

Providence St. Joseph Health

Providence St. Joseph Health Digital Commons

Articles, Abstracts, and Reports

8-1-2020

Labor and delivery guidance for coronavirus disease 2019.

David C. Lagrew

Providence St. Joseph Health System, Irvine, California

Laurence E Shields

Follow this and additional works at: <https://digitalcommons.psjhealth.org/publications>



Part of the [Infectious Disease Commons](#), and the [Obstetrics and Gynecology Commons](#)

Recommended Citation

Lagrew, David C. and Shields, Laurence E, "Labor and delivery guidance for coronavirus disease 2019." (2020). *Articles, Abstracts, and Reports*. 3601.

<https://digitalcommons.psjhealth.org/publications/3601>

This Article is brought to you for free and open access by Providence St. Joseph Health Digital Commons. It has been accepted for inclusion in Articles, Abstracts, and Reports by an authorized administrator of Providence St. Joseph Health Digital Commons. For more information, please contact digitalcommons@providence.org.



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Labor and delivery guidance for coronavirus disease 2019



TO THE EDITORS: We read with interest the article by Boelig et al¹ on “Labor and delivery guidance for coronavirus disease 2019” and appreciate the expedited release given the acute need of the ongoing crisis. The article is very well written and offers helpful guidance, which many will use to improve the care of maternity patients and safety of our providers. However, there is a portion of the recommendations that is contrary to the recommendations of other infection prevention experts, including the Centers for Disease Control and Prevention (CDC).² These recommendations will likely impair our ability to conserve and appropriately use respirators (N95 masks) based on current national recommendations.² This is outlined under the section on respiratory precautions and personal protective equipment. The specific recommendation is that N95 masks be used in the second stage of labor because of aerosolization of coronavirus disease 2019 (COVID-19). The author’s references do not include any supporting data on aerosolization of COVID-19. Therefore, the author’s proposed recommendations seem to be based on personal opinion and are not evidence based. Indeed, because laboring patients make up a large percentage of all hospital admissions, we would be putting a severe strain on the supply of this already limited equipment. This recommendation also has the potential to increase the level of anxiety for care providers, nurses, and physicians and limit appropriate care if the N95 mask is not used as recommended in their paper. The use of surgical mask and face shields seems very prudent for the second stage of labor and delivery based on the work by Kouri and Ernest,³ which indicates droplet exposure to providers, but without specific evidence of aerosolization, the use of the N95 mask would be considered unproven.

Again we thank the authors for the manuscript and most of their recommendations. We recognize that protection of our obstetrical providers is critical, but we also realize that we have to wisely share precious personal protective equipment supplies with our nonobstetrical colleagues. As the shortage

of equipment change, it might be prudent to be more liberal with the use of N95 masks in all deliveries. Before that, we would like to ask the authors to qualify their recommendations or share the evidence of aerosolization to substantiate their recommendations. ■

David C. Lagrew Jr, MD
Women and Children’s Services Institute
Providence St. Joseph Health
Irvine, CA

Laurence E. Shields, MD
Women’s and Infant’s Clinical Institute
Common Spirit Health
116 S. Palisade Drive
Suite 104
Santa Maria, CA 93454
larryshields@me.com

This paper is part of a supplement that represents a collection of COVID-related articles selected for publication by the editors of AJOG MFM without additional financial support.

The authors report no conflict of interest.

REFERENCES

1. Boelig RC, Manuck T, Oliver EA, et al. Labor and delivery guidance for COVID-19. *Am J Obstet Gynecol MFM* 2020;2:100110.
2. Centers for Disease Control and Prevention. Interim infection prevention and control recommendations for patients with suspected or confirmed coronavirus disease 2019 (COVID-19) in healthcare settings. Available at: https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html. Accessed March 25, 2020.
3. Kouri DL, Ernest JM. Incidence of perceived and actual face shield contamination during vaginal and cesarean delivery. *Am J Obstet Gynecol* 1993;169:312–5;discussion 315–6.

© 2020 Elsevier Inc. All rights reserved. <https://doi.org/10.1016/j.ajogmf.2020.100157>