

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

July 23, 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.

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

A. Based on what is known at this time, it is believed that pregnant women are at no greater risk for COVID-19 than adults who are not pregnant. We do know, however, 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 7/23/20

A. Latest studies reported by the CDC suggest that “pregnant women with COVID-19 are more likely to be hospitalized and are at increased risk for intensive care unit (ICU) admission and receipt of mechanical ventilation than nonpregnant women,” but risk of death remains similar for both groups.ⁱ Additionally, this information suggests that pregnant women with comorbidities (more than one disease or condition) such as obesity are at increased risk for severe illness as is the general population with similar comorbidities.ⁱⁱ 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.ⁱⁱ Although much is still unknown, emerging data, suggests that COVID-19 may activate blood clotting pathways and can lead to excessive inflammation that can cause damage to tissues throughout the body, making a pregnant woman more at risk for complications during the pregnancy and postpartum periods. “Additionally, there may be an increased risk of adverse pregnancy outcomes, such as preterm birth.”ⁱⁱⁱ

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.ⁱⁱ 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”^{iv}. 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. “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.”^v 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. [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.^{vi}

Although there is much that is still unknown about this virus and its effect on perinatal women 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.

A nationwide study is taking place now to help pregnant women and the medical community learn more about how COVID-19 affects pregnant women and their newborns. If you are pregnant or recently pregnant and are under investigation for COVID-19 or have been confirmed to have COVID-19, you are encouraged to participate in this study. To learn more about the study and how to enroll, please visit the [PRIORITY Study](#) website.

Q. Is it safe to breastfeed my baby? Updated 7/23/20

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 during breastfeeding that promote wellness and can relieve stress and anxiety. Breast milk is readily available, and especially important during emergencies.

“Several published studies have detected SARS-CoV-2 nucleic acid in breast milk. It is not yet known whether viable, infectious virus is secreted in breast milk, nor is it yet established whether protective antibody is found in breast milk. Given these

uncertainties, breastfeeding is not contraindicated at this time.”^v 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. As communities and businesses across the United States are opening, you may be thinking about [resuming some activities](#), [running errands](#), and attending [events and gatherings](#). **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.

People who are pregnant, and those who live with them, should consider their level of risk before [deciding to go out](#) and ensure they are taking steps to [protect themselves and others](#). Consider avoiding activities where taking protective measures may be difficult, such as activities where [social distancing](#) can't be maintained. **Everyone should take steps to prevent getting and spreading COVID-19** to protect themselves, their communities, and [people who are at increased risk](#) of severe illness.

In general, **the more people you interact with, the more closely you interact with them, and the longer that interaction, the higher your risk of getting and spreading COVID-19.**^{vii}

Follow the below guidance to reduce risks of spread.

- 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 disinfectant (pregnant women should wear gloves or use green (natural, eco-friendly) products with disinfectant agent, or ideally have another household member clean the surface when possible).
- Avoid contact with sick people.

- 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, get vaccinated now.
- Practice social distancing and staying at home:
 - Only go out for essential items.
 - Avoid gathering in groups, if possible.
 - Keep distance of 6 feet, if you must go out.
 - Limit contact with other individuals as much as practicable.
- Wear masks or cloth face coverings at work and 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. Try to avoid being around others who are not wearing masks.

Q. What should I do if I am pregnant and diagnosed with COVID-19?

A. If you are diagnosed with COVID-19, follow the advice from the CDC and your ob-gyn or other health care professional. 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.^{viii}

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 and potential associated complications, call right away if you experience:

- Fever of 100.4 or greater
- Cough
- Shortness of breath
- Difficulty breathing
- Chills or muscle pain
- Sore throat
- New loss of taste or smell
- Nausea
- 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. It's also a good idea to keep a 30-day supply of medications on hand if possible.

Q. How will this outbreak affect my delivery experience? Updated 7/23/20

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} 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. 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.ⁱⁱ 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.

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? Updated 7/23/20

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.^{vi}

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.^{vi}

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. If I have Medicaid/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. 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 2019 Information for Travel page](#) for the latest global updates.

Q. How can I keep my newborn safe?

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 (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 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?

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?

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, 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 women 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 women.

Physical activity also may help your mental health. And it may be useful 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.^v

References and Resources: Updated 7/23/20

- Information on [COVID-19 if You are Pregnant, Breastfeeding, or Caring for Young Children](#) by the Centers for Disease Control (CDC)
- [Clinical Guidance on COVID-19](#) by the American College of Obstetricians and Gynecologists (ACOG)
- Patient Resources – [Frequently Asked Questions \(FAQs\)](#) - 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](#)
- [6 FAQs about COVID-19, Pregnancy, and Adjusting at Home](#) by UT Southwestern Medical Center
- [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

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.

ⁱ Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19), Pregnancy Data, updated June 25, 2020; retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/special-populations/pregnancy-data-on-covid-19.html>

ⁱⁱ The American College of Obstetricians and Gynecologists, Clinical Guidance, Practice Advisory, Novel Coronavirus 2019 (COVID-19), updated July 1, 2020; retrieved from <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019>

ⁱⁱⁱ 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>

^{iv} 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>

^v Centers for Disease Control and Prevention, Coronavirus Disease 2019 (COVID-19), Pregnant People and Breastfeeding, updated June 25, 2020; retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

^{vi} American Academy of Pediatrics, Critical Updates on COVID-19, Clinical Guidance, FAQs: Management of Infants Born to COVID-19 Mothers, updated 7/22/20; retrieved from <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/faqs-management-of-infants-born-to-covid-19-mothers/>

^{vii} The American College of Obstetricians and Gynecologists, Patient Resources, FAQ, Coronavirus (COVID-19), Pregnancy and Breastfeeding, updated June 18, 2020; retrieved from <https://www.acog.org/patient-resources/faqs/pregnancy/coronavirus-pregnancy-and-breastfeeding>