

The Effects of the COVID-19 Pandemic on the Lamaze Healthy Birth Practices

KEY: COVID – (negative) COVID + (positive)

HEALTHY BIRTH PRACTICE	RECOMMENDATIONS FOR PANDEMIC	PROMOTES HBP	IMPEDES HBP
① Let labor begin on its own.	<ul style="list-style-type: none"> • (RE: The Pandemic) The International Confederation of Midwives does not recommend routine interventions without obstetric indications, including induction of labor¹. • ACOG states that “timing of delivery in most cases should <u>not</u> be dictated by maternal COVID-19 infection.”² 	<ul style="list-style-type: none"> • Bans on all elective procedures (earlier in pandemic) • HCPs avoiding elective inductions for those with a poor Bishop’s score³ • Consumers avoiding elective inductions to avert a longer hospital stay 	<ul style="list-style-type: none"> • Families choosing to schedule birth in order to have some control over birth experience • Routine elective induction at 39 weeks⁴
② Walk, move around, and change positions throughout labor.	<ul style="list-style-type: none"> • Most hospitals require the laboring person and the support person(s) to stay in the labor room at all times.⁵ • As long as laboring person is COVID –, water immersion in 1st stage is allowed.^{5,9} 	<p>Labor nurses, doulas, and support persons using creative strategies to encourage frequent position changes, movement, and ambulation</p>	<ul style="list-style-type: none"> • Lack of access to hallways and outdoor spaces for ambulation • Some say no water immersion for COVID + patients because of the danger of infection to HCP, baby⁶
③ Bring a loved one, friend, or doula for continuous support.	<ul style="list-style-type: none"> • WHO strongly recommends that ALL pregnant women, including those with COVID-19, have access to a companion of choice⁷ • Depending on community transmission, CDC supports limiting visitors to one essential support person⁸ • ACOG supports the benefits of support personnel, including doulas² 	<ul style="list-style-type: none"> • When support persons are restricted, many labor nurses have taken on the doula role • Many doulas are successful with virtual support • Some families are grateful for “alone” time without visitors 	<p>It could be either an advantage or disadvantage that some hospitals require that the same support person(s) (labor partners and/or doulas) remain for the entire labor and birth with no substitutions.</p>
④ Avoid interventions that are not medically necessary.	<ul style="list-style-type: none"> • Pandemic-related interventions: • Social isolation for pregnant person and partner beginning at about 37 weeks to prevent possible exposure to someone with COVID-19⁵ • Routine COVID-19 testing upon admission⁵ • Mask-wearing in hospital^{2*, 3,5} (* except during 2nd stage) • Early discharge (24 hours vaginal; 48 hours cesarean)^{2,5,9} 	<ul style="list-style-type: none"> • Peanut Balls – Although some HCP have suggested banning peanut balls⁵, nurses have stepped in to get the use of the balls reinstated. • Early epidurals – For COVID + mothers at risk for a cesarean, some HCPs recommend early epidurals to avoid general anesthesia in case of an emergency^{6,9} • Nitrous oxide: Policies vary because of possible aerosolization^{2,6,9} • Early cord clamping (ECC) - some HCPs have suggested ECC until more is known about the possible vertical transmission of COVID³. However, current evidence suggests that vertical transmission is rare. 	
⑤ Avoid giving birth on your back and follow your body’s urge to push.	<p>ACOG continues to recommend immediate pushing for women with epidural analgesia².</p>	<p>Some HCPs recommend “laboring down” (delayed pushing) in order to minimize the length of time spent in active pushing (in order to minimize maternal respiratory secretions)³.</p>	<p>Some HCPs recommend going back to limits of 3 hrs (with an epidural) for a primip and 2 hrs (with an epidural) for a multip to minimize HCP exposure to maternal respiratory secretions³.</p>
⑥ Keep your baby with you – it’s best for you, your baby, and breastfeeding.	<p>WHO, CDC, and the American Academy of Pediatrics (AAP) now all recommend skin-to-skin contact, rooming-in, and breastfeeding for all women and babies even if the new mother is COVID +. The COVID + mother should wear a facemask and practice safe hand hygiene.^{10, 7,11} (Exception: the critically ill mother who is unable to handle/care for her baby)</p>	<p>A silver lining of the pandemic is that families are reporting increased bonding and easier breastfeeding with far fewer or no visitors in the hospital and in the early postpartum period at home.¹²</p>	<p>If the mother is COVID +, the AAP does recommend bathing the newborn right away to remove any possible COVID virus, rather than delaying the bath.¹¹ (Delaying bathing promotes breastfeeding).</p>

Chart and references (on next page) compiled by Debby Amis, LCCE, FACCE, for the Family Way Publications, www.thefamilyway.com, and Lamaze International.

For more information about the Lamaze Healthy Birth Practices, visit www.lamaze.org.

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