



COVID-19 Advice for pregnant women with suspected or confirmed coronavirus infection

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Q. What should I do if I think I may have coronavirus or been exposed?

If you are pregnant and you have either:

- a high temperature
- a new, continuous cough

You should ensure that you do not have any new visitors and [self-isolate](#). Do not go to a GP surgery, pharmacy or hospital. You should contact your maternity care provider, especially if you have an antenatal appointment scheduled in the next 7 days. They may ask you some routine screening questions to determine whether you need to make an appointment to get tested.

You should use the National Coronavirus Helpline (1800 020 080) if you:

- feel you cannot cope with your symptoms at home
- your condition gets worse
- your symptoms do not get better after 7 days

If you have concerns about the wellbeing of yourself or your unborn baby during your self-isolation period, contact your midwife or, out-of-hours, your maternity team. They will provide further advice, including whether you need to attend hospital.

Q. How will I be tested for coronavirus?

You will need to call your GP or local hospital to make an appointment so that they know you are coming and can advise you of any precautions you may need to take. Where possible we would suggest a local GP over a hospital emergency setting as there are less people for you to come in contact with.

Please follow the instructions you are given for your appointment and if you have a mask, you are encouraged to wear it so that you can protect others. Remember social distancing and cough etiquette (cough into your elbow or use a tissue and then discard and follow hand hygiene)

You will need to tell the doctor any details that may be helpful such as your symptoms and when they started, your travel history or any contact you may have had with people with COVID-19.

It is possible that you will be triaged (have a set of questions asked) before you are given an appointment time or at your appointment. This occurs so that the doctor can determine whether you need to be tested (as there is a limited supply) and ensures that we have enough stock to test ongoing cases.

The criteria for testing include:

- You have returned from overseas in the past 14 days and you develop respiratory illness with or without fever
- You have been in close contact with a confirmed COVID-19 case in the past 14 days and you develop respiratory illness with or without fever
- You have severe community-acquired pneumonia and there is no clear cause
- You are a healthcare worker who works directly with patients and you have a respiratory illness and a fever

More information on the [Government website](#).

Q. How will I be tested for coronavirus?

The process for diagnosing coronavirus infection is changing rapidly. At the current time, only people with severe symptoms who need at least overnight admission to hospital will be tested.

If you do require a test, you will be tested in the same way as anyone else, regardless of the fact that you are pregnant. Currently, the test involves swabs being taken from your mouth and nose. You may also be asked to cough up sputum, a mixture of saliva and mucus.

Q. What should I do if I test positive for coronavirus?

If you test positive for coronavirus, you should contact your midwife or antenatal team to make them aware of your diagnosis. If you have no symptoms, or mild symptoms, you will likely be advised to recover at home. If you have more severe symptoms, you might be treated in hospital.

Q. Why would I be asked to self-isolate (as opposed to reducing social contact)?

You may be advised to self-isolate because:

- You have symptoms of coronavirus, such as a high temperature or new, continuous cough
- You have tested positive for coronavirus and you've been advised to recover at home

Q. What should I do if I'm asked to self-isolate?

Pregnant women who have been advised to self-isolate should stay indoors and avoid contact with others for 7 days. If you live with other people, they should stay at home for at least 14 days, to avoid spreading the infection outside the home.

The Australian Government guidance self-isolation currently recommends people should:

- Not go to school, work, health service settings or public areas
- Not use public transport
- Stay at home and not allow visitors
- Ventilate the rooms where they are by opening a window
- Separate themselves from other members of their household as far as possible, using their own towels, crockery and utensils and eating at different times
- Use friends, family or delivery services to run errands, but advise them to leave items outside.

You may wish to consider online fitness routines to keep active, such as pregnancy yoga or Pilates.

Q. Can I still attend my antenatal appointments if I am in self-isolation?

You should contact your midwife or antenatal clinic to inform them that you are currently in self-isolation for possible/confirmed coronavirus and ask for advice on going to routine antenatal appointments.

