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

February 28, 2022

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.

Q. Is the COVID-19 vaccine safe and recommended for pregnant and lactating people? Updated 2/28/22

A. Evidence about the safety and effectiveness of COVID-19 vaccination during pregnancy, although limited, has been growing. It suggests that the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy.[i] The Centers for Disease Control and Prevention (CDC) has released the first U.S. data on the safety of the Pfizer and Moderna mRNA COVID-19 vaccines administered during pregnancy via the [New England Journal of Medicine](#). This study, based on analyses of data from three vaccine safety-related databases, did not identify any safety concerns for vaccinated pregnant people or their babies.[ii] CDC analysis of current data from the CDC v-safe pregnancy registry (a health registry that collects health information from people who received the COVID-19 vaccination in the periconception period or during pregnancy) assessed vaccination early in pregnancy and did not find an increased risk of miscarriage among nearly 2,500 pregnant women who received an mRNA COVID-19 vaccine before 20 weeks of pregnancy.[iii] Recent studies from Israel compared people who were pregnant and received an mRNA COVID-19 vaccine with people who did not. Scientists found that vaccination lowered the risk of infection from the virus that causes COVID-19.[i] Data from these studies, combined with the known severe risks of COVID-19 during pregnancy, demonstrate that the benefits of receiving a COVID-19 vaccine for pregnant people outweigh any known or potential risks. "CDC encourages all pregnant people or people who are thinking about becoming pregnant and those breastfeeding to get vaccinated to protect themselves from COVID-19," said CDC Director Dr. Rochelle Walensky. The increased circulation of the highly contagious variants, the [low vaccine uptake among pregnant people](#), and the increased risk of severe illness and pregnancy complications related to COVID-19 infection among pregnant people make vaccination for this population and their partners more urgent than ever.[iii]

The American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM), the two leading organizations representing specialists in obstetric care, strongly recommend that all eligible persons, including pregnant, recently pregnant (up to 42 days postpartum) and lactating individuals, receive a COVID-19 vaccine or vaccine series, including the FDA authorized booster dose. In making the strong recommendation in support of vaccination during pregnancy, both national organizations emphasize concerns about significant increases in COVID-19 cases due to the Delta variant [as well as other new variants] and the regional low rates of vaccination in states across the country. Recent data have shown that more than 95% of those who are hospitalized and/or dying from COVID-19 are those who have remained unvaccinated. Pregnant individuals who have decided to wait until after delivery to be vaccinated may be inadvertently exposing themselves to an increased risk of severe illness or death. Those who have recently delivered and were not vaccinated during pregnancy are also strongly encouraged to get vaccinated as soon as possible.[iv]

ACOG also recommends:
- Obstetrician-gynecologists and other women's health care practitioners should lead by example by being vaccinated and encouraging eligible patients to be vaccinated.
- While a conversation with a clinician may be helpful, it is not a requirement prior to vaccination, as this may cause unnecessary barriers to access.
- For patients who do not receive any COVID-19 vaccine, the discussion should be documented in the patient's medical record. During subsequent office visits, obstetrician–gynecologists should address ongoing questions and concerns and offer vaccination again.
- The mRNA COVID-19 vaccines are preferred over the J&J/Janssen COVID-19 vaccine for all vaccine-eligible individuals, including pregnant and lactating individuals, for primary series, primary additional doses (for immunocompromised persons), and booster vaccination.
- Moderately to severely immunocompromised people should receive a third dose of the Pfizer-BioNTech and Moderna mRNA COVID-19 vaccines at least 28 days after the completion of the initial mRNA COVID-19 vaccine series.
- Similar to their non-pregnant peers, pregnant individuals can get a COVID-19 vaccine in any setting authorized to administer these vaccines. This includes any clinical setting and non-clinical community-based vaccination sites such as schools, community centers, and other mass vaccination locations.
- Pregnancy testing is not a requirement prior to receiving any EUA-approved COVID-19 vaccine.
- Claims linking COVID-19 vaccines to infertility are unfounded and have no scientific evidence supporting them. ACOG recommends vaccination for all eligible people who may consider future pregnancy.

