

Disclaimer: This Webinar was recorded on 4/10/20 and the FAQ answers published on 4/24/20. All current recommendations and policies are subject to change. For the most up to date UCSF COVID related information, visit <https://coronavirus.ucsf.edu/>

OUTPATIENT PRENATAL CARE

I'm a patient of UCSF and am currently 8 weeks along. When can I expect my first in-person visit and ultrasound?

Our goal for your first in-person visit is the same as prior to COVID-19: we hope to meet you in-person at our Mission Bay clinic before 11 weeks. At that "new pregnancy confirmation" visit, we will perform a dating ultrasound. After we have confirmed your pregnancy in the clinic, we will then schedule you a formal ultrasound later in the pregnancy at our Prenatal Diagnostic Center (PDC).

How often should I expect telehealth visits?

You will not have fewer prenatal visits or lesser care during the COVID-19 pandemic. For most patients, before 28 weeks, we offer prenatal visits every 6 weeks. Between 28-36 weeks we schedule visits every 4 weeks. After 36 weeks, we offer visits every 2 weeks until delivery. If you are high-risk, this schedule may be different. In order to help reduce potential exposure to COVID-19, we want to be strategic and thoughtful about how often we bring you into the clinic in-person.

For this reason, we're going to try our best to schedule video visits for as many prenatal visits as is safe and medically appropriate. There will certainly be medical reasons for us to see you in person, such as: ultrasounds, to collect blood at the lab (you will have to do your 1 hour sugar test sometime between 24-28 weeks), or antenatal testing (non-stress tests or "NSTs" which are indicated for some prenatal patients later on in pregnancy). We may also suggest that you schedule short nursing visits to obtain vaccinations (whooping cough/TDaP or flu), Rhogam (a medication for certain blood types only) or to collect your Group B Strep swab at the end of pregnancy.

If you ever have a physical concern and would like an in-person exam, you can request an in-person visit when scheduling your appointment. Otherwise, you can plan on your visit being via Telehealth. Know that we strive for continuity in an OB provider whenever possible, but at this time, it may be challenging to see the same provider for all visits in-person. We appreciate your flexibility and understanding about this!

How should I prepare for my prenatal telehealth visits? Should I buy anything to have at home for my telehealth visits?

For a successful telehealth visit, we ask that you download Zoom on a smartphone or tablet device. Please try to log-in 5 minutes in advance to make sure your Zoom connection is working.

We are encouraging our patients to obtain an upper arm, automatic blood pressure cuff. Many insurances are covering this for our patients at this time (even if you are low risk), so please ask your provider for a prescription. If your insurance does not cover one, you can purchase one online or from a drugstore. Once you have your cuff, consider bringing it to one of your in-person prenatal visits and have the medical assistant check your blood pressure with the clinic cuff and yours, to make sure they're consistent. If you're unable to afford a cuff, please let us know, and we will help you obtain one. Checking your blood pressure during your telehealth visit will give us important information for your pregnancy.

Will there be any restrictions on pregnant patients working in healthcare during this time?

At this time, there is no data to support restricting our pregnant patients who work in healthcare. The only exception is if you are involved in performing high-risk procedures (aerosolized); in those cases, we will provide you with a letter to request reassignment. Otherwise, as long as you are provided appropriate PPE and are practicing handwashing/contact hygiene, you can continue to work in other healthcare roles. Please speak with your OB/GYN provider directly about your work-related needs.

To date, the data from COVID-19 does not demonstrate increased risk to pregnant women. This means that the risk of serious illness due to COVID-19 does not appear to be greater than if someone were not pregnant. The CDC states that pregnant women "should be monitored" based on experience from previous outbreaks, which we and all of our OB/GYN colleagues around the nation are doing diligently. If the risk appears to increase, then our recommendations will be updated to reflect this.

The CDC currently considers the following individuals to be at higher risk of morbidity from COVID-19:

- ≥ 65 years
- Nursing home or long-term care facility resident
- Respiratory: Chronic lung disease or moderate to severe asthma
- Cardiac: Heart disease with complications
- Immunocompromised: Including cancer treatment
- Severe obesity: BMI ≥40
- Certain underlying medical conditions (particularly not well controlled): e.g., Diabetes | Renal failure | Liver disease

If you are pregnant and have one of these underlying comorbidities, please talk to your OB about your work-related needs.

