



Maternity Center Visitation Policies

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Problem

- Hospitals across the nation limiting visitors to decrease exposure and virus transmission
- Exception often given to Maternity and Birthing Centers



Environment

- Considerations for Inpatient Obstetric Healthcare Settings
 - Limit visitors to pregnant women who have known or suspected COVID-19
 - Limit to essential for well-being and care (emotional support persons)
 - Consider community-transmission, limit 1 essential & consistent person
 - Consider alternative interactions (e.g. video)
 - Screen visitors and don't allow entry if fever or resp sx
 - Mask according to current facility policy
 - Limit visitation to room and not other areas including nursery
- Visitation policy modifications made at individual facility level based on community spread, local and state recommendations
 - Reduce to minimum
 - See CDC
- Screen visitors and restrict visitation as necessary to protect health of patients and staff



Local Environment

- Area Hospitals
- New York
- Support group of pregnant women with HCW partners (GME)

The New York Times

‘Women Will Not Be Forced to Be Alone When They Are Giving Birth’

In response to some private hospitals’ decision to bar partners, New York will order all hospitals to allow partners in delivery rooms, despite the coronavirus risk.



Development Process

Central & Eastern MA
Alliance of Maternity Centers

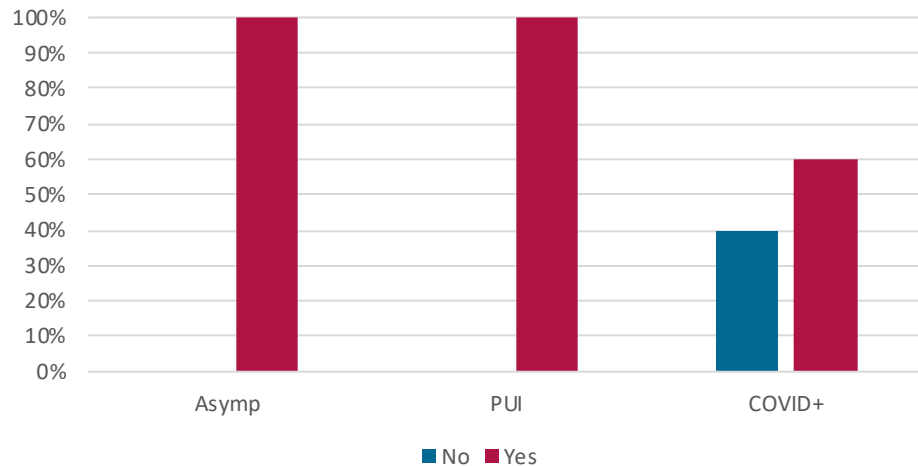
Hospitals:

Baystate Franklin Medical Center
Baystate Health
Cooley Dickinson
Day Kimball Hospital
HealthAlliance-Clinton
Heywood Hospital
Mercy Hospital
MetroWest Medical Center
Milford Regional Medical Center
St. Vincent's Hospital
UMass Memorial Medical Center

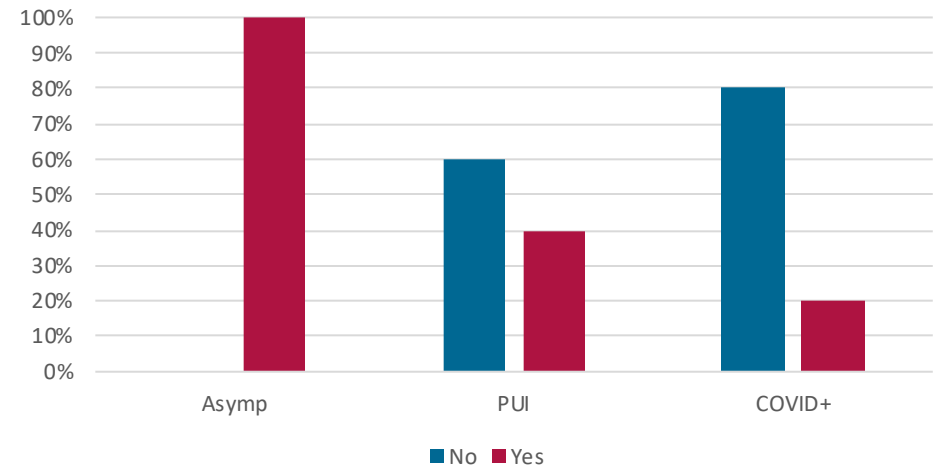


Visitation: In-person Labor Support at Delivery?