- Expected side effects should be explained as part of counseling patients, including that they are a normal part of the body's reaction to the vaccine and developing antibodies to protect against COVID-19 illness.
- COVID-19 vaccines may be administered simultaneously with other vaccines, including within 14 days of receipt of another vaccine. This includes vaccines routinely administered during pregnancy, such as influenza and Tdap. [v]

While the ACOG recommendation above reports that a conversation with a healthcare provider is not a requirement of vaccination, it is important for you, as a pregnant or breastfeeding woman, to stay informed and talk with your healthcare provider so you can make an informed decision that is best for you and your baby, based on your history, level of risk and likelihood of exposure. Key considerations you can discuss with your healthcare provider include:
- Likelihood of exposure to the virus that causes COVID-19
- Possible health risks of COVID-19 to you and your fetus or infant
- What is known about COVID-19 vaccines:
    - How well they work to develop protection in the body
    - Safety of COVID-19 vaccination during pregnancy
    - How vaccination might pass antibodies to the fetus. Recent reports have shown that people who have received COVID-19 mRNA vaccines during pregnancy (mostly during their third trimester) have passed antibodies to their fetuses, which could help protect them after birth. [ii]

Other CDC recommended resources available to you if you would like to speak to someone about COVID-19 vaccination during pregnancy include:
- MotherToBaby. MotherToBaby experts are available to answer questions in English or Spanish by phone or chat. The free and confidential service is available Monday–Friday 8am–5pm (local time). To reach MotherToBaby:
    - Call 1-866-626-6847
    - Chat live or send an email MotherToBaby

If you are pregnant and have received a COVID-19 vaccine, ACOG and the CDC encourages you to enroll in v-safe. V-safe is CDC's smartphone-based tool that uses text messaging and web surveys to provide personalized health check-ins after vaccination. A v-safe pregnancy registry has been established to gather information on the health of pregnant people who have received a COVID-19 vaccine. If people enrolled in v-safe report that they were pregnant at the time of vaccination or after vaccination, the registry staff might contact them to learn more. Participation is **voluntary**, and **participants may opt out at any time**. [ii]

For more information on vaccination guidance, please review the following resources:
- ACOG's Clinical Guidance on Vaccinating Pregnant and Lactating Patients Against COVID-19

- CDC's Guidance on [COVID-19 Vaccines While Pregnant or Breastfeeding](#)
- New CDC Data: [COVID-19 Vaccination Safe for Pregnant People](#)
- [Kansas COVID-19 Vaccine Information](#)
- Featured Resources on COVID-19 Vaccines within the CDC's [Toolkit for Pregnant People and New Parents](#)

Q. Is a booster dose recommended for pregnant people? **Updated 2/28/22**
A. Everyone who is eligible, including those who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future, should get a [booster](#) shot and stay up-to-date with their COVID-19 vaccines.[vi]

ACOG recommends:
- All individuals aged 12 years and older who received an initial COVID-19 vaccine or vaccine series should receive a single booster dose of COVID-19 vaccine.
  - Individuals who **received J&J/Janssen** vaccine should receive a COVID-19 booster at least 2 months following their initial vaccine.
  - Individuals who **received an mRNA** vaccine should receive a booster 5 months following their initial vaccine series
- Pregnant and recently pregnant people up to 6 weeks postpartum receive a booster dose of COVID-19 vaccine following the completion of their initial COVID-19 vaccine or vaccine series.
- Individuals may receive any vaccine product available to them for their booster dose; they do not have to receive the same product as their initial vaccine or vaccine series; however:
  - The mRNA vaccines are preferred over the J&J/Janssen COVID-19 vaccine.
  - Adolescents aged 12–17 years are eligible for only the Pfizer-BioNTech COVID-19 vaccine.[V]

For more information on booster guidance, please review [CDC's Guidance on COVID-19 Vaccine Booster Shots.](#)