RESEARCH ON PRENATAL PATIENTS AND COVID-19

Why hasn't more data come out on outcomes for pregnant women who have given birth after or while infected with this coronavirus, and newborns and infants who get infected?

UCSF has spearheaded a major initiative to start a registry (PRIORITY Study) across the USA to keep track of all COVID-positive pregnant patients or those who are “persons under investigation” in order to better understand the effect of COVID on pregnant women and potentially their babies. For more information, [check out this link.](#)

New studies are being released weekly as we learn more about how this virus affects pregnancy.

Are the pregnancy COVID studies happening at the Mission Bay Campus? Would this increase our risk of exposure?

There are no studies where we are explicitly inviting COVID-positive to come to the campus in-person to be studied. We have many screening and safety measures in place to ensure that we are not putting our patients at increased risk of exposure.

INPATIENT PRENATAL CARE ON LABOR AND DELIVERY

Should we bring extra food to Labor and Delivery and rely less on cafeteria delivery?

The cafeteria is still open and so is the cafe, but many patients bring their own snacks in case they are in labor in the middle of the night. Please remember, we're asking our patients and their partners to stay in their room to help minimize the risk of COVID-19 exposure. This means that your nurse can go to the “pantry” on Labor and Delivery for you and pick up water, ice chips, juice, crackers, and broth.

I really wanted to have the support of a doula for my labor. What can I do instead? What kinds of services are doulas now providing?

Doulas can still offer support prior to birth and virtually during the hospitalizations! One of the doula groups “Golden Gate Doula network” for example, offers portable doula kits that include essential oils, lights, heat packs, fans and TENS units for back labor. Depending on a patient's comfort, they can also come to the home to help with early labor support or be available virtually to help you decide when is the most ideal time to come to the hospital for an evaluation. They also provide postpartum support either in person in your home or virtually depending on your comfort level.

Will patients be tested for COVID-19 pre-delivery on Labor & Delivery?

As of April 14th, patients will not be tested for COVID-19 pre-delivery. However, testing protocols are changing very quickly and this may be something that changes in the near future.

UPDATE: As of April 23rd at noon, UCSF Health is testing all patients who are admitted and undergoing certain procedures for COVID-19.

Why is UCSF testing patients for COVID-19?

A subset of patients with COVID-19 will not manifest obvious symptoms or may remain asymptomatic. Other patients may be in the pre-symptomatic phase for 1-2 days before symptoms begin. This approach is safer than not testing because it will identify infected patients earlier and allow for prompt isolation, contact tracing, and prevention of spread. We anticipate that the rate of COVID-19 among asymptomatic women in the Bay Area is very low (<1%) and thus we will be able to more comfortably care for these patients and use appropriate protection.

Which pregnant patients are being tested?

All patients who are being admitted to the UCSF Birth Center or patients having any planned procedures at the UCSF Birth Center.

How long does it take for a test to come back?

If collected as an outpatient: ~72-96 hours. If collected as an inpatient: ~24 hours

What is the policy for visitors of COVID positive patients?

The support person who accompanies the pregnant patient should not have had exposure to someone who is COVID positive for the past 14 days (per UCSF screening policy). This support person will be restricted to the patient's room, and can not enter common spaces including the cafeteria. The support person will need to be a single person for the entirety of the stay.

Is the support person who accompanies the pregnant patient allowed to leave the hospital?

The support person is allowed to leave. However, we encourage them to stay within the Birth Center as much as possible. The support person must be consistent throughout the labor process (for example, you can't change this person every 24 hours). Every time a visitor/partner leaves, they will need to be re-screened prior to entry to the hospital. If they have new symptoms concerning for COVID-19, they will not be allowed to enter.

Are partners still allowed in the OR in the case of cesarean births?

Partners are allowed in the operating room in the case of a cesarean birth under spinal anesthesia. They are not allowed to enter in the event that general anesthesia is needed for mom or if the surgery is emergent.

What is the policy for masks for patients on Labor & Delivery? Why are they being asked to wear masks? Can we use an oxygen mask instead?

Patients and partners are strongly encouraged and recommended to wear a mask in order to protect other patients and the hospital staff. Wearing a mask during the pushing phase of labor is particularly recommended and encouraged.

