

North Carolina Pregnancy & Continuity of Care During COVID-19 Task Force Recommendations

The goal of this document is to offer guidance to providers and facilities who seek to provide safe, high quality peripartum care to childbearing families in North Carolina during the COVID-19 pandemic. As a group representing health professions, public health and the community within the state of North Carolina, we believe that it is fundamental that there is access to safe, high quality maternal and neonatal care. This should not be diminished during the COVID-19 pandemic both for those who have tested positive for the virus and for those who have not. We have identified that there are a wide variety of approaches to pregnancy care during the COVID-19 pandemic throughout the state. We recognize that the situation during a pandemic may change and recommendations are made based on current evidence and best practices to ensure safety of pregnant individuals and their support persons. This document will also provide guidance to families for navigating the pregnancy care system they are entering

Having joined together North Carolina public health professionals, Obstetricians, Family Medicine Physicians, Pediatricians, Nurse-Midwives, Nurse, Lactation Consultants, Childbirth Educators, Community Advocates and Members of the Community, we recognize that communities will choose to take different approaches to pregnancy care both during the COVID-19 epidemic and beyond. However, we strongly advocate that all maternity and neonatal care practices in North Carolina are aligned with the following Family Centered Care principles. The participants listed below came together as individuals interested in enhancing safe pregnancy. Their endorsement of this document is personal, and may not represent the endorsement of the organization with which they are affiliated.

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Health Equity

Health equity means everyone has the opportunity to attain their highest level of health and well-being. Factors that influence health, such as racial discrimination, employment, housing, education, native language, health care, public safety and food access must be acknowledged and addressed to help pregnant individuals during COVID-19 and beyond

- Health equity will not be achieved during the pandemic. It is critical that black, brown, indigenous, and rural communities are engaged as policies are being considered so as to not further deepen the disparities and to address the root causes of existing inequities.
- COVID-19 data on affected communities with respect to race/ethnicity and specific pregnancy-related impacts including infant feeding should be collected and continued to be released.
- Ensure community participation in all statewide workgroups related to maternity care, including the Maternal Mortality Review Committee, Maternal Health Innovations Task Force, etc.

Equitable Access to Quality Care and Protection of Human Rights in Childbirth

Support current models of care that allow patients to access their healthcare needs simply and without barriers.

- Encourage development of new or hybrid models of care that incorporate access to telehealth and virtual visits which can expand access to people in North Carolina who need care.
- Recognize that telehealth may not be available in some communities and additional solutions will need to be found to ensure continued care.
- Assure that care is comprehensive and continuous. Access has been improved by Emergency Pregnancy Medicaid extension beyond the 60 day time frame from delivery. Medicaid coverage should be provided to all uninsured pregnant individuals by eliminating current restrictions. Coverage should continue for the first year after delivery as a permanent policy after the emergency. Pregnant individuals also need to be informed of the availability of Emergency Pregnancy Medicaid and offered support in applying.

Safe and Patient-Centered Birthing Options

Increase individuals' understanding of different levels of maternity care and types of birthing facilities as well as how to work with providers to select the appropriate patient-centered birthing environment.

- Demonstrate safe and family centered approaches in all settings.
- Support the work of free-standing birth centers as vital options for out-of-hospital births and lactation support:
 - Continue access to personal protective equipment
 - Support increased staffing as needed
- The presence of credentialed providers and support team is the foundation for safe birth within a system that allows for consultation, collaboration and transportation to higher levels of care.
- Trained doulas, lactation support persons, and mental health providers - in all settings (hospital, community) are essential and supported to provide care across settings along with access to personal protective equipment.
- Emphasize the importance of COVID-19 testing prior to labor or planned admission for pregnant individuals. Rapid COVID-19 testing on admission to labor and delivery may also be available.
- During the active second stage of labor, the pregnant individual will not be required to wear a mask, if COVID-19 negative. There will be appropriate personal protective equipment available for hospital staff and support people present.

