

Pregnancy, Birth, and Postpartum Rights related to COVID-19

Stay informed on your rights and remember: **your body**, **your baby**, **your decisions**.





Hospital and birth center policies are changing each day as we learn more about COVID-19 and its impact on our families and communities. Ask your provider questions to be informed and ask them often.

Keep reading to learn some things to keep in mind as you continue to navigate your journey during the COVID-19 pandemic.

My support people will be:			
		I'm taking ac	lvantage of the Home to Hospital program.
		My provi	ders are:
		and thei	r numbers are:
If safe, I will be discharged early to my home birth providers. Their names and phone numbers are:			
I do not v	want to be induced unless absolutely medically cy.		
I am ok t	o have an induction scheduled.		
If I test p	ositive for COVID-19		
My support	person with me will be:		
And the bes	t way to contact them is:		
	onsented to being with me in the room with a //ID-19 diagnosis.		
If I test posit	ive for COVID-19, I will (check all that apply)		
chest/br	eastfeed		
pump			
supplem	ent with formula		
with the prand my safe	oper PPE and precautions to ensure baby ty.		
	ive for COVID-19, I will be/will not be (circle one) om my baby.		
In the case o	f a separation I would like:		

I consent/do not consent (circle one) to my baby being nasal swab tested for COVID-19.

Pregnancy does not mean you are at greater risk for contracting COVID-19. Recent studies report pregnant people with COVID-19 are more at risk for serious illness, hospitalization and even death.

During pregnancy, your body is working hard for you and baby as a result, illness can be more difficult for your body to fight. It's important to protect yourself and baby from any illnesses.

- There is currently no data (as of November 2020) that shows your baby can get COVID-19 in utero (during pregnancy)
- If you have symptoms, have been around someone with COVID-19, or are unsure of the symptoms and warning signs, talk with your health care provider.
 - New strains of COVID-19 are more contagious and spreading quicker. It is recommended to wear 2 masks, preferably a KN95 mask with a cloth mask, to limit the spread.

• Call your provider if you develop any symptoms such as:

- A fever higher than 100°F and chills, cough, shortness of breath or difficulty breathing, new loss of taste or smell.
 Note: It is common for pregnant people to have a higher temperature up to 100.4°F degrees.
- If you have trouble breathing (more than what has been normal in your pregnancy), are unresponsive, blue lips or face, pain or pressure in your chest call 911 immediately.
- If you are on Medicaid Apple Health, you will not lose coverage during the COVID-19 pandemic.



If you are planning to deliver at a hospital, You will be asked to get tested for COVID-19 close to your due date, scheduled induction or scheduled c-section.

Any support people that may be with you may be asked to get tested as well.

- Make a plan for you and your support team to be tested regularly. This can be a harm-reduction technique to help avoid unwanted interventions including induction.
- Many counties have established public free testing sites. Local Testing sites can be found online or by talking to your provider. Visit our website for a list of county wide COVID testing information: thematernalcoalition.org



Visit our website for more resources and information

The Maternal Coalition.org

Have a plan to navigate recommendations for inductions and other interventions.

It is important to learn about interventions as they can heavily influence the outcome of your birth and postpartum experience.

- **Interventions:** tools used to change or intervene with the perinatal process. For example, massage, formula supplementation, medical breaking of someone's bag of waters and cesarean birth.
- Inductions are a series of medical interventions offered in a hospital setting to establish active labor and birth and can take anywhere from 1-4 days.
 - Reasons to be induced: Pre-eclampsia, infections, health issue with pregnancy or baby, water broke with no labor after 24 hours, pregnancy past 41 weeks, or by parent's own choice.
 - Reasons not to be induced unless there are coexisting medical complications: Discomfort in pregnancy, at doctor's request, estimated weight of baby being "too big", labor not starting on it's own between 41 and 42 weeks of pregnancy, obesity, age, physical or cognitive disabilities, managed preexisting conditions, race and ethnicity, and addiction recovery status.

 The COVID-19 pandemic, hospital capacity, and other system related decisions (i.e. needing a COVID-19 test) are NOT reasons to induce.

