



COVID-19: Guidance for People Who Are Pregnant, Breastfeeding or Caring for Newborns

COVID-19

For general information on coronavirus disease 2019 (COVID-19), including how to guard against stigma, visit nyc.gov/coronavirus or cdc.gov/covid19. For real-time updates, text "COVID" to 692-692. Message and data rates may apply.

COVID-19 and people who are pregnant

While currently there are no data to suggest pregnant people are more likely to be infected by the virus that causes COVID-19, they should be monitored closely. Pregnant people can get very sick if infected by some viruses.

Who is most at risk for COVID-19 or severe illness if they have COVID-19?

- People who are at most risk for severe illness are people who are 50 years of age or older or who have other health conditions, including chronic lung disease, heart disease, diabetes, cancer or a weakened immune system.
- People with regular close contact with someone who has or could have COVID-19 are also at higher risk. This includes people who live in the same home, caretakers who work in the home or sexual partners.

What happens if a pregnant person develops COVID-19?

People who are pregnant can get COVID-19. With viruses that are similar to the virus that causes COVID-19, and with other viral respiratory infections such as influenza, pregnant people are at higher risk of developing severe illness. At this time, there are few data to know whether people who are pregnant are at greater risk for severe illness from COVID-19. It is always important for pregnant people to follow public health guidance on how to protect themselves from illnesses including COVID-19 (see the Section [What can pregnant people do to prevent COVID-19?](#) below).

At this time, it is not known if COVID-19 causes problems during pregnancy or affects the health of the baby. There have been a small number of reported problems with pregnancy or delivery, including preterm birth (before 37 weeks of pregnancy) in babies born to birthing parents who tested positive for COVID-19 during their pregnancy. It is not yet known if those problems occurred because of COVID-19.

Can people with COVID-19 breastfeed?

Yes, people with COVID-19 or symptoms of COVID-19 can breastfeed while taking precautions to avoid spreading the virus to their infant.

It is important that they wash their hands thoroughly with soap and water for at least 20 seconds immediately before breastfeeding and consider using a face covering. A face covering is any well-secured paper or cloth (like a bandana or scarf) that covers your mouth and nose. Another option is to pump or hand express milk. If using a pump, all parts of the pump should be washed thoroughly between uses. Consider having someone who is not sick and not symptomatic feed the baby the parent's milk in a bottle.

While the virus has not been detected in human milk, it is not yet known if COVID-19 can be passed on to a baby while nursing. Despite limited information at this time, because of the many benefits of nursing including providing the birthing parent's antibodies that protect the baby against infection overall, it is still recommended that parents who want to feed their baby human milk do so while following the precautions described above.

Can people with COVID-19 “room in” with or stay in the same room as their baby?

Some health care providers may recommend separating the baby from the parent who has COVID-19 or is being tested for COVID-19 while the parent is in the hospital to reduce the risk of the newborn becoming infected with COVID-19. This should be done on a case-by-case basis. This decision should be made jointly by the health care provider and the parent. A separation may last until the parent is no longer infectious. Longer separations may be required if the clinical situation changes. Options for separation include either keeping the baby more than 6 feet away from the parent if the newborn is in the same hospital room or a physical separation with another healthy adult to assist with care of the newborn.

Hospitals may also limit the number of visitors. Please ensure that your support team understands the need for this and follows the hospital staff's instructions that exist to keep you and your family safe. Your support team can include your partner, doula, friend or other family members you had planned to be present for both the labor and birth. For information on your rights during childbirth, visit [nyc.gov/health](https://www.nyc.gov/health) and search **respectful care at birth**.

What can pregnant people do to prevent COVID-19?

Pregnant people should do the same things as the general public to avoid infection.

- Stay home.
- Even if you feel well and have no symptoms, you must stay home as much as you can.
- Wash hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer if soap and water are not available.
- Cover your mouth and nose with a tissue or your sleeve when sneezing or coughing. Do not use your hands.

- Do not touch your eyes, nose or mouth with unwashed hands.
- Do not shake hands. Instead, wave.
- Monitor your health more closely than usual for fever, cough, difficulty breathing, sore throat or other cold or flu-like symptoms.
- Create more personal space between yourself and others, including by keeping at least 6 feet of physical space from others. This is called social distancing or physical distancing.
- Wear a well-secured face covering (like a bandana or scarf) that covers the mouth and nose when keeping at least 6 feet of physical distance may not be possible.

