

COVID-19 FAQ

Frequently Asked Questions for Labor & Delivery and NICU Care



1. HOW ARE YOU PROTECTING MOTHERS/BABIES FROM THE SPREAD OF COVID-19?

We continue to work closely with the Georgia Department of Public Health and the CDC to determine best care plans for our patients. At their guidance, we have implemented additional precautions to help prevent the spread of COVID-19, including testing of all OB patients, pre-screening prior to entering the hospital, frequent handwashing, limited visitation and expedited discharge to get you and your baby home safe as quickly as possible. We have also implemented designated rooms for patients confirmed to have COVID-19.

2. I AM PREGNANT. IS IT SAFE TO COME TO THE HOSPITAL IF I NEED CARE?

Yes, you are safe to come to the hospital for care. We've put these precautions and restrictions into place to help protect our patients first and foremost. We're doing everything we can to make sure we are providing the safest and most evidence-based care possible for our patients and families. Our staff, providers and all other members of our healthcare team will be wearing masks when you enter our facilities. We're also providing masks for our visitors to wear as well to help ensure the safety of our patients like you.

3. WHAT SHOULD I DO IF I FEEL SICK WHILE PREGNANT?

It's important to communicate directly with your provider if you feel sick or believe you may have signs or symptoms of COVID-19. Some of the most common symptoms include a fever and cough or difficulty breathing.

We are recommending at this time that you do NOT automatically come to the Emergency Room unless you are experiencing life-threatening symptoms. This is to help reduce your risk of contracting an illness or even sharing with others. Your healthcare provider is best equipped to handle questions related to your specific case, so please call them first and follow their guidance. Both Longstreet Clinic and Northeast Georgia Physicians Group are currently offering video visits for patients.

4. I'M SCARED ABOUT THE POSSIBILITY OF CONTRACTING COVID-19 AND HAVE BEEN CONSIDERING A HOME BIRTH INSTEAD. WHY SHOULD I DELIVER AT THE HOSPITAL?

We believe that the best place for you to deliver is in the care of our professional healthcare team. While it can be scary to consider coming to the hospital during this time of uncertainty, we want you to know that we are taking every precaution possible to ensure your safety and the safety of your baby. We are thrilled to care for you during this special time and will make your birth the best possible experience we can – even in the midst of this global pandemic.

5. WHEN I'M IN LABOR OR COMING TO THE HOSPITAL FOR INDUCTION, WHERE SHOULD I ENTER? WILL I STILL NEED TO BE SCREENED?

We're taking every precaution possible to stop the spread of COVID-19 – especially for our expectant mothers and new families. To do so, we are testing all OB patients prior to, or at, admission. We also have hospital staff at each entrance to pre-screen visitors entering the hospital.

At NGMC Gainesville, you can enter through the Women & Children's Pavilion entrance, during the hours of 6 a.m. to 9 p.m., or through the Emergency Room entrance during other times. At NGMC Braselton, you may enter through the Emergency Room.

6. WHO IS ALLOWED AT THE HOSPITAL WITH ME WHEN I DELIVER?

At Northeast Georgia Medical Center, we are currently allowing one support person/visitor to be with the mother during the delivery. This must be the same person for the duration of your stay. If you are positive for COVID-19 or have symptoms of the virus, your support person will be asked to wear a mask and to not leave the room. If you are suspected or positive for COVID-19, we will be providing meals for your support person during this time. We also recommend packing a bag or cooler of snacks to keep with you in the room.

All waiting rooms in the Women and Children's areas are currently closed. Please understand that we know how hard it is to not have your loved ones with you during this time, however we are doing this to help ensure the safety of you as well as other people in the hospital.

7. I HAVE COVID-19. WHAT SHOULD I EXPECT WHEN I COME TO THE HOSPITAL?

If you arrive in labor and also have signs and symptoms or a diagnosis of COVID-19, our staff will modify your care to meet CDC recommendations, including limiting the number of staff entering your room and wearing protective masks and other gear while caring for you and your infant. While this may be different from what you are used to, please don't let it scare you. Our staff is taking every precaution to protect you and your baby, as well as themselves, while following the most current recommendations from the CDC.

8. HOW IS THE CARE DIFFERENT FOR PATIENTS WITH COVID-19?

We currently have a staffing plan to cohort mothers confirmed to have COVID-19 in identified rooms separate from other patients. Additionally, we will be limiting the number of staff who enter your room, so ancillary staff like dietary, lactation and birth certification will not be entering. We have alternate shared decision-making care plans to best accommodate you, and ensure we provide the safest care while still considering your preferences. We want our patients to feel comfortable with every aspect of their care and will be as flexible as possible to promote a healthy and comfortable birth experience.

9. IF I AM POSITIVE FOR COVID-19, WILL MY BABY AUTOMATICALLY HAVE TO GO TO THE NICU?

Infants who are full-term and healthy at birth will not have to go to the NICU.