Vaginal Delivery

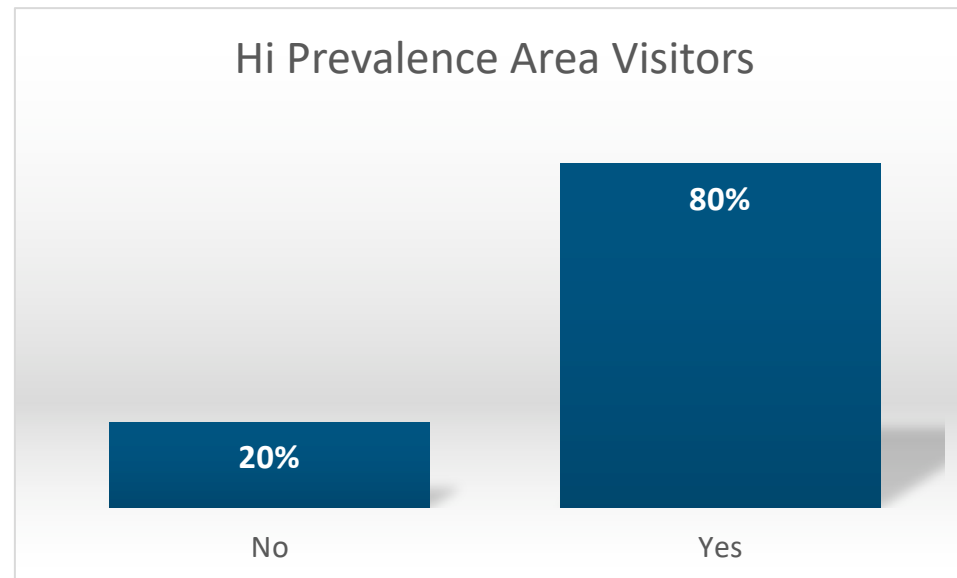


Scheduled or Non-Emergent CD



When allowed – 1 support person present (doula – virtual)

Visitation: Labor support for persons from high prevalence areas?




Getting institutions to realize 'they are here'

Screening Support Persons

- Support persons MUST be healthy
- 80% mask patient and partner
- Initial screening includes questions about:
 - Symptoms 100%
 - Travel 80%
 - Exposure to COVID+ persons 80%
- 80% - Temp screen throughout stay (1-2x/day or prn sxs)
- 100% - Support persons can NOT stay if ↑Temp or Sxs
- 60% - Support persons can NOT go in/out of the hospital
 - Restrictions or highly encouraged if not required
 - Antepartum or extended hospitalizations
- 100% - Provide meals for support person
- Working with IT for virtual support

Screening Support Persons

- Support persons MUST be healthy
 - 80% mask patient and partner
 - Initial screening includes questions about:
 - Symptoms 100%
 - Travel 80%
 - Exposure to COVID+ persons 80%
- Separate area in lobby
 - Additional questions ref line of work & PPE use
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 - 100% - Support persons can NOT stay if ↑Temp or Sxs
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Lessons Learned

- What one does, affects others
 - Expand alliance across state
- Regional alignment and information sharing promotes continuity of care and support for maternity centers
- Address special circumstances:
 - Healthy pregnant women at hospital entrance
 - Frontline workers
- Address barriers:
 - Meals
 - Don't rely on patient technology access for virtual support
- Communication and centralized documentation essential
- Iteratively revisit