It is likely that routine antenatal appointments will be delayed until isolation ends. If your midwife or doctor advises that your appointment cannot wait, the necessary arrangements will be made for you to be seen. For example, you may be asked to attend at a different time, or in a different clinic, to protect others.

Q. How will my care be managed after I have recovered from coronavirus?

If you have confirmed coronavirus infection, as a precautionary approach, your midwife or doctor may order an ultrasound scan, at least two weeks after your recovery, to check that your baby is well.

If you have recovered from coronavirus and tested negative for the virus before you go into labour, where and how you give birth will not be affected by your previous illness. Visitor numbers may be restricted to promote recommended social distancing but your birth partner will be able to be with you, provided they are not unwell.

Q. What do I do if I feel unwell or I'm worried about my baby during self-isolation?

Pregnant women who are self-isolating are advised not to attend maternity units or A&E unless in need of urgent pregnancy or medical care.

If you have concerns about the wellbeing of yourself or your unborn baby during your self-isolation period, contact your midwife or, out-of-hours, your maternity team. They will provide further advice, including whether you need to attend hospital.

If you are advised to go to the maternity unit or hospital, pregnant women are asked to travel by private transport, or arrange hospital transport, and alert the maternity unit reception once on the premises, before going into the hospital.

Q. Will being in self-isolation for suspected or confirmed coronavirus affect where I give birth?

As a precautionary approach, pregnant women with suspected or confirmed coronavirus when they go into labour, are being advised to go to obstetric unit for birth, where the baby can be monitored using continuous electronic fetal monitoring, and your oxygen levels can be monitored.

The continuous fetal monitoring is to check how your baby is coping with labour. As continuous fetal monitoring can only take place in an obstetric unit, where doctors and midwives are present, it is not currently recommended that you give birth at home or in a midwife led unit, where there would not be a doctor present and where this monitoring would not be possible.

We will keep this advice continually updated as new evidence emerges. Maternity units everywhere are working around the clock right now to manage additional pressures and facilitate women's choices to the best of their abilities.

Q. Will being in self-isolation for suspected or confirmed coronavirus affect how I give birth?

There is currently no evidence to suggest you cannot give birth vaginally or that you would be safer having a caesarean birth if you have suspected or confirmed coronavirus, so your birth choices should be respected and followed as closely as possible based on your wishes.

However, if your breathing (respiratory condition) suggests that your baby needs to be born urgently, a caesarean birth may be recommended.

It is not recommended that you give birth in a birthing pool in hospital if you have suspected or confirmed coronavirus, as the virus can sometimes be found in faeces. This means it could contaminate the water, causing infection to pass to the baby. It may also be more difficult for healthcare staff to use adequate protective equipment during a water birth.

There is no evidence that women with suspected or confirmed coronavirus cannot have an epidural or a spinal block. Nor is there evidence that use of Entonox (gas and air) increases aerosolisation and spread of the virus, so there is no reason you cannot use this in labour.

Q. What happens if I go into labour during my self-isolation period?

If you go into labour, you should call your maternity unit for advice, and inform them that you have suspected or confirmed coronavirus infection.

If you have mild symptoms, you will typically be encouraged to remain at home (self-isolating) in early labour, as usual.

Your maternity team have been advised on ways to ensure that you and your baby receive safe, quality care, respecting your birth choices as closely as possible.

When you and your maternity team decide you need to attend the maternity unit, general recommendations about hospital attendance will apply:

- You will be advised to attend hospital via private transport where possible, or call 000 for advice, as appropriate
- You will be met at the maternity unit entrance and provided with a surgical face mask, which will need to stay on until you are isolated in a suitable room
- Coronavirus testing will be arranged
- Your birth partner will be able to stay with you throughout, and other visitors will be asked to refrain from coming to the hospital

Q. Where will I birth if I am diagnosed with COVID-19 infection?

At this time, we believe that the safest place to birth your baby if you have been diagnosed with COVID-9 at the time of birth is in a hospital. The hospital environment ensures that if the virus results in severe complications for your pregnancy you will have access to highly trained staff and emergency facilities, if they are required.

