

# Frequently Asked Questions (FAQs) for the Perinatal and Infant Populations, provided by the Kansas Department of Health and Environment (KDHE)

April 30, 2020

This frequently asked questions document is based on what is currently known about the spread and severity of coronavirus disease 2019 (COVID-19). Please check the [KDHE website](#) periodically for updated information and guidance.

This document is intended for pregnant women, mothers, and individuals serving pregnant and postpartum mothers and infants.

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## **Q. Are pregnant women at greater risk of contracting COVID-19?**

A. There is very little information at this stage, so we do not currently know if pregnant women are at greater risk of getting COVID-19. We do know that pregnant women experience changes in their bodies that may increase their risk for contracting some infections. We also know that pregnant women have had a higher risk of developing severe illness with viruses from the same family as COVID-19 and other viral respiratory infections such as influenza. Therefore, it is important for pregnant women to take extra precautions to protect themselves from illness and talk with their doctor.

## **Q. Can COVID-19 cause problems for a pregnancy or be passed on to the unborn baby? Updated 4/30/20**

A. There is not enough information, research, or literature to definitively answer the question as to whether COVID-19 can cause problems during pregnancy. We also do not know if a pregnant woman with COVID-19 can pass the virus to her baby during pregnancy or delivery. There have been a very small number of newborns who have tested positive after being born to a mother with COVID-19, but due to an extremely small number of cases, studies still have not determined when the newborn became infected with the virus. It is unclear if it occurred in the womb, during the birthing process, or immediately after birth. The virus has not been found in samples of amniotic fluid, umbilical cord blood or breastmilk. It is critical that appropriate precautions are taken after delivery to prevent the spread of the virus from the mother to the infant. At this time, experts say there is no need to change the timing or method (cesarean vs. vaginal) of delivery to decrease the risk of spread to the infant. Overall, babies seem to do fairly well, with mild symptoms and good outcomes, although a limited study has shown infants to have a higher rate of severe disease than older children. In the rare case of infant death, it has not been determined if it was due to the virus or other underlying (original, or already existing) conditions.

**Q. Is it safe to breastfeed my baby? Updated 4/30/20**

A. Yes. Breast milk provides protection against many illnesses and is the best source of nutrition for most infants. Breastfed infants are generally less likely to have severe respiratory symptoms if they get sick. Breastfeeding is good for moms, releasing hormones during breastfeeding that promote wellness and can relieve stress and anxiety. Breast milk is readily available, and especially important during emergencies. In limited studies on women with COVID-19 and another coronavirus infection, the virus has *not* been detected in breastmilk. For moms who are infected with COVID-19, breastfeeding directly and pumping breast milk to be fed via bottle by an uninfected caregiver are both options for providing the best nutrition (breast milk) to babies. COVID-19 spreads between people who are in close contact, mainly through respiratory droplets when an infected person coughs, sneezes, or talks. Therefore, if the person feeding the baby by breast or bottle is COVID+, he/she should wear a face mask or mouth/nose covering and wash their hands before each feeding, as well as during breast milk pumping and/or any bottle preparation, to reduce the risk of transmission. All bottle, breast pump parts and supplies should be cleaned thoroughly following [CDC guidelines](#). For more information please review resources about [COVID-19 and breastfeeding](#) provided by the Kansas Breastfeeding Coalition. As always, it is important to talk with your doctor and a breastfeeding support professional to weigh the risks and benefits and help determine what is best in an individual situation.

**Q. How can I protect myself and my family from contracting COVID-19?**

A. Follow the below guidance to prevent the spread.

- Frequently wash hands with warm, soapy water for at least 20 seconds.
- Use alcohol-based hand sanitizer when handwashing is unavailable.
- Clean commonly used surfaces (e.g., countertops, tables, doorknobs) regularly with disinfectant (pregnant women should wear gloves or use green products with disinfectant agent, or ideally have another household member clean the surface when possible).
- Avoid contact with sick people.
- Cover your coughs (coughing into your elbow).
- If you or your family has not yet received vaccines for Influenza, get vaccinated now.
- Practice social distancing and staying at home:
  - Only go out for essential items.
  - Avoid gathering in groups (10 people or less).
  - Keep distance of 6 feet, if you must go out.
- Wear masks or cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies). Cloth face coverings should not be placed on young children under age 2 due to risk of suffocation and strangulation.

**Q. When should I contact my medical provider?**

A. Symptoms of pregnancy and postpartum related complications should always be communicated to your provider immediately. See this [video](#) on the importance of staying in communication with your provider regarding concerns with your baby's well-being during pregnancy. Related to COVID-19 concerns, call right away if you experience a fever of 100.4 or greater, cough, shortness of breath, or difficulty breathing.

**Q. Should I still go to my prenatal and postpartum appointments?**

A. Continuing to see your provider throughout your pregnancy and in the postpartum period is the number one way to ensure that both you and your baby are healthy and doing well. Some providers may choose alternative options for routine check-ups for low-risk patients, such as altering the frequency or method of appointments (for example, offering appointments virtually via telehealth). Make sure that your contact information, including phone number and email, are always up-to-date with your healthcare providers so these changes can be communicated to you timely and easily.

**Q. How will this outbreak affect my delivery experience?**

A. It's hard to predict how the COVID-19 pandemic will impact your labor and delivery experience, but be prepared for possible changes, such as shorter hospital stays and limitations on visitors and/or support persons. Although this may cause feelings of being anxious or scared, you can be reassured that there will be continuous support from a labor nurse. Your doctor and local birth center can keep you up-to-date on changes to normal procedures. Although the COVID-19 pandemic may change the labor and birth experience you planned for, it will continue to be special and memorable in so many ways.

