. <https://evidencebasedbirth.com/the-evidence-for-skin-to-skin-care-after-a-cesarean/>
10. Royal College of Obstetricians and Gynaecologists. “Coronavirus (COVID-19) Infection in Pregnancy. Information for healthcare professionals” Version 7: Published April 9, 2020. <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-21-covid19-pregnancy-guidance-2118.pdf>

The global picture of COVID-19 is a fluid, evolving situation and although CfM utilized the most up-to-date public information at the time of publication (4-8-2020), the information presented here may not reflect the latest news and practice guidance.

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