Q. Are pregnant people who have COVID-19 at greater risk for severe illness?
A. Based on what we know at this time, pregnant and recently pregnant (for at least 42 days following end of pregnancy) people are at an increased risk for severe illness from COVID-19 compared to non-pregnant people.[vii] A recent CDC Morbidity and Mortality Weekly Report (*[MMWR)](#)* [study](#) found that pregnant people are more likely to be admitted to the intensive care unit (ICU), receive invasive ventilation and extracorporeal membrane oxygenation (ECMO - a treatment that uses a pump to circulate blood through an artificial lung and back into the bloodstream of a very ill person), and are at increased risk of death compared to non-pregnant people who have COVID-19.[viii] Information suggests that pregnant people with comorbidities (more than one disease or

condition) such as obesity and diabetes have a higher risk for severe illness then the general population with similar comorbidities.[ix] Additionally, studies are finding that other factors, such as race, ethnicity, age (older than 25 years) and occupation, can further increase a pregnant person's risk for developing severe illness.[x] However, as pregnancy itself has now been identified as a risk factor for certain outcomes, more research is needed to determine the magnitude of this increased risk.[iii] Therefore, it is important for pregnant and recently pregnant people, as well as those who live with them, to take extra precautions to protect themselves from getting sick with COVID-19. They are encouraged to talk with their provider about any concerns they may have.[viii]

Q. Can COVID-19 cause problems for a pregnancy or be passed on to the unborn baby?
A.   Pregnant and recently pregnant people are more likely to get severely ill from COVID-19 compared to non-pregnant people. Changes that occur in the body during pregnancy that increase risk for severe illness from respiratory viral infections like COVID-19 can continue after pregnancy. For example, increased risk for developing blood clots during pregnancy can continue after pregnancy and increase the risk for severe illness, as seen in recently pregnant people diagnosed with H1N1 influenza.[viii]

Severe illness means that a person with COVID-19 may need:
- Hospitalization
- Intensive care
- A ventilator or special equipment to help them breathe

 A study published in April in *JAMA Pediatrics* that was based on 2,100 pregnant women across 18 low-, middle- and high-income nations found pregnant people with COVID-19 were 20 times more likely to die than those not infected.[xi] See why pregnancy is included in the list of underlying medical conditions that increase a person's risk of severe illness from COVID-19.[viii]

Pregnant people with COVID-19 are at increased risk for preterm birth (delivering the baby earlier than 37 weeks) and might be at increased risk for other poor outcomes related to pregnancy compared to pregnant people without COVID-19. Other poor pregnancy outcomes, such as pregnancy loss, have been reported.[viii] See the latest data on birth and infant outcomes among pregnant women with COVID-19.

Although there are cases reported of transmission of the virus from mom to baby in-utero or during the birthing process, the data are reassuring that this appears to be uncommon.[iii] Transmission to the baby is thought to occur primarily through respiratory droplets during the postnatal period when neonates are exposed to mothers, other caregivers, visitors, or healthcare personnel with COVID-19.[xii] 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.[vii] Most newborns who have tested positive for COVID-19 had mild or no symptoms and have recovered fully. However, there are a few reports of newborns with severe illness.[i] 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.

Current data [gathered through case reviews and the Perinatal COVID-19 Registry] suggest that approximately 2-5% of infants born to women with COVID-19 near the time of delivery have tested positive in the first 24-96 hours after birth. Emerging evidence supports the highest risk of infection to newborns is when a mother has onset of COVID-19 near the time of delivery. [It is] not yet know[n] if any of the newborns reported to the American Academy of Pediatrics (AAP) Registry have become ill at home following hospital discharge. There are few case series of pediatric COVID-19 published to date, but clinicians and families should be aware that there are published reports of infants requiring hospitalization before one month of age due to severe COVID-19 infection.[xiii]

Although there is much that is still unknown about this virus and its effect on perinatal persons and infants, what we do know tells us how extremely important it is for you and your baby to have frequent follow-up with your medical provider/s during the pregnancy, postpartum, and newborn periods.

Q. Is it safe to breastfeed my baby?
A. Yes. The AAP strongly supports breastfeeding as the best choice for infant feeding.[v] 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 that promote wellness and can relieve stress and anxiety. Breast milk is readily available, always the right temperature and especially important during emergencies when access to other feeding methods may be limited.

Current evidence suggests that breast milk is not likely to spread the virus to babies. 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+ or has been potentially exposed, 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. One should always wash hands with soap and water for 20 seconds before breastfeeding or expressing breast milk, even if not COVID+. All bottle, breast pump parts and supplies should be cleaned thoroughly following CDC guidelines.[v]

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? Updated 2/28/22
A. **There is no way to ensure you have zero risk of infection,** so it is important to understand the risks and know how to be as safe as possible. Consider your own personal situation and the risk for you, your family, and your community when deciding whether or not to go out or interact with people who do not live with you. Ensure you and the people who live with you are taking steps to protect themselves.