An oxygen mask is only to be used in case the patient herself has a low oxygen saturation level. We are no longer recommending the use of oxygen for problems with the baby's heart rate during labor, because recent studies have shown that oxygen is widely overused for this purpose and it's preferable to use other measures to help with baby's oxygenation, such as position changes, fluid boluses and stopping medication that may be causing too many contractions.

Should we be worried about the availability of anesthesiologists to provide pain relief during labor? Should we be considering an epidural earlier, rather than later?

We feel confident that we have appropriate staffing of our anesthesiologists, given that our unit has a dedicated anesthesia team. For patients in labor that are COVID+, we recommend an earlier, rather than a later, epidural, to help decrease the need for general anesthesia in the event of needing an emergency C-section.

Are any pain medications no longer available due to COVID-19? Why?

Nitrous Oxide is not available during the COVID-10 pandemic on the UCSF Labor and Delivery floor.

Nitrous oxide requires inhalation through a mask and given the way it must be administered, presents as a high-risk procedure for aerosolization, which can spread COVID-19 in asymptomatic or symptomatic patients. For the protection of our health care workers and our patients, we have made the decision to remove it from our Labor and Delivery during this time.

Is UCSF providing an option to get COVID-19 testing after discharge from the hospital to ensure mom/dad/baby didn't pick up the virus in the Labor and Delivery ward?

Not at this time. However, this may change in the future.

Is there a separate Emergency Room (ER) entrance to children's hospital at UCSF Mission Bay for deliveries?

All patients entering into UCSF Mission Bay Hospital do so either through the outpatient Gateway Building entry 1825 4th Street OR the Children's Hospital entry at 1975 4th Street. These entry points have been designed to protect the safety of you and hospital workers and to maintain appropriate "social distancing".

How many Covid-19+ mothers have been seen at UCSF so far?

As of April 10th, we have cared for two mothers with COVID-19 on our unit. Again, we have safety measures in place to ensure we minimize exposure risks to all our patients, providers and staff.

Can we expect to see a physician (for immediate post-delivery care) and lactation consultant before discharge?

If you have an uncomplicated vaginal delivery, you will see a midwife or a nurse practitioner before discharge. Patients having cesarean deliveries or complicated vaginal deliveries will be followed by resident doctors and OBGYN physicians. Your nurses in postpartum will help you with breastfeeding. If you're having any challenges, they can request for a lactation consultant to come see you before discharge. Please know that our nurses are also very qualified in helping with breastfeeding.

NEWBORN AND PEDIATRIC CARE

Will newborns be offered COVID-19 testing before going home?

At this time, unless you are positive for COVID-19 illness or considered a “person under investigation” (PUI) because you have symptoms concerning for COVID illness, there is no indication to do routine testing on your baby during their hospital stay. Without a known source of infection from a mother with signs of illness, babies are highly unlikely to be at risk or test positive for COVID-19. Even when COVID-19 positive, babies with mild symptoms or no symptoms at all can be discharged and safely cared for at home. Regardless, we recommend you take common sense precautions with your newborn including hand washing before holding, washing pumping supplies, and being careful that there are no close sick contacts (e.g., fever or active cold/flu symptoms).

Will newborns need to wear facemasks while in the hospital?

No. While they make a great photo op, they are not being used on babies at UCSF. Masks and face shields are part of the routine personal protective equipment (PPE) used by healthcare workers to protect themselves when working closely with infected patients. There is no evidence that facemasks on babies protect them from COVID infection. Moreover, there are many reasons to be cautious about using masks or cloth coverings around the face and mouth of a newborn.

If a patient is COVID-positive, is the patient separated from the baby at birth or can the patient choose to continue skin to skin/ breastfeeding with precautions?

At UCSF, we have chosen to take a shared decision-making approach to these situations. The CDC and the American Academy of Pediatrics currently recommend or strongly encourage separate isolation measures for the mother and baby at the time of birth and use of expressed breast milk. On the other hand, trusted organizations such as the WHO, the Royal College of Pediatric and Child Health and numerous other countries do not.

