

## STATEMENT

### *Effects of corona crisis on birth companions*

#### ***Delivery room ban poses medical risks***

Bonn, March 27, 2020. The corona crisis has massive implications for pregnant women, newborns and their families. Because of the risk of infection, especially for staff, clinics severely restrict or completely ban visits. In many clinics, this also affects the presence of a companion at birth, which means that fathers, partners and other support persons are excluded.

Desperate pregnant women and expectant fathers have been contacting us for days. Many women are scared and panicked by the idea of not being able to go through the process of giving birth with the support of a trusted person.

At first glance, the protection of personnel as the reason for the ban on the delivery room appears understandable. However, it does not take into account that a possibly infected partner lives with the pregnant woman in a household and that the pregnant woman may also be infected.

In addition to the emotional consequences, banning an accompanying person entails medical risks that must be avoided.

#### ***WHO: more safety for women and children through accompanying persons***

The World Health Organization (WHO) also explicitly states the medical risks of inadequately accompanied births in a recent statement on COVID-19. Here it says: "A safe and positive childbirth experience includes having a companion of choice present during delivery". According to the WHO, women should not be denied the right to do so even during the epidemic.<sup>1</sup>

The Deutsche Gesellschaft für Gynäkologie und Geburtshilfe (DGGG) also recommends an accompanying person for the birth. This also applies to a cesarean section.<sup>2</sup>

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<sup>1</sup> World Health Organization, *Q&A on COVID-19, pregnancy, childbirth and breastfeeding*, March 2018, [www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding](http://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding).

<sup>2</sup> German Society for Gynecology and Obstetrics e. V., *Recommended preventive measures for obstetric care in German hospitals and clinics in connection with the coronavirus*, March 19, 2020,

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### ***Women alone in the delivery room***

The delivery room ban for an accompanying person converges with an existing shortage of personnel in the birthing field.

According to a recent study, midwives often accompany three women at the same time during childbirth.<sup>3</sup> Conversely, this means that birthing mothers in the delivery room are not given midwifery care over extended periods of time.

The presence of a familiar person provides important support, especially in this exceptional situation. When this support person is not present, women will be alone in the delivery room for longer periods.

### ***Panic, fear, and stress disrupt the birth process***

Pregnant women should trust in the process and feel confident during the birth of their child. This is confirmed by having a trusted person at the mother's side during this vulnerable situation. Instead, mothers now have to expect to be unintentionally alone in one of the most important phases of their lives.

This unnecessary psychological stress can lead to failure to progress. As a result, the birth must be augmented with medication and medical interventions. This, in turn, requires more personnel to monitor, which should not be in the interests of the clinics.<sup>4</sup>

### ***Risk of Caesarean Section***

Good care during childbirth reduces the risk of a cesarean section.<sup>5</sup> Clinics should not accept the risks of this operation in times when operations are being postponed due to corona. As the DGGG also explains, a cesarean section

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[www.dggg.de/fileadmin/documents/Weitere\\_Nachrichten/2020/COVID-19\\_DGGG-Empfehlungen\\_fuer\\_Kreissaele\\_20200319\\_f.pdf](http://www.dggg.de/fileadmin/documents/Weitere_Nachrichten/2020/COVID-19_DGGG-Empfehlungen_fuer_Kreissaele_20200319_f.pdf)

<sup>3</sup> IGES Institute, *Inpatient Midwiferycare*, published January 2020, p. 133,

[www.bundesgesundheitsministerium.de/fileadmin/Dateien/5\\_Publikationen/Gesundheit/Berichte/stationaere\\_Hebammenversorgung\\_IGES-Gutachten.pdf](http://www.bundesgesundheitsministerium.de/fileadmin/Dateien/5_Publikationen/Gesundheit/Berichte/stationaere_Hebammenversorgung_IGES-Gutachten.pdf)

<sup>4</sup> Midwives in North Rhine-Westphalia, *Corona: are fathers allowed in the delivery room? - Failures in the health sector come to a head*, March 24, 2020,

[www.hebammen-nrw.de/cms/aktuelles/meldungen/einzelansicht/datum/2020/03/24/corona-duerf-en-vaeter-in-den-kreisssaal-versaeumnisse-im-gesundheitswesen-spitzen-sich-zu/](http://www.hebammen-nrw.de/cms/aktuelles/meldungen/einzelansicht/datum/2020/03/24/corona-duerf-en-vaeter-in-den-kreisssaal-versaeumnisse-im-gesundheitswesen-spitzen-sich-zu/)

<sup>5</sup> World Health Organization, *Companion of choice during labor and childbirth for improved quality of care*, 2016,

<https://apps.who.int/iris/bitstream/handle/10665/250274/WHO-RHR-16.10-eng.pdf>



can lead to complications that occupy staff and in extreme cases block intensive care beds.<sup>6</sup>

Medical care for a mother after a cesarean section is more personnel-intensive and involves more staff contact at the maternity ward because the mother can only get up with support due to the operation.

Increase in medically unnecessary interventions feared

It is already the case that midwives have limited time capacities to support every birthing woman. If the accompanying person is missing, the presence of the midwife during birth becomes even more important - and therefore also more time-consuming.

We fear that the midwives' lack of time will accelerate births.

Births can only be shortened with massive interventions that are associated with pain and birth injuries. The most frequent interventions include pharmacological induction, painful manual stretching of the cervix to increase dilation, manual pushing on the abdomen (the controversial "Kristeller maneuver" or fundal pressure), episiotomy and the use of the suction cup ("vacuum extraction").

All interventions can be associated with considerable medical risks, for example, pelvic floor damage or internal injuries to the mother. Furthermore, if carried out without informing the woman and receiving her consent, they are an act of violence and often the reason for mothers experiencing their births as traumatic. This can burden the family for years to come.

### ***Immediate changes are necessary***

In addition to the recommended hygiene measures, clinics should work towards outpatient births ("ambulante Geburt") in which the woman can leave the clinic four to six hours after giving birth to the baby as long as both are doing well.

Some federal states have already issued a visitor ban with exceptions for childbirth, which clinics must take into account. These include North Rhine-Westphalia, Bavaria, Berlin, Brandenburg, Lower Saxony and Saxony.

In view of the physical and emotional risks for mothers, babies and families, we ask the clinics to adjust their protocols in accordance with the recommendations of the WHO and DGGG. This also applies to the

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<sup>6</sup> Ärztezeitung, *Coronavirus does not justify caesarean sections!*, 19.03.2020, [www.aerztezeitung.de/Politik/Coronavirus-rechtfertigt-keine-Kaiserschnitte-407832.html](http://www.aerztezeitung.de/Politik/Coronavirus-rechtfertigt-keine-Kaiserschnitte-407832.html)



recommendations for the protection of staff, the handling of positive patients and suspected cases.<sup>7</sup>

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**More information on the Federal Parents' Initiative Mother Hood e. V. on [www.mother-hood.de](http://www.mother-hood.de)**

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<sup>7</sup> German Society for Gynecology and Obstetrics e. V., Recommended preventive measures for obstetric care in German hospitals and clinics in connection with the coronavirus, March 19, 2020, [www.dggg.de/fileadmin/documents/Weiter\\_Nachrichten/2020/COVID-19\\_DGGG-Empfehle\\_fuer\\_Kreissaele\\_20200319\\_f.pdf](http://www.dggg.de/fileadmin/documents/Weiter_Nachrichten/2020/COVID-19_DGGG-Empfehle_fuer_Kreissaele_20200319_f.pdf).