How do I practice physical distancing?

- Stay home as much as possible.
- Create at least 6 feet of physical space between yourself and others.
- Do not gather in crowds of any size.
- Work from home, if possible.
- Avoid all nonessential travel and interactions.

You can find additional information on preventing COVID-19 at nyc.gov/coronavirus.

Will I have to change my prenatal care appointments?

Given the recommendation to stay at home as much as possible, the number of appointments (in-person visits) you need to attend for prenatal care may change. There is not a lot of scientific evidence about how much monitoring a person with a low-risk pregnancy needs.

This means that you and your health care provider have more flexibility to adjust your care schedule without putting you or your fetus in danger. In addition, your provider may choose to do virtual visits with you. If this is the chosen method of follow-up, ask your provider to help you get some needed equipment — a home blood pressure monitor as well as urine testing strips. Consider signing up for your provider’s online portal to access your records and medication list.

If your health care provider still does in-person visits, these visits may be different as well. The visits may be shorter, and staff might not allow additional people to join you. However, if you are sick, do not go to your provider’s office. Contact them before you go to their office to let them know of your symptoms even if you already have a scheduled appointment.

Similar to in-person visits, you may receive only the minimum number of ultrasounds. In general, a pregnant person that is considered low-risk will only need to have an early pregnancy ultrasound and one again at about four months to examine the fetus. However, this may change as your clinical situation changes.

Do not go to a retail ultrasound location — they are often unlicensed and unmonitored. Do not stop seeing your provider — you can work together to make a plan that is best suited for you and your pregnancy.

Should I change my delivery plan or location of delivery?

For those that are late in their pregnancy, you may be concerned about going to a hospital to birth your baby. You may also be concerned about your birth plan. Given the challenges with this outbreak, your birth experience is very likely to be different from what you expect.

Some may now consider a home birth as a safer option. This can be a difficult choice. Many home birth providers may not accept new patients during this time. Consult with your provider if you have any questions or concerns about your place of delivery. They will advise you on the best course of action as well as the infection control policy in their facility.

If you are sick or have COVID-19 symptoms (fever, cough, difficulty breathing), contact your birthing facility before you arrive. This will allow them to prepare for your arrival.

If you are unable to get to your birthing facility of choice, read the American College of Nurse-Midwives “Giving Birth ‘In Place’: A Guide to Emergency Preparedness for Childbirth” for guidance on what to do if you are unable to travel to a birthing facility. To read this guidance, visit [midwife.org](https://www.midwife.org) and search for **giving birth in place**.

Information for people who have recently given birth (e.g. the “fourth trimester”)

It is normal to feel many emotions including sadness in the first few months after childbirth. Sometimes emotions can be difficult to handle. Continue to practice physical distancing to protect you and your baby but stay connected to your support network (friends, family and colleagues) using technology (for example, phone calls, social media, texting or video chat applications like Skype and FaceTime). Your friends and family may be eager to see you and meet the new baby but physical distancing and the tips mentioned in the Section [What can pregnant people do to prevent COVID-19?](#) (above) are still important to practice during this outbreak.

About one in ten people become depressed during pregnancy and about half of them have postpartum depression after the baby's birth. If you or someone you know is depressed, help is available. To learn more about postpartum depression, visit nyc.gov/health and search for **postpartum depression**.

If the symptoms of stress or depression become overwhelming, you can connect with counselors at NYC Well, a free and confidential mental health support service. NYC Well staff are available 24/7, and can provide brief counseling and referrals to care. For support, call 888-NYC-WELL (888-692-9355), text “WELL” to 65173 or chat online at nyc.gov/nycwell.

If you have thoughts of harming yourself or your baby, call **911**. Call **311** for information about free and low-cost services and hotlines in New York City.

Other resources for new parents:

- For information on the “fourth trimester”, visit The Fourth Trimester Project at newmomhealth.com.
- For information on postpartum depression, visit Postpartum Support International (PSI) at

[postpartum.net](https://www.postpartum.net), call the PSI HelpLine at 800-944-4773 (available in English and Spanish), or text 503-894-9453 (English) or 971-420-0294 (Spanish). Message and data rates may apply.

- As always reach out to your health care provider by phone, email or text, particularly since in-person health care visits are being limited at this time. If you do not have a health care provider, call **311**.