Follow the below guidance to reduce the risk of spreading COVID-19. Even if you have received the COVID-19 vaccine, it's important to continue taking the steps below to help stop the spread of COVID-19.[iv] To maximize protection from variants and prevent possibly spreading the virus to others, fully vaccinated people should wear a mask indoors in public in areas of substantial or high transmission. With the emergence of variants, this is more urgent than ever.[v]

- Strongly consider getting the COVID-19 vaccine series, including booster dose. As noted above, the COVID-19 vaccine has been assessed to be safe for pregnant and breastfeeding persons and their partners. Talk with your healthcare provider if you have questions about getting vaccinated.
- Limit in-person interactions with people who might have been exposed to or who might be infected with COVID-19, including people within your household, as much as possible.
- Take steps to prevent getting COVID-19 when you do interact with others not in your private home:
    o Wear a mask when indoors in public in a community determined to have a high level of risk. **Check the COVID-19 community level for your area** here. Find more information on KDHE Mask Guidance here. Cloth face coverings should **not** be placed on young children under age 2 due to risk of suffocation and strangulation.
    o Keep space between yourself and others (stay at least 6 feet away, which is about 2 arm lengths).
    o Avoid crowds.
    o Avoid poorly ventilated indoor spaces.
- Test to prevent spread to others. Regardless of the test type you select, a positive test result means that you have an infection and should isolate and inform your close contacts to avoid spreading disease to others.
- Frequently wash hands with warm, soapy water for at least 20 seconds.
- Use alcohol-based hand sanitizer with at least 60% alcohol when handwashing is unavailable.

- Clean commonly used surfaces (e.g., cell phones, personal electronic devices, remote controls, countertops, cabinet handles, tables, doorknobs, light switches) regularly with soap or detergent.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Cover your coughs (coughing into your elbow).
- If you or your family has not yet received vaccines for Influenza, and all other recommended vaccinations, get vaccinated now.

Q. What should I do if I am pregnant and diagnosed with COVID-19? Updated 1/25/22
A. If you are diagnosed with COVID-19, and pregnant or recently pregnant, contact your prenatal care provider right away, even if symptoms are mild. New outpatient treatments are available under emergency use authorization (EUA), for the treatment of outpatient persons who are infected with COVID-19 and who are at high risk of clinical progression as defined by the EUA criteria. Pregnancy is included among the conditions that put individuals at high risk for clinical progression. Treatment must be started within the first days after infection to be effective, so it is important to call your healthcare provider right away.[xiv] Follow the advice from the CDC and your ob-gyn or other health care provider. The current CDC advice for all people with COVID-19 includes the following:
- Stay home except to get medical care. Avoid public transportation.
- Speak with your health care team over the phone before going to their office. Get medical care right away if you feel worse or think it's an emergency.
- Separate yourself from other people in your home.
- Wear a face mask when you are around other people and when you go to get medical care.
- Monitor your symptoms and follow care instructions from your provider and local health department.[xv]

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. Seek medical care immediately if you experience any urgent maternal warning signs and symptoms. These could indicate a potentially life-threatening complication.

Related to COVID-19 and potential associated complications, call right away if you test positive for COVID-19, or you experience:

- Fever of 100.4 or greater
- Cough
- Shortness of breath
- Difficulty breathing

- Fatigue
- Chills, muscle pain or body aches
- Sore throat
- New loss of taste or smell
- Nausea or vomiting
- Diarrhea
- Chest pain or pressure
- Swelling or pain in only one leg
- Sudden severe headache
- Sudden confusion
- Being unable to respond to others
- Blue lips or face

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. Due to potential complications caused by the virus in the prenatal as well as in the postpartum period, there may be need for additional monitoring and screening for women testing positive for COVID-19 during pregnancy, thus it is extremely important to stay in close contact with your prenatal care provider throughout your pregnancy and postpartum period. 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. Getting the recommended vaccines during pregnancy can help protect you and your baby. It's also a good idea to keep a 30-day supply of medications on hand if possible.[ii]