Regardless of where you birth, your care providers will work to support your choices and provide you with the information you require to make decisions about the care you receive.

The use of a birth pool is not recommended as the virus may be present in faeces and so transmit to the baby during birth, and your midwives may not be able to wear suitable protective equipment.

There is no evidence that you will require a caesarean section or induction of labour for your birth just because you have COVID-19.

Women who were planning a scheduled induction of labour or caesarean section for birth may be advised to delay their surgery until the infection or her risk status is clear, if there are no risks to her health or that of her unborn baby.

Q. Could I pass coronavirus to my baby?

As this is a new virus, there is limited evidence about caring for women with coronavirus infection in women when they have just given birth. A small number of babies have been diagnosed with coronavirus shortly after birth, so there is a chance that infection may have occurred in the womb, but it is not certain whether transmission was before or soon after birth. Your maternity team will maintain strict infection control measures at the time of your birth and closely monitor your baby.

Q. Will my baby be tested for coronavirus?

If you have confirmed or suspected coronavirus when the baby is born, doctors who specialise in the care of newborn babies (neonatal doctors) will examine your baby and advise you about their care, including whether they need testing.

Q. Will I be able to stay with my baby/give skin-to-skin if I have suspected or confirmed coronavirus?

Yes, if that is your choice. Provided your baby is well and doesn't require care in the neonatal unit, you will stay together after you have given birth.

In some other countries, women with confirmed coronavirus have been advised to separate from their baby for 14 days. However, this may have potential negative effects on feeding and bonding.

A discussion about the risks and benefits should take place between you and your family and the doctors caring for your baby (neonatologists) to individualise care for your baby.

This guidance may change as knowledge evolves.

Q. Will I be able to breastfeed my baby if I have suspected or confirmed coronavirus?

Yes. There is no evidence showing that the virus can be carried in breastmilk, the well-recognised benefits of breastfeeding outweigh any potential risks of transmission of coronavirus through breastmilk.

The main risk of breastfeeding is close contact between you and your baby, as if you cough or sneeze, this could contain droplets which are infected with the virus, leading to infection of the baby after birth.

A discussion about the risks and benefits of breastfeeding should take place between you and your family and your maternity team.

This guidance may change as knowledge evolves.

When you or anyone else feeds your baby, the following precautions are recommended:

- Wash your hands before touching your baby, breast pump or bottles
- Try to avoid coughing or sneezing on your baby while feeding at the breast
- Consider wearing a face mask while breastfeeding, if available
- Follow recommendations for pump cleaning after each use
- Consider asking someone who is well to feed your expressed breast milk to your baby.

If you choose to feed your baby with formula or expressed milk, it is recommended that you follow strict adherence to [sterilisation guidelines](#). If you are expressing breast milk in hospital, a dedicated breast pump should be used.

Q. What are hospitals and medical clinics doing to minimise the risk of COVID-19?

Changes to routine pregnancy care, that have been suggested, but are not limited to, include:

- Reducing, postponing and/or increasing the interval between antenatal visits
- Limiting time of all antenatal visits to less than 15 minutes
- Using telehealth consultations in Australia or New Zealand as a replacement, or in addition to, routine visits
- Cancelling face to face antenatal classes
- Limiting visitors (partner only) while in hospital
- Considering early discharge from hospital
- Minimise risk of neonatal complications by avoiding early planned birth unless clearly clinically indicated

Additional Information

Information and advice to the general public applies equally to pregnant women. The College recommends the following websites as reliable sources of information:

- www.health.gov.au/health-topics/novel-coronavirus-2019-ncov
- www.cdc.gov/coronavirus/2019-ncov/index.html
- www.who.int/health-topics/coronavirus
- www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus
- www.rcog.org.uk/coronavirus-pregnancy