



Department of Health

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DATE: November 17, 2020
TO: Health Care Providers, Health Care Facilities, and Local Health Departments
FROM: New York State Department of Health

HEALTH ADVISORY: COVID-19 and Provision of Prenatal and Postpartum Care

The New York State Department of Health (Department) and the Centers for Disease Control and Prevention (CDC) continue to closely monitor the novel coronavirus (COVID-19) outbreak. In response to the outbreak, Governor Andrew M. Cuomo’s Executive Order 202 declared a state disaster emergency on March 7, 2020.

The Department considers the delivery of prenatal and postpartum care essential services. Although providers have had to consider alternative options for the delivery of safe prenatal and postpartum care during the pandemic, patient-centered care must continue to be the focus of the practice. This is especially true for vulnerable patients and those disproportionately impacted by racial disparities in maternal mortality and morbidities as research shows many of these same populations are also disproportionately impacted by COVID-19 infection. According to the CDC, new research suggests that pregnant people may be at an increased risk for severe illness from COVID-19. Additionally, there may be an increased risk of adverse pregnancy outcomes, such as preterm birth, among pregnant people with COVID-19.

Communication is of the utmost importance so that pregnant persons understand the increased risks, and changes to routine care during the COVID-19 pandemic. The CDC recommends that pregnant patients be counseled about the potential risk for severe illness from COVID-19 and measures to prevent infection. Additionally, potential barriers to adherence to these measures should be addressed. The plan of care for each pregnant and postpartum person should be based on their risks, comorbidities and input from the patient, their family, and their prenatal and postpartum care team(s). This plan must be communicated to patients clearly, in their preferred/spoken language, and providers should take steps to ensure patients understand the reason behind changes to care and how this may impact them and their pregnancy.

The Department supports the position of the American College of Obstetricians and Gynecologists (ACOG) that “**Obstetrician–gynecologists and other obstetric care clinicians should continue to provide medically necessary prenatal care, referrals, and consultations.**” ACOG recommends that:

- Obstetrician–gynecologists and other obstetric care clinicians should continue to provide medically necessary prenatal care, referrals, and consultations.
- Obstetric care clinicians should be prepared to explain the rationale for any change in prenatal care or delivery scheduling, emphasizing that these modifications have been made in order to limit the risk of exposure to the virus for the patient and the fetus or infant.

- It is recommended that the patient–physician discussion regarding a plan for alternate prenatal care in the setting of the COVID-19 pandemic be documented in the medical record.
- Counsel patients about the potential increased risk of severe illness requiring intensive care unit admission and mechanical ventilation associated with COVID-19 infection during pregnancy.
- Emphasize the importance of taking precautions to prevent infection when counseling pregnant patients and their families, with particular attention to advocating for protection measures for individuals with increased risk of exposure and infection due to occupation.

ACOG offers best practices on alternative prenatal care, telehealth, and antenatal fetal surveillance and ultrasound examinations in their frequently asked questions (FAQs). Information on each of these topics, which continues to be updated as more is understood about COVID-19, can be found on the ACOG website here: <https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics>

Special Considerations:

During the COVID-19 crisis, some pregnant persons have experienced a modification of the number of pre- and post-natal appointments they or their infants would normally have received, and discharges from the hospital following delivery may be expedited. Changes in practice are appropriate during this time to comply with social distancing and reduce the risk of inadvertent exposure.

Due to current circumstances, postpartum care and education that are not provided to patients prior to discharge should be offered through referral or appropriate telephonic or telehealth methods. Providers should discuss with patients their ability to receive information telephonically or via telehealth and work to accommodate those with limited access to the internet and/or electronic devices. Telehealth and modified prenatal and postnatal care schedules may be appropriate for many patients, but consideration should be given to any additional needs of patients who receive care through telehealth services. This may include diagnostic testing, wound care, newborn safety, and any education that would normally be provided during a longer postpartum admission. Prior to, or as part of the telehealth visit, providers should assess the patient’s needs for equipment necessary to conduct some monitoring at home. This may include, blood pressure cuffs, pulse oximeter, and other equipment as necessary. The health care provider must clearly explain why the equipment is important, when and how to use the equipment, how to monitor and report results generated by the equipment to the provider, and what to do if results are not in the normal range.

Clinicians should be made aware of, and consider referral to, community-based organizations (CBOs) that are available for enhanced prenatal and postnatal support. Through these programs, home visitors and community health workers assist pregnant and parenting families in obtaining needed health and supportive services, and provide information which complements and supports healthcare messages. During the COVID-19 state of emergency, local home visiting programs like Nurse Family Partnership and Maternal and Infant Community Health Collaboratives (MICHCs) are offering remote services via phone, text or video conference. They are helping pregnant people and their families access resources in the community such as prenatal care, doula services, breastfeeding support, food and diaper

banks, mental health services, well-child visits and assistance with insurance enrollment. In addition, many of these organizations may be able to help facilitate client access to needed resources/equipment for infant care (i.e. WIC: breast pumps, Cribs for Kids/Social Services: pack n 'plays, etc.). To contact a local home visiting program, see the links below.

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<https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics>.

Additional Resources – Pregnancy and Postpartum Care:

[Pregnancy and COVID-19 Resources for Health Care Providers \(NYSDOH\)](#)

[Pregnancy Guidelines for Consumers \(NYSDOH\)](#)

[Resources for Pregnant People and their Families \(NYSDOH\)](#)

[COVID-19, Pregnancy and Breastfeeding \(CDC\)](#)

[COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics \(ACOG\)](#)

Additional Resources – COVID-19 General Information

[New York State Coronavirus Updates](#)

[New York State Department of Health Novel Coronavirus Website](#)

[New York State Department of Health COVID-19 Tracker](#)

[New York State Department of Health Weekly Health Provider Webinars on COVID-19](#)

[New York State Office of Mental Health COVID-19 Resources](#)