Q. How will this pandemic affect my delivery experience?
A. It's hard to predict exactly how the COVID-19 pandemic will impact your labor and delivery experience, but be prepared for likely changes, such as universal testing for COVID-19 prior to admission and limitations on visitors and/or support persons. In most cases, early discharge in an effort to reduce risk of COVID-19 infection has been found to provide no advantage to the newborn and may place additional burden on the family.[vi] If you are suspected or confirmed to have COVID-19, you should notify your prenatal care provider and the facility you will be delivering at, prior to arrival, to assist the healthcare team in making the appropriate infection control preparations.[iii] While you may be required to wear a mask in the hospital or birth center, it is recommended that pregnant women do not wear a mask while pushing during labor, as this may be difficult. For this reason, your health care team should wear masks or other protective breathing equipment. They also may take other steps to reduce the risk of spreading the virus, including wearing goggles or face shields.[iv]

Although this may cause feelings of being anxious or scared, you can be reassured that there will be helpful support from a labor nurse throughout your labor and delivery experience. Your provider and local birth center staff 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 safe, special and memorable in so many ways. If you have questions or concerns about what your birthing experience may look like, ask your provider or birthing center staff to walk you through the restrictions and accommodations. During this conversation you can ask questions about having your support person with you, having your infant stay in your room after birth, breastfeeding, mask-wearing, etc.

Q. Should I consider separation from my baby while in the hospital if I have tested positive for COVID-19 or am suspected of having it?
A. Initial AAP guidance recommended temporary separation of newborns from infected mothers as the safest means to prevent the newborn infant from becoming infected. This cautious guidance was provided because the risks of perinatally and postnatally-acquired newborn infection were unknown. [The latest evidence now suggests] that the risk of the newborn acquiring infection during the birth hospitalization is low when precautions are taken to protect newborns from maternal infectious respiratory secretions. This risk appears to be no greater if mother and infant room-in together using infection control measures compared to physical separation of the infant in a room separate from the mother.[ii]

When a mother is confirmed or suspected to be COVID-19 positive, the mother should maintain a reasonable distance from her infant when possible during the birth hospitalization. When mother provides hands-on care to her newborn, she should wear a mask and perform hand-hygiene. Use of an isolette may facilitate distancing and provide the infant an added measure of protection from respiratory droplets. If using an isolette, care should be taken to properly latch doors to prevent infant falls. If non-infected partners or other family members are present during the birth hospitalization, they should use masks and hand hygiene when providing hands-on care to the infant.[ii]

Q. Should I consider home birth?
A. According to the American College of Obstetrics and Gynecologists (ACOG), hospitals are still the safest place to give birth, even during the COVID-19 pandemic. This is particularly true for pregnant women who are considered high risk. Even in healthy pregnancies, labor and delivery complications can arise suddenly, leading to medical emergencies that require immediate medical attention.

Q. Can I travel?
A. Travel recommendations are in place and are updated as the virus continues to spread. Check with your local or state health department for information about travel in your area. See also the CDC's Coronavirus Disease Information for Travel page for the latest global updates.

Q. How can I keep my newborn safe? Updated 2/28/22
A. Get vaccinated against COVID-19. Getting your COVID-19 vaccine series, including booster dose, is one of the most effective ways of protecting your baby from the infection. Getting vaccinated during pregnancy creates coronavirus antibodies in your body that can be passed on to your baby. In fact, studies show that getting vaccinated during the first 20 weeks of your pregnancy creates an even stronger protection for your baby.[xvi] In addition, 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 (with at least 60% alcohol) 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., cell phones, personal electronic devices, remote controls, countertops, tables, cabinet handles, doorknobs, light switches) 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, social distancing and mask wearing requirements based on local COVID-19 community level risk.

Q. What extra precautions can I take to protect my baby if I have, or am suspected of having, COVID-19?
A. If you have COVID-19 or are suspected of having COVID-19, staying in a different room from your baby at home is the safest way to keep your newborn healthy. A healthy caregiver should take care of the baby and can feed expressed breast milk. The caregiver should be fully vaccinated (at least two weeks after the 2nd dose of a 2-dose vaccine or two weeks after a 1-dose vaccine) and not be at increased risk for severe illness from COVID-19. Any caregiver should wear a mask when caring for the baby for the entire time you are in isolation. You can stop isolating yourself from your baby once you are fever-free without use of fever medicines (acetaminophen or ibuprofen) for at least 24 hours; when your other symptoms of COVID-19 are improving; **and** when at least 5 days have passed since your symptoms started. If you never had symptoms, you can stop isolating yourself after 5 days have passed since your positive COVID-19 test.[xvii]

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 by washing your hands with soap and water for at least 20 seconds before touching your newborn, or use a hand sanitizer with at least 60% alcohol when soap and water are not available.[xiii] Be sure not to touch the front of the mask, and change out the mask when it is damp.

