

COVID-19: Information for pregnant women

Centenary Hospital for Women and Children is closely monitoring developments regarding novel coronavirus (COVID-19) and taking all advised precautions.

The health of our patients, visitors and staff is our priority. This information is based on the evidence currently available as of May 2020.

Are pregnant women at increased risk?

Pregnant women do not appear more likely to contract COVID-19 than the general population.

Generally, pregnant women with COVID-19 do not appear to get more seriously unwell than other healthy adults. It is expected the large majority of pregnant women with COVID-19 will experience only mild or moderate cold/flu like symptoms.

Is it safe to come to the hospital?

It is important to continue receiving antenatal, birthing and postnatal care from health professionals. Centenary Hospital for Women and Children have implemented several strategies to reduce the risk of exposure for you, your baby and health professionals. These include:

- limiting antenatal appointments to less than 15 minutes (if possible) with pre or follow up phone consultation;
- increasing the time between antenatal visits for well women and babies;
- increasing the availability of community clinics for antenatal and postnatal appointments when required;
- using telehealth consultations where appropriate;
- cancelling face-to-face antenatal classes and working on an online resource for childbirth education;
- limiting visitors to one per day while in the hospital (which includes one support person for birthing);
- limiting visitors to one support person in outpatient and community areas. Wherever possible, please don't bring children; and
- considering early discharge if safe to do so.

Can COVID-19 transfer to my baby in pregnancy?

Recent cases suggest that the virus may pass to the baby from the mother in pregnancy. It is important to emphasise, that in all reported cases of newborn babies developing COVID-19 very soon after birth, the baby was born well. It does not appear that COVID-19 will harm your baby at birth, cause abnormalities or increase risk of miscarriage.

What should I do if I think I have COVID-19?

Please follow the latest advice available at covid19.act.gov.au. Limit your exposure to other people by self-isolating at home and call your GP for advice or visit a Respiratory Assessment Clinic for testing if appropriate. The ACT Respiratory Assessment Clinics are located at the Weston Creek Walk-in Centre or drive through clinic at Exhibition Park in Canberra (EPIC).

What will happen to antenatal visits and tests if I am suspected to have or diagnosed with COVID-19?

If you are self-isolating, being tested or are diagnosed with COVID-19, please contact your midwife, Antenatal Clinic or Birth Suite. Antenatal visits, ultrasounds and tests may be postponed while you are in isolation. If you require urgent care, please contact the Birth Suite for advice and appropriate arrangements will be made.

Will having COVID-19 affect my birth plan?

Please discuss your birth plan with your midwife, and where possible and safe to do so, we will aim to meet your plan. Staff have been trained to care for women with COVID-19. You will be looked after in a single room and health care workers will wear personal protective equipment. You will be asked to wear a mask in the final stages of labour and birth. You can have one birth support person with you, who must be free of COVID-19 symptoms. Your support person will be asked to wear personal protective equipment as well.

What is the risk to my baby if I am diagnosed with COVID-19?

There have been some babies born prematurely to women with COVID-19. It is unclear if this was due to COVID-19 or other reasons. Most newborns who have tested positive for COVID-19 have had mild illness.

Can I still breastfeed if I have COVID-19?

There is currently no evidence that the virus is carried in breastmilk. However, there is a risk of transmission to the newborn through coughing, kissing and sneezing.

Currently, the benefits of breastfeeding are thought to outweigh the possible risk of transmission through breastfeeding. A doctor and midwife will discuss the benefits and risks with you once your baby is born. Enhanced precautions may be used such as wearing a face mask when holding your baby and the option of using your expressed breastmilk.

Will having COVID-19 affect contact with my baby after I give birth?

A doctor or midwife will come and talk to you about options for caring for your baby after you give birth. The decision will depend on:

- how well or unwell you are;
- how well or unwell your baby is after birth;
- your preferences; and
- increasing evidence about how mothers and babies are affected by COVID-19.

If you and your baby are well, you can stay with your baby in the same room with precautions such as wearing a face mask when holding your baby. If you or your baby are quite unwell, temporary separation may be necessary. If so, your baby will be cared for by the neonatal team.

Pregnant Women and their Families information has been translated into different languages. [Download them here](#). Thanks to [Harmony Alliance: Migrant and Refugee Women for Change](#), a member-driven organisation providing a platform for women from migrant and refugee backgrounds.

Source: *The Royal Women's Hospital, Melbourne* and *RCOG Coronavirus (COVID-19)*

COVID-19 Guidance for Maternity Services Queensland Health (March 2020), The Royal Australian and New Zealand College of Obstetricians and Gynaecologists * This document will be updated as new evidence emerges.