

Information for pregnant women and their families

These Q&As relate to the [general public advice on COVID-19 novel coronavirus](#) and specifically about the impact of COVID-19 on pregnancy and newborns.

Important to note:

- The right place of birth is really important for you and your baby's safety; we understand that many of you are wanting to have a homebirth; this is the right place if you are low risk. Please discuss fully with your community midwife as to where is the best place for you to have your baby.
- Entenox gas is available for all women in labour in hospital. Talk to your midwife/LMC about labour pain relief options.
- Antenatal Clinic is continuing with virtual consultations. If you are referred by your midwife your referral is looked at by a Consultant Obstetrician and will be triaged as to a phone assessment/consultation or a face-to-face. You can expect to be contacted and screened in relation to any signs or symptoms that are related to possible COVID-19. Please discuss with your midwife, who is aware of this change.
- Day Assessment Unit: for those of you with higher-risk pregnancies this unit has been running to support keeping a closer eye on you and your baby's wellbeing during pregnancy. This service will continue and like Antenatal Clinic we will be contacting you and, where possible, having a virtual consultation. For those requiring a face-to-face assessment you will be screened and any precautions necessary will be taken to ensure you and your baby continue to be well during pregnancy.
- **Napier Maternity Resource Centre and CHB maternity resource centre are closed for any drop-ins.** If you think you may be pregnant and are finding it difficult to find a midwife please go to the [Findyourmidwife website](#) first; if you are unsuccessful please contact the DHB community midwives through switchboard 06 878 8109 as we wish to ensure you are booked early with a midwife.
- Ultrasound Scanning – currently TRG Imaging is open as well as the DHB radiology service. Your midwife is aware of what is happening about scanning; please talk with your midwife.
- **All HBDHB facilities have restricted visiting policies.** For maternity visiting, our current policy is that one support person can be with their partner ONLY when she is in labour and having the baby. The support person is then to go home from the labour and birthing suite until mum and baby are ready for discharge. We understand this will be unwelcome news for lots of expecting families, but we need to take every precaution to protect our patients.
- **C-sections:** all women who have been screened or swabbed as negative for COVID-19, who require an elective or emergency C-section, can have their support person with them in theatre. We will be vigilant in ensuring effective screening of the woman, her support person and any other member of their household in their 'bubble'. If a woman has suspected or confirmed COVID-19 the support person will not be able to go to theatre.

Q1. What effect does COVID-19 have on pregnant women?

Pregnant women do not appear to be more severely unwell if they develop COVID-19 than the general population. As this is a new virus, how it may affect you is not yet clear. It is expected the large majority of pregnant women will experience only mild or moderate cold/flu like symptoms.

More severe symptoms such as pneumonia appear to be more common in older people, those with weakened immune systems or long-term conditions. There are no reported deaths of pregnant women from COVID-19 at the moment.

If you are pregnant you are more vulnerable to getting infections than a woman who is not pregnant. If you have an underlying condition, such as asthma or diabetes, you may be more unwell if you contract COVID-19.

Q2. What effect will COVID-19 have on my baby if I am diagnosed with the infection?

As this is a very new virus we are just beginning to learn about it. There is no evidence to suggest an increased risk of miscarriage. There is also no evidence that the virus can pass to your developing baby while you are pregnant (this is called vertical transmission). It is therefore considered unlikely that if you have the virus it will cause abnormalities in your baby.

Some babies born to women with symptoms of COVID-19 in China have been born prematurely. It is unclear whether COVID-19 caused this or the doctors made the decision for the baby to be born early because the woman was unwell. As we learn about the risk of pre-term birth and COVID-19 infection, we will update this information.

Q3. What can I do to reduce my risk of catching COVID-19?

The most important thing to do is to wash your hands regularly and effectively as soon as you come from public places to your home or workplace. There is useful advice on the [COVID-19 website](#) on the best way to reduce any infection risk, not just for COVID-19, but for other things like colds and flu.

Q4. What is the travel advice if I am pregnant?

Hawke's Bay DHB advises pregnant women to stay at home in your 'bubble'

Q5. What should I do if I think I may have COVID-19 or been exposed?

The symptoms of COVID-19 are:

- a cough and/or
- sore throat and/or
- a high temperature (at least 38°C) and /or
- shortness of breath.

