

Email from Oregon Midwifery Council

Sent March 17, 2020

OMC hopes to be a source of information and support to midwives during the COVID-19 (Coronavirus) pandemic. We are all challenged to be responsible, calm, and self-protective so we can serve our clients. Our community is experiencing a range of feelings from calm and trust to anxiety, fear, or panic. We would all love to know that we will stay healthy and able to care for our clients. We might feel daunted or excited by calls from those planning hospital births who are now having second thoughts. Having clear boundaries, open hearts, and up-to-date information will be our safeguards as midwives and humans. We hope this email provides you with all the current and accurate information you need in one place:

Symptoms of COVID-19

- Dry cough
- Fever
- Shortness of breath

People can have no symptoms or mild symptoms and still pass this virus on to others.

COVID-19 is not “just like the flu.” All of the current evidence points to a higher mortality rate and more people who are critically ill than with the flu.

[CDC Symptoms of COVID-19](#)

COVID-19 in Oregon

The number of presumed cases of COVID-19 in Oregon is growing rapidly and many hospitals are already majorly impacted. Because of extremely limited testing the current number of confirmed cases does not reflect the actual number of people infected or the number of people who are critically ill and hospitalized.

Through personal communication with people working in emergency rooms we understand that some hospitals are already facing a critical situation with significant numbers of presumptive cases arriving during each new shift. It is important for midwives to know that this pandemic is serious and to promote social distancing to help limit a sharp rise in cases so that our healthcare system is not more overwhelmed than it already is.

Social distancing is a proven technique to slow the spread of disease in a pandemic. It means group gatherings should be cancelled and those who can do so stay home from work and 6 feet away from people outside their household.

Impact of COVID-19 on birthing families and midwives

While we won't have detailed information about outcomes of COVID-19 in pregnant people and babies for at least a few months, we know that it can be serious. Aside from the direct health impact on our clients, there may be significant impacts for birthing families and midwives because of major changes to the health care system.

Already midwives are reporting a significant increase in inquiries from pregnant families who are seeking to change from a planned hospital birth to a home or birth center birth to avoid exposure in the hospital. This is likely to increase as the COVID-19 pandemic continues. Our CNM and OB colleagues in the hospital are preparing for bed shortages and provider shortages as resources shift to this crisis and providers become ill and this may also impact the number of people we are serving in community settings.

Midwives can help clients and their families stop the spread of this virus by providing information about the importance of hand washing and social distancing

There may be an increased need for midwives in the coming months so it is important for us to keep ourselves healthy through hand washing and social distancing when we are not providing direct care.

Clinical Guidance

Some organizations are recommending that we minimize in-person visits by delaying in-person prenatal visits until 18-20 weeks unless there is an indication and changing to monthly visits until 36 weeks or visits every 3 weeks instead of every 2 weeks between 32-36 weeks.

Use phone calls and online visits to evaluate concerns when in-person contact is not necessary.

Screen clients by phone during first contact in labor for symptoms of COVID-19 and transfer to hospital if symptomatic.

[CDC COVID-19 Pregnancy and Breastfeeding Information](#)

[CDC Information for Healthcare Professionals](#)

Hospital transfers

Inquire with your local hospital(s) about their labor support policy during this pandemic and prepare your clients for the possibility of limits on number of support people. Some hospitals are limiting to one support person during labor.

Hospitals may be at capacity so try to give them as much notice as possible before a transfer and plan for flexibility if you have more than one hospital option.

If a laboring client has symptoms of COVID-19, transfer to the hospital and give the hospital as much notice as possible so that they have time to prepare to receive the client in a way that doesn't expose healthcare providers and other mothers and babies. Prepare the client for the current US standard of care: separation of mother and newborn. The right to informed choice should still apply if the client wants to refuse to be separated from their baby. Guidelines from Canada and the UK may be useful to support an informed choice for a client with COVID-19 to stay with her newborn.

Create a back-up plan for your practice

It is very important that midwives not provide client care if they are feeling sick (even minor symptoms) both because many people will only have minor symptoms and still will be contagious and because COVID-19 testing is not readily available so it cannot be ruled out at this time.

Each midwife and practice should have clear back-up plans in place for coverage of births, prenatal visits and postpartum visits during this pandemic.

Communicate with clients about COVID-19

Midwives should clearly communicate to clients that no clients or support people should come to the office (or have the midwives come to their home) if they are experiencing respiratory symptoms, even mild ones.

If a client is having symptoms of COVID-19 they should contact their primary care provider but not go to the clinic. The primary care provider will assess whether in-person treatment is needed and refer to the hospital if so.

Consider contacting clients before each visit to check that they are well before confirming the visit.

Personal protection

Wash or sanitize your hands between each client and anytime you touch your face during appointments

Midwives should not attend a home birth or birth center birth with a person who has symptoms of COVID-19 because we do not have adequate personal protective equipment (PPE).

Gloves are not currently recommended for routine prenatal visits with well women

Office and birth center precautions and cleaning

Clean each high-touch surface in the office between visits

Clean stethoscope, doppler, and other equipment between each client use

Remove toys from office for the time-being

[CDC Resources for Clinics and Healthcare Facilities](#)

Guidelines from professional organizations

[ACOG Practice Advisory](#)

[SOGC Committee Opinion \(Canada\)](#)

[RCOG Guidance \(UK\)](#)

[International Lactation Consultant Association Resources](#)

Future communications

OMC will plan to share critical information with midwives as the situation changes. Each regional representative will plan to discuss COVID-19 at your next regional meeting which will be online. Please be in contact with Silke Akerson at silke@oregonmidwiferycouncil.org with questions, concerns, and information you think Oregon midwives should have.

NACPM is providing a webinar for midwives on Coronavirus this Thursday. Registration is currently full but we will provide you with a link to the recording as soon as it is available.

Silke Akerson and Celeste Kersey

Oregon Midwifery Council