



TESTING FOR COVID-19 BEFORE DELIVERY

1. Should I be tested for Covid-19 prior to labor or a cesarean section?

There are no national organizations, such as the CDC (Center for Disease Control) or ACOG (American College of Obstetricians and Gynecologists) who are recommending testing of all asymptomatic pregnant patients for Covid-19 prior to coming to labor and delivery for childbirth. However, many hospitals are testing all pregnant women on admission. Patients who have symptoms consistent with Covid-19 (Fever of 100.4°F or higher, dry cough, shortness of breath, fatigue, dizziness, loss of smell, conjunctivitis, or diarrhea of more than 7 days) should be tested.

The potential benefits of testing include the ability to separate people with Covid-19 from those without Covid-19 in the hospital, to decrease the chance of spreading the infection to your baby or others if you have it, and to guide the use of personal protective equipment by the healthcare team to keep you and us safe. Testing may help us to protect mothers, babies, and health care teams during these challenging times.

2. What is the process for being tested?

The testing process at Genesis includes testing through commercial labs such as LabCorp, which provides results typically within 48-72 hours, in combination with a rapid screening test at Genesis Medical Center-Silvis, which provides results within 24 hours, but the number of tests that can be done each day are very limited.

We recommend patients with scheduled cesarean sections or inductions of labor are offered to have the screening test done and sent to LabCorp 4 days prior to the scheduled delivery, and then recommend isolating at home after the test until coming to the hospital for the delivery.

All other pregnant patients would be offered to have the test done and sent to LabCorp when 38-39 weeks pregnant (or sooner if we knew they would be delivered sooner). Others could be tested upon arrival to labor and delivery if not tested yet, but the results will probably not be available before delivery occurs.

Antibody testing is not recommended at this time, due to the fact that the FDA is still evaluating which tests are most accurate and what the results mean.

3. Should my significant other be tested?

Currently, there are no national recommendations to test all visitors coming into the hospital. We are requiring all visitors to wear a mask while in the hospital. Your significant other or support person will be asked to wear a mask at all times while in the hospital with you, even if neither of you have any symptoms.

If you or your significant other have had any symptoms or known exposures to someone with COVID-19 you should talk to your physician or midwife right away to discuss what testing, if any, is right for you. Your significant other will not be allowed in the hospital as a visitor if they have had any symptoms of COVID-19 in the last 14 days or close contact with someone who has tested positive for COVID-19 in the last 14 days. If you know or suspect your partner may be infected, you should arrange for another, asymptomatic support person to accompany you while in the birth center.

If you are tested and you are positive, we then recommend testing your partner.

4. What are the risks associated with being an asymptomatic carrier for me, my family and my newborn baby?

We do not know for certain whether or not the Covid-19 virus can be transmitted from mom to baby prior to delivery. So far it seems that babies do not become infected while in the womb if mom has the infection. However, that evidence is limited, so we do not know that for sure.

It is possible for babies to become infected with the Covid-19 virus after delivery the same way that others become infected. Being close to mom while cuddling, breastfeeding, or changing diapers does put the baby at high risk of infection.



if mom has the Covid-19 virus. There have been very few reports of newborns becoming infected with Covid-19, but we still do not have enough information to know if the infection can be serious for babies. We also don't currently know if the risk of baby becoming infected is the same if mom is positive for Covid-19 without symptoms or positive with symptoms like cough or fever.

There is no evidence that the Covid-19 virus can be transmitted in breastmilk, and we do recommend breast milk feeding for your baby. However, if you are positive for Covid-19, your baby could become infected during the act of breastfeeding because you are in close contact, and we recommend that you pump breast milk to be given to the baby by a nurse or a family member. If you choose to put the baby to the breast, you will be asked to take appropriate precautions including wearing a mask and washing prior to feeding.

If you are positive for Covid-19, there is also a chance you could transmit the virus to other family members or friends if they visit you at home after delivery, including those who may be at higher risk based on their age or underlying health conditions.

5. What happens if I test positive?

We will continue to provide excellent care and support during your labor and delivery, whether or not you have Covid-19. The Centers for Disease Control and Prevention (CDC) and doctors who care for newborns in parts of the world where COVID-19 has already been have given us some recommendations.

If you test positive for Covid-19, there are two options for your baby's care after delivery. We will talk with you and make a shared decision about which option you prefer.

--The first option is to care for you and your baby in separate locations. Your baby would be admitted to a room on the pediatric floor immediately after delivery and cared for using full isolation precautions (everyone caring for baby would wear a gown, gloves, and a mask). Your baby can have a visitor but it should be someone who is healthy. This approach will minimize the chances of your baby becoming infected after delivery.

--The second option is to care for you and your baby in the same postpartum room. In this situation, it would be recommended that your baby would be placed in a closed isolette (like an enclosed crib) immediately after delivery. Your baby would be cared for in the isolette for your entire time in the hospital, and would be kept as far away as possible from you within the room. You would try to minimize contact with your baby, but if contact is necessary, you will be asked to wash your hands right before and wear a mask. The risk of your baby becoming infected is probably slightly higher with this approach.

We know this is a challenging time and it is difficult to think about being separated from your baby, but we want to minimize the risk of your baby getting sick. This is why we suggest you try to be away from your baby while you are sick or carrying the virus. We know this is difficult.