These symptoms do not necessarily mean you have COVID-19. The symptoms are similar to other illnesses that are much more common, such as cold and flu.

Shortness of breath is a sign of possible pneumonia and requires immediate medical attention.

We don't yet know how long symptoms take to show after a person has been infected, but current World Health Organization assessments suggest that it is 2–10 days.

If you have these symptoms or think you may have been exposed **in the past 2 weeks or have close contact with someone confirmed with COVID-19, please telephone Healthline (for free) on 0800 358 5453** and your midwife immediately.

Q6. How will I be tested for COVID-19?

The process for diagnosing COVID-19 infection is changing rapidly. If you do require a test, you will be tested in the same way as anyone being tested, regardless of the fact that you are pregnant. Currently, the test involves swabs

being taken from your mouth and nose. You may also be asked to cough up sputum (a mixture of saliva and mucous).

Q7. What should I do if I test positive for COVID-19?

If you test positive for COVID-19, please contact your midwife or antenatal team to make them aware of your diagnosis. If you have no symptoms, or mild symptoms, you will be advised to recover at home. If you have more severe symptoms, you might be treated in a hospital setting. You will need to self-isolate for 14 days and be symptom free for 48 hours before you come out of self-isolation.

Q8. Why would I be asked to self-isolate?

You may be advised to self-isolate because:

- You have been potentially exposed because you live in a household with someone who is confirmed to have COVID-19
- You have symptoms of COVID-19, such as a high temperature or new, continuous cough, or sore throat or shortness of breath
- You have tested positive for COVID-19 and you've been advised to recover at home

For more information on self-isolation and what it means please see the [COVID-29 self-isolation information section](#) for more details.

Q9. Can I still attend my antenatal appointments if I am in self-isolation?

You should contact your midwife or antenatal clinic to inform them that you are currently in self-isolation for possible/confirmed COVID-19 and request advice on attending routine antenatal midwifery or obstetric appointments.

It is likely that routine antenatal appointments will be delayed until isolation ends. If your midwife or doctor advises that your appointment cannot wait, the necessary arrangements will be made for you to be seen. For example, you may be asked to attend at a different time, or in a different clinic, or at home to protect other women.

For your midwifery antenatal clinic appointment – please contact your midwife directly.

For your obstetric antenatal clinic appointments – please contact the Antenatal Outpatient Department:

Te Kakano/Antenatal Clinic in Hastings: 06 878 8109 ext 8200

Wairoa: 06 838 9701

Q10. What do I do if I feel unwell or I'm worried about my baby during self-isolation?

Pregnant women are advised not to attend maternity units or ED or urgent after hours care unless in need of urgent pregnancy or medical care.

If you have concerns about the wellbeing of yourself or your unborn baby during your self-isolation period, contact your midwife or local maternity unit. They will provide further advice, including whether you need to attend hospital.

If attendance at the maternity unit or hospital is advised, pregnant women are requested to travel by private transport (not by bus), please stay in your car and alert the maternity staff by ringing 0275999358. A hospital midwife will meet you in your car. You will be given a mask and your midwife will be in full personal protective gear (hat, mask, goggles, gown and gloves. You will be escorted to a specifically designated room for assessment. For all routine assessments, your support person will be asked to wait in the car.

Q11. Will being in self-isolation for suspected or confirmed COVID-19 affect *where* I give birth?

As a precautionary approach, pregnant women who have suspected or confirmed COVID-19 when they go into labour, are being advised to attend an obstetric unit for birth, where the baby can be monitored using continuous electronic fetal monitoring, and your oxygen levels can be monitored hourly.

The continuous fetal monitoring is to check how your baby is coping with labour. As continuous fetal monitoring can only take place in an obstetric unit, where doctors and midwives are present, it is not currently recommended that you give birth at home or in a primary maternity unit where this type of monitoring is not available.

We will continually update this advice as new evidence emerges.

If someone in your household has COVID symptoms or has been exposed to someone with suspected or confirmed COVID-19 they WILL NOT be able to come into the maternity facility.

Q12. Will being in self-isolation for suspected or confirmed COVID-19 affect *how* I give birth?