10. WILL MY BABY BE ABLE TO STAY WITH ME IN THE ROOM IF I HAVE COVID-19?

It's still unknown whether newborns with COVID-19 are at increased risk for complications. Because transmission after birth is a concern, the CDC and the AAP recommend temporary separation of mother and infant for all patients with COVID-19. This can be achieved in two ways. The preferred way according to the CDC and AAP is to provide care for the infant in a room separate from the mother. If, however, the mother chooses not to be in a separate room, the acceptable alternative would be to keep the infant in the room with the mother, at least 6 feet apart and have the healthy support person care for the infant.

We understand this can cause some uncertainty and want to you to know that we will work with you to determine the best solution for each situation. Our staff will take extra time to educate you and your family on the risks and benefits versus separation, as well as how to best care for your infant once you return home.

11. IS IT SAFE TO BREASTFEED MY BABY IF I HAVE COVID-19?

We recommend breastfeeding for all mothers. For mothers confirmed to have COVID-19, our staff will explain the risks and benefits of breastfeeding as well as current CDC recommendations, and will implement shared decision making to help empower the mother to determine the best route for feeding her baby.

The current recommendation from the CDC and AAP is for the mother to pump her milk after appropriate breast and hand hygiene and have a healthy caregiver feed the baby. If the mother chooses to direct breastfeed, she should take strict preventive precautions, including wearing a mask and meticulous breast/hand hygiene.

12. IF I HAVE COVID-19, HOW SHOULD I CARE FOR MY INFANT AFTER DISCHARGE AND WHEN IS IT SAFE TO RETURN TO NORMAL CONTACT WITH MY INFANT?

Once the mother and the infant are discharged, it will be very important to continue with close pediatric follow-up for the next 14 days. This can be achieved by phone, video visits or in office depending on the pediatric practice. If possible, the mother should continue to maintain a distance of at least 6 feet from the infant and have another healthy caregiver provide care until the mother has been without fever for at least 72 hours (without the use of anti-fever medication) AND at least 10 days have passed since symptoms first appeared (or date of positive test).

13. IF MY BABY IS ADMITTED TO THE NICU, WILL I BE ABLE TO VISIT MY BABY?

We are now allowing two designated band holders/biological or adoptive parents to visit their infant in the NICU at scheduled times and upon screening. The purpose of limiting visitation in the NICU is to minimize possible exposure to our infants, other parents and the staff who care for your baby.

During the mother's hospital stay, the band holders may visit given the following: mother has a confirmed negative COVID-19 test; parents have remained in their room, leaving only to walk down to the NICU; and masks are worn from the time the parent leaves the room, visits baby in the NICU and returns to room. After being discharged, it's important to stay home and minimize any outside contact. When visiting the NICU, the band holders must not have had any signs of illness in the past 14 days, or have had contact with anyone who has had an illness in the last 14 days. We'll work with you to schedule times for you to visit your baby. We will ask screening questions upon arrival for each scheduled visitation. We ask that you wear a mask from the time you enter the hospital, throughout your visit and until you leave the hospital.

14. HOW WILL I BE UPDATED ABOUT MY BABY'S CONDITION AND PLAN OF CARE?

We will make sure parents are fully aware of their baby's condition. Families will be able to call their baby's nurse at any time for updates. In addition, families will be able to see their baby through video chat using the Zoom platform. Providers will also update parents with the plan of care via Zoom, as well as by phone.

15. I WANT TO BREASTFEED MY BABY. IF MY BABY IS NOT WITH ME, HOW CAN I GET MY EXPRESSED MILK TO YOU FOR MY BABY?

We feel that breastmilk is best and continue to encourage mothers to pump and provide breastmilk for their baby. Mothers will be provided bottles and labels to return their milk in. Pumped milk may be dropped off at specific locations, and a NICU staff member will meet you at your vehicle to obtain your labeled breastmilk. You will be able to get specific details on this by talking with your baby's nurse.

16. WHAT WILL HAPPEN WHEN MY BABY IS READY TO COME HOME?

We realize that bringing home a NICU baby can be overwhelming and will require teaching prior to discharge. We have specific education that every NICU mom will receive. Some of this teaching will happen online or via Zoom in the days leading up to discharge. Then, on the day of discharge, we will bring the mother in to a private room with her baby for a period of time to feel comfortable caring for her baby and completing the rest of the education.

17. WHAT SHOULD I DO IF A FAMILY MEMBER IS POSITIVE FOR COVID-19?

If one of your family members has tested positive for COVID-19, we recommend you separate yourself (and your baby) from this person until they have recovered and have been without symptoms for at least 72 hours (without the use of anti-fever medication) AND at least 10 days have passed since symptoms first appeared (or date of positive test).