Support Persons

Birthing individuals should have access to at least one support person for the duration of their stay in the birthing facility and postpartum unit and a trained doula to support them during labor, delivery, and after birth. Trained doulas are considered an essential part of the maternity care team and should be allowed to accompany a pregnant person during labor and birth as an additional support person, as long as the pregnant person's medical condition allows. Their inclusion should be supported and not limited.

- Doulas should consider the changing landscape of the pandemic as they prepare their client for birth including access to personal protective equipment, a birth plan that discusses shared decision making, and while nothing takes the place of in-person support, preparation for virtual services if necessary.
- Lactation support and mental health support are also recommended as essential care for birthing individuals with confirmed COVID-19, particularly those who are not well enough to room-in with their infants or whose infants must be separated. These care

providers should also be considered “essential” and supported in all maternity and neonatal care settings.

Fourth Trimester and Newborn Care

The care of pregnant individuals and families does not end with the birth of their child. Access to healthcare and related services, equity in attaining care and wellness of the family must be supported.

- Initial new family care would incorporate shared decision making and education regarding benefits and risks of rooming in for asymptomatic COVID-19 positive parents.
- Accommodations to ensure that all families have access to translation and interpretation services as needed.
- Develop protocols for the appropriate use of telehealth evaluations for lactation, early and comprehensive postpartum visits. Ensure that all postpartum patients have access to required technology and devices to access telehealth services.
- Recognize that not all families have access to telehealth. Accommodations and innovations in communication to ensure that all families receive appropriate care need to be made.
- Postpartum, pediatric and lactation care after discharge should incorporate shared decision making and education regarding attendance of in-person clinic-based care with appropriate use of personal protective equipment for well families versus telehealth.
- Implementing newborn well child checks in devoted time blocks for well only visits in the clinical setting
- Telehealth follow up for mental/behavioral health supported by appropriate private and public health insurers
- Ensure non-coercive, seamless and preferably same day access to desired contraceptive methods to achieve desired reproductive life goals

Education Through Partnerships

Given the nature of this novel virus, there is emerging information about the effects of COVID-19 on pregnancy and the newborn. In order for patients, families, providers and the community to make informed decisions based on the best available science, it is crucial that there are resources to share the best knowledge we have on the topics of need and that these resources are culturally and linguistically appropriate and accessible.

- Recognize and share with the community that information and recommendations change frequently which can be challenging. There have been communication

breakdowns between federal and state associations, institution to institution, and from provider to patient. Ultimately, a loss of clear and consistent communication trickling down to pregnant individuals and their families, exacerbating real fears.

- Acknowledgement for the need for information to flow from providers to families and back with the help and support of doulas, lactation consultants, childbirth educators, community health workers, media and additional resources.
- Invest in the development of communications tools, platforms, and strategies to ensure that the most current scientific knowledge and clinical guidance are effectively conveyed to all stakeholders.
- Ensure that pregnant individuals and their families have access to evidence-based/informed childbirth education either in person or telehealth to prepare them to participate in shared decision-making with their providers.
- Encourage registration of mothers with COVID-19 into national registries to expand knowledge.

Resources

- 4th Trimester Project www.newmomhealth.org
- ACOG Guidance for COVID-19
<https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics>
- CDC Guidance for COVID-19
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html> <https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html>
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/care-for-breastfeeding-women.html>
- CGBI L.I.F.E. Initiative <https://sph.unc.edu/cgbi/covid-19-resources>
- CMIH
<https://www.mombaby.org/key-maternal-health-resources-for-the-covid-19-outbreak/>
- COVID Moms www.covidmoms.org
- MAHEC COVID Resources <https://mahec.libguides.com/covid19obgyn>
- WHO Maternal-Child Health Guidance for COVID-19
https://www.who.int/maternal_child_adolescent/links/covid19-resources-and-support-for-mncah-and-ageing/en/