



CALIFORNIA MATERNAL FETAL MEDICINE

— High Risk Pregnancy Experts —

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A MESSAGE TO OUR PATIENTS

We are taking necessary precautions on behalf of our patients and caregivers. Our waiting areas, surfaces and devices are being cleaned frequently. Exam rooms and equipment within them are cleaned with approved high level disinfectant between ALL patients. Everyone will be required to wash their hands or use sanitizer before entering and after leaving clinical areas and waiting rooms.

If you have a fever, cough or shortness of breath, or are otherwise concerned you have COVID-19, we ask that you do not come in for your appointment. We appreciate you, and you are important to us! California MFM will make priority to reschedule patients to avoid unnecessary exposure to other patients, staff and ultimately our own family.

At this time, our guests policy has been temporarily restricted. No guests or visitors are permitted to accompany patients unless special assistance is required. Those with special circumstances approved by our office, are permitted to bring no more than one guest. Visitors will also be screened before entering clinical areas and waiting rooms. No visitors will be allowed under the age of 16.

Coronavirus (COVID-19) Pregnancy FAQs

The coronavirus (COVID-19) pandemic has been declared a national emergency in the United States by the president. Moms-to-be like you are concerned about everything from getting medicines to managing disruptions at work. But above and beyond any worry about lifestyle changes is a focus on your health and the impact of COVID-19 on your pregnancy.

We understand that the coronavirus pandemic is an evolving story and that your questions will change over time. Here are responses to some of the frequently asked questions about COVID-19:

Am I at more risk for COVID-19 if I'm pregnant?

So far, it doesn't look like it.

Pregnancy does change your immune system in ways that might make you more susceptible to viral respiratory infections like COVID-19. And if you become infected, you might also be at higher risk for more severe illness compared to the general population. This is what we've seen in pregnant women with other coronavirus infections (SARS-CoV and MERS-CoV) and other viral respiratory infections, such as flu. But based on limited data so far, this does not appear to be the case with COVID-19.

Of course, it's important to take preventive actions to avoid infection, such as washing your hands often and avoiding people who are sick.

How might coronavirus affect my pregnancy?

The data for COVID-19 is limited, but we know that women with other coronavirus infections (such as SARS-CoV) did NOT have miscarriage or stillbirth at higher rates than the general population.

On the other hand, we know that having other respiratory viral infections during pregnancy, such as flu, has been associated with problems like low birth weight and preterm birth. Also, having a high fever early in pregnancy may increase the risk of certain birth defects.

Could I transmit coronavirus to my baby during pregnancy or delivery?

Among the few case studies of infants born to mothers with COVID-19 published in peer-reviewed literature, none of the infants tested positive for the virus. And there have been no reports of mother-to-baby transmission for other coronaviruses (MERS-CoV and SARS-CoV). Also, there was no virus detected in samples of amniotic fluid or breast milk.

But there have been a few reports of newborns as young as a few days old with infection, suggesting that a mother can transmit the infection to her infant through close contact after delivery.

Is it safe for me to deliver at a hospital where there have been COVID-19 cases?

It should be. We know that COVID-19 is a very scary virus. The good news is that hospitals are taking great precautions to keep patients and healthcare providers safe.

According to the CDC guidelines, when a patient is even suspected to have COVID-19, they should be placed in a negative pressure room. (Think of these rooms as vacuums that suck and filter the air so it's safe for the other people in the hospital.) If there are no rooms available, these patients should be asked to wait at home until they can be accommodated safely. This should make it possible for you to deliver at the hospital without putting you or your baby at risk.

Hospitals are also implementing stricter visiting policies to keep patients safe. It's worth calling your hospital to check if there are any new regulations to be aware of.

What plans should I make now in case the hospital system is overwhelmed when it's time for me to deliver?

Every hospital is making different plans for dealing with this scenario. Talk with your doctor or midwife once you're at least 34 weeks pregnant.

I work in healthcare. Should I ask my doctor to excuse me from work until the baby is born? What if I work in a school, the travel industry, or some other high-risk setting?

Healthcare facilities should take care to limit the exposure of pregnant employees to patients with confirmed or suspected COVID-19, just as they would with other infectious cases. If you continue working, be sure to follow the CDC's risk assessment and infection control guidelines.

If you work in a school, travel industry, or other high-risk setting, talk with your employer about what it's doing to protect employees and minimize infection risks. Wash your hands often.

What if my OB gets COVID-19?

If your doctor or midwife tests positive for COVID-19, they will need to be quarantined until they recover and are no longer at risk of transmitting the virus. In this case, you'll be assigned to another OB in your doctor's practice (or you may choose another practitioner yourself).

Ask your new OB or your doctor's office if you should self-quarantine or be tested for the virus. (It will depend on when you last saw your provider and when that person tested positive.)

Should we hold off on trying to conceive because of COVID-19?

At this time, there's no reason to hold off on trying to get pregnant, but the data we have is really limited. For example, we don't think the virus causes birth defects or increases your risk of miscarriage. But we don't know for sure whether you could transmit COVID-19 to your baby before or during delivery.

We also don't know if the virus lives in semen or can be sexually transmitted.

We have a babymoon scheduled in the next few months – should we cancel?

Yes. At this time, the virus has reached more than 140 countries, and there are travel bans to China, most of Europe, and Iran. Places where large numbers of people gather are at highest risk, especially airports and cruise ships.

If you were planning travel in the U.S., note that any travel setting increases your risk of exposure, and there are already many places where everyone is being asked to stay home. To see how the virus is spreading, check The New York Times map based on CDC data.

For the most current advice to help you avoid exposure, check the CDC's COVID-19 travel page.

Will the hospital separate me from my newborn and keep the baby in quarantine?

If you don't have COVID-19 and have not been exposed to the virus, the hospital will not separate you from your newborn.

If you do test positive for COVID-19 or have been exposed but have no symptoms, the CDC, American College of Obstetricians and Gynecologists, and the Society for Maternal-Fetal Medicine all recommend that you be separated from your baby to decrease the risk of transmission to the baby. This would last until you are no longer at risk of transmitting the virus.

This scenario would, of course, be beyond heartbreaking. Talk to the hospital, your baby's pediatrician, and your family about how to plan for care of your baby in the event that you have to be separated after delivery. And try to make sure you have the emotional support you would need to endure the sadness and stress of having to potentially wait weeks to meet your newborn.

My hospital is restricting visitors and only allowing one support person. If my support person leaves after the delivery, will they be allowed to come back?

Every hospital has different policies. Contact your hospital or labor and delivery unit a week or so before delivery to get the most up-to-date restrictions.

In general, if your support person needs to leave, they would be allowed back unless they knew they were exposed to COVID-19 after leaving your company.

My mom was planning to fly here to help me care for my new baby after delivery. Should I tell her not to come?

Yes. If your mom is over 60 or has any serious chronic medical conditions (such as heart disease, lung disease, or diabetes), she is at higher risk of serious illness from COVID-19 and should avoid air travel.

And remember that any travel setting increases a person's risk of exposure. So, it may be risky to have her around the baby after she has been traveling.

For the most current advice on traveling, check the CDC's COVID-19 travel page.