

Ministry of health

Infection control directorate



Interim Guidelines for Infection Prevention and Control of COVID-19 in Inpatient Obstetric Healthcare Settings

Spontaneous or Induced Labour

The following considerations apply to a woman with confirmed or suspected COVID-19 in spontaneous or induced labour:

- Mode of birth should not be influenced by the presence of COVID-19, unless the woman's respiratory condition demands urgent delivery.
- When caesarean birth or other operative procedure is advised, follow guidance for *Infection control guidelines for Procedures and Surgeries on suspected or confirmed COVID-19 Patients*.
- For normal labor, apply standard, contact and droplet precautions.
- Where available, utilise negative pressure birthing room for confirmed COVID-19.
- Healthcare personnel (HCP) shall use appropriate PPE including gown, gloves, face mask, and eye protection
- Minimise the number of HCP entering the room.
- Units should develop a local policy specifying essential personnel for emergency scenarios.
- There is no evidence that women with suspected or confirmed coronavirus cannot have an epidural or a spinal block.
- There is no evidence that the use of medical gas mixture for pain relief is an aerosol-prone procedure.
- The use of birthing pools in hospital should be avoided in suspected or confirmed cases.
- Given a lack of evidence to the contrary, delayed cord clamping is still recommended following birth, provided there are no other contraindications. The baby can be cleaned and dried as normal, while the cord is still intact.

Postpartum and postnatal care

- Newborn of suspected or confirmed mother shall be considered as a suspected COVID-19.
- Apply standard, contact and droplet precautions for the mother and newborn baby.
- Place the mother and newborn baby in an isolation room (single room with dedicated bathroom and closed door).

- HCP shall use appropriate PPE including gown, gloves, face mask, and eye protection.
- For aerosol generating procedure on the mother or baby, consider airborne precautions.
- If the newborn and the mother are well, the risks and benefits of temporary separation of the mother from her baby should be discussed with the mother by the healthcare team.
- If collocating mother and baby “rooming in”:
- Provide a facemask and hand hygiene information to the mother including washing hands before touching baby and body where baby may make skin to skin contact
- Use transmission precautions while breastfeeding (facemask and hand hygiene)
- Consider using engineering controls like physical barriers (e.g., a curtain between the mother and newborn) and keeping the newborn ≥ 6 feet away from the ill mother.
- If no other healthy adult is present in the room to care for the newborn, a mother who is suspected or confirmed of COVID-19, should put on a facemask and practice hand hygiene¹ before each feeding or other close contact with her newborn. The facemask should remain in place during contact with the newborn. These practices should continue while the mother is on transmission-based precautions in a healthcare facility.
- If temporarily separating mother and baby:
- A separate isolation room should be available for the infant while they remain a suspected for COVID-19.
- Prohibit visitation, with the exception of a healthy parent or caregiver
- Instruct care giver or HCP on wearing appropriate PPE, including gown, gloves, face mask, and eye protection and hygiene precautions.
- Decision to discontinue temporary separation should be made with individual consideration of the woman’s and baby’s wellbeing, disease severity, illness signs and symptoms, laboratory testing results for SARS-CoV-2 and local capacity requirements. Considerations to discontinue temporary separation are the same as those to discontinue transmission-based precautions for hospitalized patients with COVID-19.
- If mother is unable to care for baby due to illness, consider sending baby home for home isolation
- Consider and support the mother’s intention to breastfeed:
- Encourage mother to express their breast milk to establish and maintain milk supply.
- If possible, a dedicated breast pump should be provided.
- Prior to expressing breast milk, mothers should practice hand hygiene.
- After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer’s instructions.
- This expressed breast milk should be fed to the newborn by a healthy caregiver.