There is currently no evidence to suggest you cannot give birth vaginally or that you would be safer having a caesarean birth if you have suspected or confirmed COVID-19, so your birth plan should be followed as closely as possible based on your wishes.

However, if your respiratory condition (breathing) suggested that urgent birth of your baby would be needed, a caesarean birth may be recommended.

There is no evidence that women with suspected or confirmed COVID-19 cannot have an epidural or a spinal block. Your maternity team will discuss all the options with you in early labour to ensure you are aware of the pain relief options available to you.

Your labour and birth care will be provided by a hospital midwife and obstetric team.

Q13. What happens if I go into labour during my self-isolation period?

If you go into labour, you should call your midwife for advice, and inform them that you are in self isolation due to potential exposure or if you have a suspected or confirmed COVID-19 infection.

If you have mild symptoms, you will be encouraged to remain at home (self-isolating) in early labour, as per standard practice.

The DHB maternity team and LMC will work to ensure you and your baby receive safe, quality care; respecting your birth plan as closely as possible.

When you and your midwife decide you need to attend the maternity unit, general recommendations about hospital attendance will apply:

- *You will be advised to attend hospital via private transport where possible.*
- *You will be advised to come to Gate 4 Ata Rangī/Waioha entrance at the hospital, off Canning Road, and stay in your car. Call 0275999358 and let the midwife know you have arrived.*
- *You will be met in your car at the designated maternity unit entrance and provided with a surgical face mask, which will need to stay on at all times.*

- *Your partner or support person will be able to stay with you for labour and birth if they are well and do not have confirmed COVID-19. [Please note the current HBDHB visitor policy rules.](#)*
- *Your midwife and other health professionals looking after you will be wearing personal protective gear whilst looking after you.*

Q14. Could I pass COVID-19 to my baby?

As this is a new virus, there is limited evidence about managing women with COVID-19 infection in women who have just given birth; however, there are no reports of women diagnosed with COVID-19 during the third trimester of pregnancy having passed the virus to their babies while in the womb.

Q15. Will my baby be tested for COVID-19?

If your baby is well he/she will not be swabbed.

If your baby becomes unwell with breathing symptoms the baby doctors will be asked to review your baby and your baby may need to be admitted to the Special Care Baby Unit (SCBU) for observation

Q16. Will I be able to stay with my baby/give skin-to-skin if I have suspected or confirmed COVID-19?

Yes, if that is your choice. Provided you are both well and your baby doesn't require care in the Special Care Baby Unit, you will be kept together after you have given birth.

World Health Organisation strongly recommend benefits of skin to skin contact and breastfeeding your baby. A discussion about the risks and benefits should take place between you and your family and the doctors caring for your baby (paediatrician) to individualise care for your baby.

This guidance may change as knowledge evolves.

Q17. Will I be able to breastfeed my baby if I have suspected or confirmed COVID-19?

Yes. There is no current evidence that COVID-19 can be transferred in breastmilk. Breastfeeding is the best protection for your baby and the well-recognised benefits outweigh any potential risks of transmission through breastmilk.

The main risk of breastfeeding is close contact between you and your baby, as you may share infective airborne droplets, leading to infection of the baby after birth. There are simple measures you will be encouraged to take to minimize this risk outlined below.

A discussion about the risks and benefits of breastfeeding should take place between you , your family and your maternity team.

This guidance may change as knowledge evolves.

If you choose to breastfeed your baby, the following precautions are recommended:

- *Wash your hands before touching your baby*
- *Wear a mask whilst caring for your baby and feeding your baby*
- *Wash your hands prior and after handling breast pump or bottles and follow recommendations for pump cleaning after each use.*

- *If you are unwell consider asking someone who is well to feed expressed breastmilk to your baby.*

If you choose to feed your baby with formula or expressed milk, it is recommend that you follow strict adherence to [sterilisation guidelines](#). If you are expressing breast milk in hospital, a dedicated breast pump should be used.

Q18. What is the advice if I am a healthcare worker and pregnant?

We understand that it must be an anxious time if you work in healthcare and you are pregnant. To the best of our knowledge, pregnant healthcare professionals are no more personally susceptible to the virus or its complications than their non-pregnant colleagues.

You should discuss your individual circumstances with your midwife and your manager.