The truth is, the data on babies is quite limited so no one can say for sure. But it does appear that babies rarely acquire this infection in the newborn period, and when they do, they usually only have mild or minimal symptoms. We have looked at the reports closely and feel that in most cases, it should be safe to allow mothers and their babies to remain together (co-localize) at the time of birth. Of course, there may still be some high-risk situations where either the mother or baby are very sick, and we recommend separation so that immediate critical care can be provided at birth. Otherwise, our approach will be to discuss the pros and cons of this decision with each mother and hopefully arrive at a plan that everyone agrees with. If you opt for co-localization, skin-to-skin and breastfeeding, we will provide you with some guidance on how to proceed with this plan in the safest way possible.

How quickly can mom and baby be discharged from Labor & Delivery after giving birth under these new circumstances?

If you have had an uncomplicated vaginal delivery and the baby is doing well (not losing weight, having enough wet/poop diapers), then we will consider discharge after one day. For uncomplicated C-sections, we can discharge as soon as two days after the surgery, if you and baby are meeting all goals.

After our baby is born, and we are home, what are the recommendations for visitors/family at this time?

We recommend that everyone wash their hands thoroughly before holding the baby (all surfaces of the hands, while you sing the “Happy Birthday” song twice). In this time of social distancing, we would recommend no outside visitors to the home. If you are going to include family members or others as part of your at-home newborn care team, we suggest that those individuals (e.g. Grandparents) agree to limit their own exposures outside of your home.

POSTPARTUM CARE

What services from the Postpartum Village are available to patients?

Our Postpartum Village services are still available to our patients -- albeit in virtual form. We are still able to set you up with social workers, pelvic physical therapists, lactation support, and acute postpartum visits with one of our doctors or certified nurse midwives.

What about pelvic physical therapy? Are those services being offered?

Yes! Our physical therapists are still working hard to see our patients via telehealth visit. During a postpartum telehealth physical therapy visit, one of our therapists will go through your history (obstetric and medical history), concerns, bladder and bowel health, current and previous activity level, and patient goal(s).

Our pelvic therapists can do a lot of patient education via telehealth, including education about the pelvic floor muscles and how they relate to bladder and bowel functioning, explanation of diastasis recti abdominis, expected timeframe for improvement and behavioral recommendations. Our physical therapists will also go over pelvic floor muscle relaxation techniques and can watch you perform certain exercises via Zoom.

What outpatient lactation support is available during COVID-19?

Outpatient Lactation Consults are held via Telehealth. Please call the OB Call Center at 415-353-2566 to schedule an appointment. The MILK Breastfeeding Groups are held over Zoom on Mondays and Tuesdays. Please call the WHRC at 415-514-2670 or register online at <https://whrcportal.ucsf.edu/whrcmember/SupportGroups.aspx>

If you need to rent or return hospital grade breast pumps, this can be done at the Women's Health Resource Center Mission Bay location:

UCSF Betty Irene Moore Women's Hospital
1855 Fourth St., Third Floor, Room A3471
San Francisco, CA 94158

PRENATAL EDUCATIONAL CLASSES

I am signed up for classes in May and June and have not heard officially that they were going to be virtual and some cancelled. When can I expect to hear from the Women's Health?

If you are scheduled for a Childbirth Preparation, Parenting, Breastfeeding, Twins, Pumping and Returning to Work, New Nest, Afterglow, and/or Pain Relief and Labor class in May, these will be conducted over Zoom. Links for the sessions will be emailed to the class registrants 24-48 hours before each session. Those registered for Infant CPR and Infant Massage in April and May will be contacted to reschedule their sessions and/or issued a full refund for any class they are unable to reschedule. The WHRC Team will contact patients enrolled in June classes by email once we learn the status of reinstating in-person group classes.

How can we register for openings in classes? They were all full when we tried to register last month.

Please contact the WHRC Team at 415-514-2670 to check class availability or register and pay online at: <https://whrcportal.ucsf.edu/whrcmember/>. New classes have been added and we have increased capacity for classes in the months of April and May for those classes conducted virtually. Please visit the UCSF WHRC website at <https://womenshealth.ucsf.edu/whrc> for other general updates and resources.

Is there an opportunity to learn Infant CPR in person after delivery at the hospital since the classes are canceled?

The Women's Health Resource Center has cancelled in-person Infant CPR classes until further notice. In addition, Infant Massage and Prenatal Yoga classes are also cancelled.