It is recommended to be in close communication with your health care provider(s) and to follow your provider's guidance.

Q. Should I take my baby/child to his/her regularly scheduled well-child appointments?
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, when COVID-19 Community Level is high. 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. Make sure to call and notify your baby's healthcare provider before visiting if you or your baby have COVID-19.

Q. What symptoms should I be watching for in my baby?
A. Most babies who test positive for COVID-19 have mild or no symptoms. Severe illness in babies appears to be rare. Babies with underlying medical conditions and babies born premature (before 37 weeks) might be at increased risk of severe illness. Reported signs among newborns with COVID-19 include fever, lethargy (being overly tired or inactive), runny nose, cough, vomiting, diarrhea, poor feeding and increased work of breathing or shallow breathing.[xiv] 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.

If your baby develops symptoms or you think your baby may have been exposed to COVID-19, call your baby's healthcare provider within 24 hours and follow [steps for caring for children with COVID-19](#).[xiii] Symptoms to be aware and ready 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?

If your baby has COVID-19 emergency warning signs (such as trouble breathing), seek emergency care immediately. Call 911.[xiii]

Q. How else can I help keep my baby safe?
A. Safe sleep is an important part of keeping babies healthy. During the COVID-19 pandemic, parents of babies may experience increased stress and fatigue that could affect their ability to ensure that their baby is sleeping safely. Help reduce your baby's risk of sudden infant death syndrome (SIDS) and other sleep-related deaths by doing the following:

- Place your baby on his or her back for all sleep times – naps and at night.
- Use a firm, flat sleep surface, such as a mattress in a crib covered by a fitted sheet.
- Have the baby share your room but not your bed. Your baby shouldn't sleep on an adult bed, cot, air mattress, couch, or chair, whether he or she is sleeping alone, with you, or with anyone else.

- Keep soft bedding, such as blankets, pillows, bumper pads, and soft toys, out of your baby's sleep area.
- Do not cover your baby's head or allow your baby to get too hot. Signs your baby may be getting too hot include sweating or his or her chest feeling hot.
- Don't smoke or allow anyone to smoke around your baby.[xiv]

Learn more about [how to reduce the risk of SIDS](#).

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, and because of increased stress and isolation due to the COVID-19 pandemic, it is especially 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.

Q. What else can I do to manage stress, anxiety, and depression?
A. Some pregnant and postpartum people may be feeling fear, uncertainty, stress, or anxiety because of COVID-19. Reaching out to friends and family during this time may help. Phone calls, texts, and online chats are safe ways to stay connected.
There also are treatment and support resources you can access over the phone or online. Talk with your ob-gyn or other health care professional about how to get help if you're having symptoms like these:
- Feeling sad, hopeless, worthless, or helpless
- Having fear or worry, which may cause a fast heartbeat
- Feeling that life is not worth living
- Having repeated, scary, and unwanted thoughts that are hard to get rid of

If you are in crisis or feel like you want to harm yourself or others, call 911 right away. See the resources section below for other support options, including helplines you can text or call and online support groups for pregnant and postpartum people.

Physical activity, such as taking a walk outside, also may help your mental health (always consult your health care provider before starting a new exercise program).It may also be helpful to focus on your breathing each day, especially if you are feeling anxious. Breathe in for 4 seconds, hold for 7 seconds, and breathe out for 8 seconds. Repeat three times.[v]

Q. I am being abused at home. How can I get help?
A. Times of crisis can be very hard for people in abusive relationships. Abuse at home is known as [intimate partner violence](#) or domestic violence. Abuse can get worse during pregnancy. If you need help, call the 24-hour, toll-free National Domestic Violence

Hotline: 800-799-SAFE (7233) and 800-787-3224 (TTY). Or you can text LOVEIS to 22522 or use the live chat option at www.thehotline.org.[vi]