If you test positive for COVID-19...

It is your right to have one support person who consents to being around you while you are COVID-19 positive.

You should not have to birth alone.

- Your partner may not be able to attend the birth with you if you have a positive test. Providers will want to verify there will be someone who is COVID-19 negative to care for the baby. Ask instead if a friend, family member or doula can attend with you that consent to being around if you are COVID-19 positive.
- Double check with your provider about the hospital/birth center protocols, as you may be told you cannot have any support people with you if you are positive.

This is not medical advice.

This is a changing document, and will be updated as we learn more about COVID-19. Continue to check out website for the most updated versions. These recommendations are based off of current data as of January 2021.



Keep in mind each hospital and birth center will have their own protocols, double check ahead of time and often what those protocols are and update them in your birth plan.

This time of stress and uncertainty is deeply impactful, making perinatal mood disorders more likely. Our need for care is higher than ever, consider the support you may need, who is in your community, including who you see often, and what resources are available. Connect with your support team safely by video chat, send pictures of your journey, and go for walks. Developing a routine with your team can ensure you have someone and something that is waiting to hear how you are doing as you navigate the joys and challenges ahead.

If you test positive for COVID-19...

Care Providers may strongly recommend you be separated from your baby.

This is YOUR choice.

- You have the right to keep your baby with you but remain masked as a preventative measure, transmission levels between a parent and a baby have been shown to be low.
- Your provider may recommend someone who is not sick to care for the baby until you are no longer COVID-19 positive.
- When you go home, with suspected or confirmed COVID-19 your provider may request you stay in separate rooms in the house from the baby and have someone who is not sick care for the baby.
- Practice precautions around your baby and other people by wearing a mask, frequently washing hands, and sanitizing surfaces.
- If a doctor recommends a COVID-19 test on your baby, you can opt out.



YOUR BODY.
YOUR BABY.
YOUR DECISIONS.



If you test positive for COVID-19...

You can and are encouraged to still nurse your baby if you are COVID-19 positive.

- Human milk is strongly recommended for babies as it has antibodies that keep a baby healthy, growing and keep them from getting sick. It protects babies from:
 - Diarrhea and stomach upset
 - Labored breathing
 - Infections
 - Sudden infant death syndrome (SIDS)
- Nursing increases bonding between parent and baby, helps recovery postpartum, decreases postpartum mood disorders, and releases oxytocin which promotes bonding and milk production.
- As of right now, there is no data to show COVID-19 can be passed through placenta or breast/chest milk.
- It's recommended to practice: washing hands before and after touching baby, routinely cleaning surfaces, wearing a mask during feedings can be an additional precaution.
 - These are also encouraged for formula-fed babies!
 - With pumping: clean pump before use, wash hands, pump and store milk as usual, and then clean pump again.
- You have the right to keep nursing your baby even with a positive COVID-19 diagnosis or suspected positive for COVID-19 (all details below encouraged by the World Health Organization):
 - The baby will get antibodies through your milk.
 - Practice the above mentioned precautions.
 - Get support around breast/chestfeeding, this increases chances of successfully nursing baby -even without a positive diagnosis.
- Visit our website for lactation support options.

Below are questions and topics to ask your providers regarding their policies around COVID-19:

- Have there been any recent changes in your clinic policies related to COVID-19?
- What are your COVID-19 testing procedures for me and my support people (including doulas)?
- Is the Home to Hospital midwife program available as an option? Do I qualify medically? (Check out our website for more resources about the Home to Hospital program)
- Is Cyber-support (computer, phone, tablet or other device) available with a doula?
- Are there any COVID-19 related restrictions for my support people to be at the birth with me? (In some parts of Washington state only one person typically a partner is allowed.)
- If I test positive for COVID-19, can I have any support people during my birth?
- What are your policies around postpartum and nursing while COVID-19 positive?
- How long after the birth will I be discharged?
- How can an interpreter still be available to me during appointments and at the birth?

Visit our website for more resources and information: TheMaternalCoalition.org

Thank You to Our Funders Who Supported the Making of This Toolkit:





