

## **FAQs for Covid-19 and Community Birth**

### ***How should I handle office appointments during the covid-19 pandemic?***

We are all working to flatten the curve and reduce the number of people getting sick with covid-19 so that our health care system does not get overwhelmed. We do this through social distancing. It is impossible to provide maternity care without some level of exposure. The objective is to minimize person to person contact to help prevent the spread of infection. Consider integrating some of the following into your practice:

- Telemedicine or virtual appointments as much as is possible
- Screen clients on the phone or upon arrival before appointments to make sure that they are symptom free and have been for the past 2 weeks. This screening would include family members.
- Limit the number of people that attend appointments
- Have clients wash their hands upon arrival
- Take client temperature upon arrival
- Remove items from the office that cannot be easily disinfected between appointments (toys, magazines, etc).
- Use furniture that can be wiped down between clients, or use table paper
- Disinfect all surfaces including the bathroom between appointments
- Disinfect instruments between clients
- Wash your hands regularly

### ***How do I integrate telemedicine into my practice?***

Consider only doing in person appointments at 12 weeks (initial lab work), 20 weeks (fetal anatomy scan), 28 weeks (GD screening), and 36 weeks (GBS screening). All other appointments can be done virtually on a platform like zoom. At the initial in person visit clients can be taught how to take pulse, use a self BP cuff, measure fundal height, listen to heart tones with a fetoscope or Doppler, and do urinalysis. Clients can be asked to purchase equipment necessary for these appointments or the midwife can supply it.

For postpartum appointments also consider minimizing in person appointments and doing the others virtually. It would be helpful for clients to have a scale to weigh their babies.

### ***What are best protocols for home visit/home birth in light of the Covid-19 pandemic?***

The recommendation is that midwives only have appointments or births with clients, family members and midwives who are 100% well and have been so for the past 2 weeks. Even with this precaution there is the possibility that someone present could be asymptomatic or presymptomatic, shedding the virus and thereby infecting others. Extra attention to universal precautions is advised, particularly with respect to respiratory transmission. So even with everyone being healthy at a home visit or home birth the following should be considered:

- All surfaces disinfected prior to midwife arrival
- Midwife arrives in clean clothes and washes hands
- Temperatures taken of everyone present including the midwife. If anyone has a temperature reschedule the appointment. If this is a labor and the pregnant person has a temperature a transport to the hospital would be warranted. If the midwife had a temperature a back-up midwife could be recruited. A family member with fever could be asked to leave.
- Limit birth supplies brought into the house to what you would need for one birth and leave extra stuff in your car to be retrieved as needed
- Remove all fabric items from your birth bags. Only use containers and equipment/tools that can easily be disinfected
- Package equipment in Ziploc bags that can be wiped down if they don't get used.
- Disinfect everything thoroughly before leaving
- Disinfect your car after driving home
- Wash clothes and shower after arriving home
- WASH HANDS repeatedly throughout

### ***Who can attend prenatal appointments?***

This is a challenging questions to answer. A lot of midwifery clients choose midwifery care for the inclusive nature of appointments and birth. That being said this is a very unique situation that requires all of us to work together to flatten the curve. Consider seeing only the pregnant person for in person appointments. Partners, children and other family members can join via zoom. And for telemedicine appointments family members can participate without increasing the risk of exposure.

### ***Who can attend births?***

Another tricky questions to answer for the same reasons. For birth consider minimizing the number of family members attending as much as is appropriate. Each additional person increases the potential for spreading infection.

### **Masks.**

#### **Which mask should I be using?**

N95 "masks" are actually a tight fitting respirator that filters out at least 95% of airborne particles including large and small particles. It requires a fit test and when worn properly there is minimal leakage around the edges of the respirator. An N95 provides the wearer protection against covid-19. A surgical mask is a loose fitting mask that protects the wearer from large droplets and if the wearer is ill helps to contain their respiratory emissions. It is not a respirator and does not provide protection from inhaling smaller airborne particles. Some people are

making fabric masks of a similar design to surgical masks. Their effectiveness has not been studied and would depend on design and materials used.

<https://www.cdc.gov/niosh/npptl/pdfs/UnderstandDifferenceInfographic-508.pdf>

### ***Where can I get them?***

Currently N95 and surgical masks are out of stock everywhere. You could consider reaching out to friends, family, previous clients and midwife supporters and see if they had any they wanted to share with their midwife. Hand made fabric masks have not been evaluated for effectiveness but would probably be better than nothing assuming that it fits well and is not making you touch your face more.

### **Can I sterilize my mask and reuse it?**

Officially this is not recommended but with a mask shortage this is being done. Surgical masks can be hung in the sunshine. Also one study found "70 C / 158 F heating in a kitchen-type of oven for 30 min, or hot water vapor from boiling water for 10 min, are additional effective decontamination methods." (<https://www.livescience.com/sanitizing-medical-masks-for-reuse-coronavirus.html>). Here is another mask resource:

<https://www.thebeijinger.com/blog/2020/02/18/how-reuse-and-dispose-your-masks-safely>

### ***Should I wear a mask for appointments or births?***

This is a personal decision and will depend on what masks you have available. It is important to remember that midwives are not caring for known cases of covid-19 but rather trying to protect themselves and clients from potentially asymptomatic and presymptomatic people who are shedding the virus.

### ***What about water birth?***

The concern with water birth is that covid-19 has been found in feces. The conservative approach would be to not do water births at this time. If you do choose to do them extra precaution should be taken with regards to disinfecting pools between clients and before using rented pools.

### ***What do you recommend with regards to screening late to care clients that are scared of covid-19?***

The midwife scope of practice has not changed. Midwives still care for low risk women in the out of hospital setting. One consideration is that EMS capacity for service may be strained and hospital transport might be delayed. Consider being conservative in screening late to care

clients for out of hospital birth (VBACs, IVF, Primips) in order to minimize the possibility of hospital transfer to a potentially stretched hospital.

In addition, fear of covid-19 does not necessarily make one a good candidate for out of hospital birth. There is a lot of work to prepare a family to birth at home and late to care clients leave limited time to prepare. Check out the home birth questionnaire in the resources section of the CALM website that can help clients self select if home birth is really for them. It will also help you collect preliminary information for screening potential clients.

### ***What about students at births?***

Students should not be required to attend births. It is also advised to minimize the number of people at births to reduce the chance of exposure. What you choose to do will depend on the student level of experience, whether or not you have an assistant, and how many well midwives there are in your community. And this might change over time as this pandemic proceeds.

### ***What about transports?***

As the number of covid-19 patients increases both EMS and hospitals will be stretched thin to care for them. It is recommended to practice conservatively at this time knowing that ambulances may be delayed and hospitals will be crowded. Consider that transporting in your personal vehicle might be the best option and have a plan for how to do that.

### ***What about a free standing temporary birth center?***

This has been done by some. CALM is currently working on building partnerships between hospitals, community midwives and government officials. Stay posted for more information.

### ***What if my NRP expires?***

“For those individuals whose NRP expiration date falls in March, April or May of 2020, the AAP recommends that employers and regulatory bodies consider extending recognition of an NRP card beyond its recommended renewal date, for up to 60 days. However, please know that it is ultimately up to the discretion of employers and regulatory bodies who require current NRP Cards to consider allowing extensions during this time. This extension may be increased, depending on how the COVID-19 public health threat evolves.” <https://www.aap.org/en-us/continuing-medical-education/life-support/NRP/Pages/NRP.aspx>