References and Resources:

- Toolkit for Pregnant People and New Parents by the Centers for Disease Control (CDC)
- Information on COVID-19 for Pregnant and Recently Pregnant People
- Breastfeeding and Caring for Newborns if You Have COVID-19 by CDC
- Clinical Guidance on COVID-19 by the American College of Obstetricians and Gynecologists (ACOG)
- Vaccination Considerations for People who are Pregnant or Breastfeeding by CDC
- Clinical Guidance on Vaccinating Pregnant and Lactating Patients Against COVID-19, by ACOG
- New CDC Data: COVID-19 Vaccination Safe for Pregnant People
- CDC's Guidance on COVID-19 Vaccine Booster Shots.
- Pregnant Women Urged to Get COVID-19 Shots, by The American Public Health Association
- Kansas COVID-19 Vaccine Information
- Patient Resources – Frequently Asked Questions (FAQs) - by ACOG
- COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics, by ACOG
- FAQs: Management of Infants Born to Mothers with Suspected or Confirmed COVID-19, by the American Academy of Pediatrics (AAP)
- COVID-19 Resource Center provided by the Kansas Department of Health and Environment (KDHE)
    - Information for Families
    - Caring for Yourself and Others
- COVID-19 Community Levels by CDC
- What to Do If You Are Sick by 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
- Coping with 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
- [Mask Guidance](#) by KDHE

COVID-19 Hotlines
- For questions or more information about COVID-19 in Kansas, visit the [Kansas Department of Health and Environment's COVID-19 Resource Center](#) or call the KDHE Hotline at 866-534-3463 (866-KDHEINF) Monday through Friday from 8:30 to 5:30, Saturday from 10:00 to 2:00, and Sunday from 1:00 to 5:00.
- [SAMHSA's Disaster Distress Hotline](#) provides 24/7, 365-day-a-year crisis counseling and support to people experiencing emotional distress related to natural or human-caused disasters, including infectious disease outbreaks. Call 1-800-985-5990 or text TalkWithUs to 66746. For Spanish speakers, call 1-800-985-5990 and press 2 or text Hablanos to 66746.

Crisis Helplines
- [National Suicide Prevention Lifeline](#) provides 24/7, free and confidential support for people in distress, prevention, and crisis resources for you or your loved ones, and best practices for professionals. Call 1-800-273-8255 or 1-888-628-9454 for Spanish.
- [Crisis Text Line](#) is a free, 24/7, confidential text message service for people in crisis. To reach a crisis counselor, text Kansas to 741741.
- [Kansas Community Mental Health Centers](#) (CMHCs) offer crisis services 24/7. Contact the CMHC for the county you are currently in for crisis services.
- [Veterans Crisis Line](#) offers 24/7, confidential support to veterans, service members, National Guard and Reserve members, and their family member and friends. Call 1-800-273-8255 and Press 1 or text 838255.
- [Kansas Crisis Hotline](#), 1-888-END-ABUSE, provides confidential support 24/7 to victims of domestic violence, sexual assault and stalking.
- [National Domestic Violence Hotline](#) advocates are available 24/7 to talk confidentially with anyone experiencing domestic violence, seeking resource or information, or questioning unhealthy aspects of their relationship. Call 1-800-799-7233. If you are unable to speak safely, you can log onto thehotline.org or text LOVEIS to 22522.
- [National Sexual Assault Hotline](#) offers confidential, anonymous support 24/7 to individuals who are experiencing or have experienced sexual assault. Call 800-656-HOPE or chat online at online.rainn.org.
- [KSReady](#) is an outreach program working with multiple state, Tribal, local, and voluntary agency partners to provide crisis counseling via remote services and educational material and online support for overall mental health and wellness.