**Q. If I have Medicaid or KanCare coverage for my pregnancy, how will it be affected by this pandemic?**

A. As a KanCare beneficiary during your pregnancy, your coverage will extend beyond the typical coverage period of 60-days postpartum, until the end of the month in which the COVID-19 emergency period ends. Make sure that your contact information, including phone number and email, are always up-to-date with your KanCare provider so any changes in your benefits can be communicated to you easily.

**Q. How can I keep my newborn safe? Updated 4/30/20**

A. Good hygiene (handwashing) and social distancing are the most effective ways to keep your infant safe from communicable diseases such as COVID-19. All caregivers should be reminded to wash hands thoroughly before touching bottles and other feeding supplies, and before feeding or caring for an infant or child. Continuing to follow all public health recommendations, lining up a symptom-free support person to help drop off supplies, and connecting with friends and family virtually (phone, text, FaceTime, social media) will limit the exposure of the virus/disease to you and your family. While

screen time is typically not recommended for infants, connecting to loved ones via video chatting such as FaceTime is considered safe in limited amounts.

Ways of keeping your children safe:

- [Wash hands](#) often with soap and water for at least 20 seconds.
- Use alcohol-based hand sanitizer when handwashing is unavailable.
- Reduce close contact with others by practicing social distancing. Limit public exposure and avoid unnecessary public contact.
- If going out with the child is **essential**:
  - Cover the infant carrier (NOT THE INFANT) with a light-weight blanket, which helps protect the baby, but still gives them the ability to breathe comfortably.
  - Make the trip and time of coverage as brief as possible.
  - Do not leave the blanket on the carrier in the car or at any time when the baby and carrier are not in direct view by an adult caregiver.
  - Children **only over the age of 2** should wear a mask or cloth face covering.
- Keep your children away from others who are sick and keep them home if they are sick.
- Teach kids to cough and sneeze into a tissue or their arm or elbow, not their hands.
- Clean commonly used surfaces regularly with disinfectant. Clean commonly touched surfaces (e.g., countertops, tables, doorknobs) regularly with disinfectant.
- Wash stuffed animals or other plush toys in the warmest water possible, being sure to dry them completely.
- Teach children to avoid touching face.
- Follow local and state guidance on travel and stay-at-home restrictions.

**Q. What extra precautions can I take to protect my baby if I have, or am suspected of having, COVID-19? Updated 4/30/20**

A. If you have COVID-19 or are suspected of having COVID-19, staying in a different room from your baby is the safest way to keep your newborn healthy. A healthy caregiver should take care of the baby and can feed expressed breast milk. If you and your family decide to keep your baby in the same room as you, keep a distance of at least 6 feet from your baby when possible. When closer than 6 feet, wear a mask and make sure your hands are clean. Be sure not to touch the front of the mask, and change out the mask when it is damp. You can stop isolating yourself from your baby once you are fever-free without use of fever medicines (acetaminophen or ibuprofen) for at least 72 hours; when your other symptoms of COVID-19 are improving; **and** when at least 7 days have passed since your symptoms started.

**Q. Should I take my baby/child to his/her regularly scheduled well-child appointments? Updated 4/30/20**

A. Yes. It is important to continue with regularly scheduled pediatric appointments and to continue with vaccinations as scheduled. These efforts will help protect your baby/child from other illnesses and will assure your baby/child grows and develops properly. Some providers may choose alternative options for routine check-ups for low-risk patients, such as altering the frequency or method of appointments (for example, offering appointments virtually via telehealth), or providing well-child and sick-child care at different times of the day or in separate spaces. Make sure that your contact information, including phone number and email, are always up-to-date with your healthcare providers so these changes can be communicated to you timely and easily.

**Q. What symptoms should I be watching for in my baby?**

A. Monitor for fever and call your baby's provider if he/she has a fever of 100.4 degrees Fahrenheit or higher, even if there are no other symptoms. Other symptoms to be aware and to report to your provider include:

- How well is your baby feeding?
- How alert is your baby?
- How many wet diapers is your baby having?
- How hard is your baby working at breathing?
- Have you noticed any discoloration of your baby's lips?

**Q. Should I continue to receive other health and support services?**

A. Because the prenatal and postpartum periods are a very vulnerable time in families' lives, it is important to stay connected with support services in your community. Most resources and support services, such as WIC, home visiting and mental health services, continue to be available. These services may be offered through alternative methods, such as telephonic or virtual options; therefore, it is important to stay informed through local communication (e.g., contacting the service provider/agency, visiting their website, social media, local newspapers, and radio stations) and keeping your contact information up-to-date with all service providers.

**References and Additional Information and Resources: Updated 4/30/20**

- [Clinical Guidance on COVID-19](#) by the American College of Obstetricians and Gynecologists (ACOG)
- [COVID-19 Resource Center](#) provided by the Kansas Department of Health and Environment (KDHE)
- [Weighing the Risks and Benefits of Separating Infected Mothers from Infants](#) by Harvard Medical School
- Information on [COVID-19 during Pregnancy and Breastfeeding](#) by the Centers for Disease Control (CDC)

- [Breastfeeding During COVID-19 Pandemic](#) by the American Academy of Pediatrics (AAP)
- [Question and Answer \(Q&A\) on COVID-19 and Breastfeeding](#) by the World Health Organization
- [Handout on Handwashing](#) by CDC
- [Managing Anxiety and Stress related to COVID-19](#) by CDC
- [Taking Care of Your Emotional Health during an Emergency](#) by CDC
- [Tips for Social Distancing, Quarantine, and Isolation during an Infectious Disease Outbreak](#) - includes Helpful Resources and Hotlines – by SAMHSA
- [Use of Cloth Face Coverings to Help Slow the Spread of COVID-19](#) by CDC
- [Use of Cloth Face Coverings with Children](#) by Nationwide Children's Organization