Other Support Lines
- The Parent Helpline, 1-800-CHILDREN, is a free, anonymous information and referral service for Kansans. Helpline staff can provide support with parenting skills, child development, behavior management, mental health, legal concerns, and provide information about available programs and services for free.
- United Way's 2-1-1 of Kansas can help residents locate local resources they need. You can use their searchable database available on their website or call 2-1-1 or 888-413-4327. The most common searches include food assistance, utility assistance, rent assistance, health insurance information/counseling, and homeless shelters.
- If you or someone you know has a gambling problem, help is available. Contact the Problem Gambling Helpline at 800-522-4700. Professionals are available 24 hours a day to take your call. Help is available at no-cost.
- If you or someone you know is struggling with addiction, contact the Kansas Substance Use Treatment Referral Line at 1-866-645-8216 and select option 2. Referral Line staff can help identify substance use treatment providers in your area as well as complete assessments for treatment.
- If you suspect a child is being abused or neglected or if you suspect an adult in the community is being abused, neglected, or exploited, call the Kansas Protection Report Center at 1-800-922-5330. In the event of an emergency, please contact your local law enforcement or call 911.

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[i] Centers for Disease Control and Prevention; COVID Vaccines While Pregnant or Breastfeeding; updated December 6, 2021; retrieved from https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy.html

[ii] *New England Journal of Medicine*, April 21, 2021; Preliminary Findings of mRNA Covid-19 Vaccine Safety in Pregnant Persons; retrieved from https://www.nejm.org/doi/full/10.1056/NEJMoa2104983

[iii] Center for Disease Control and Prevention; New CDC Data: COVID-19 Vaccination Safe for Pregnant People; released August 11, 2021; retrieved from https://www.cdc.gov/media/releases/2021/s0811-vaccine-safe-pregnant.html

[iv] The American College of Obstetricians and Gynecologists; News Releases; ACOG and SMFM Recommend COVID-19 Vaccination for Pregnant Individuals; July 30, 2021; retrieved from https://www.acog.org/news/news-releases/2021/07/acog-smfm-recommend-covid-19-vaccination-for-pregnant-individuals

[v] The American College of Obstetricians and Gynecologists; Clinical Guidance; Practice Advisory; COVID-19 Vaccination Considerations for Obstetric-Gynecologic Care; recommendations included from both the July 30, 2021 update as well as the January 26, 2022 update; retrieved from https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care?utm_source=redirect&utm_medium=web&utm_campaign=int

[vi] Centers for Disease Control and Prevention; COVID-19 Vaccines; COVID-19 Vaccine Booster Shots; updated February 2, 2022; retrieved from https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html

[vii] Centers for Disease Control and Prevention; Coronavirus Disease 2019 (COVID-19); Pregnancy, Breastfeeding, and Caring for Newborns; updated May 13, 2021; retrieved from https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html

[viii] Centers for Disease Control and Prevention; Coronavirus Disease 2019 (COVID-19); Pregnancy Data; updated November 13, 2020; retrieved from https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19.html

[ix] The American College of Obstetricians and Gynecologists; Clinical Guidance; Practice Advisory; Novel Coronavirus 2019 (COVID-19); updated July 1, 2020 with summary of key updates made November 6, 2020 retrieved from https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019

[x] Centers for Disease Control and Prevention; COVID-19; Pregnant People; updated July 3, 2021; retrieved from https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html#ref2

[xi] American Public Health Association; The Nation's Health November/December 2021, 51 (9) 1-20; Pregnant women urged to get COVID-19 shots: Infections, deaths skyrocket among vaccine-hesitant people; retrieved from https://www.thenationshealth.org/content/51/9/1.1

[xii] Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19), Caring for Newborns; updated May 20,2020; retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html

[xiii] Centers for Disease Control and Prevention; Coronavirus Disease 2019 (COVID-19); Caring for Pregnant Women; revised May 20, 2020; retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html

[xiv] The American College of Obstetricians and Gynecologists; Clinical Information; Physician FAQs; COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics; retrieved January 25, 2022, from https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics

[xv] Centers for Disease Control and Prevention; What to Do If You Are Sick; updated March 17, 2021; retrieved from https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

[xvi] Centers for Disease Control and Prevention; Morbidity and Mortality Weekly Report (MMWR); Effectiveness of Maternal Vaccination with mRNA COVID-19 Vaccine During Pregnancy Against COVID-19–Associated Hospitalization in Infants Aged <6 Months — 17 States, July 2021–January 2022; February 18, 2022; retrieved from https://www.cdc.gov/mmwr/volumes/71/wr/mm7107e3.htm

[xvii] Centers for Disease Control and Prevention; COVID-19; Breastfeeding and Caring for Newborns; updated May 13, 2021; retrieved from https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html