

DATE: April 2, 2020

RE: Auxiliary Maternity Units to address surge capacity and safety in the COVID-19 Pandemic

Systems can address surge capacity and improve safety by diverting low-risk, pregnant patients to temporary auxiliary maternity units. Before the COVID-19 Pandemic, the US faced unprecedented disparities, morbidity and mortality, and a crisis within the maternal/child health system. Hospitals are now reconfiguring labor units to become ICUs. There is an increased need for physicians to focus on high-risk COVID (+) patients. Labor and delivery units are becoming short-staffed due to COVID-19 exposure and illness. Acute need for personnel has led to recruiting recently retired and non-specialty medical staff to help.

Based on research and programs already tested by the Centers for Medicare & Medicaid Services and the Health Resources and Services Administration, such as Strong Start for Mothers and Newborns, we know that we can provide high-quality care for pregnant women and their infants using skilled providers in a collaborative team model of care. Publications from the American College of Obstetrics and Gynecology, the Society of Maternal and Fetal Medicine, the American Academy of Pediatrics, and the Centers for Disease Control and Prevention reiterate the point that high-quality options for care delivery exist.

A proven model conceived by the American Association of Birth Centers can be adapted and implemented quickly. Ideally, the care model requires availability of Rapid Point of Care Testing and PPE. Planning should not be delayed. All payer types should reimburse this model.

Recommendations:

1. Create Auxiliary Maternity Units to expand capacity, reduce potential exposure and limit depletion of necessary critical care resources.
2. Expand the capacity of existing free-standing birth centers for low-risk women.
3. Expand utilization of licensed and/or certified midwives to practice to the full extent of their certification in all states and all facilities.
4. Integrate doulas and other community-based perinatal health workers to provide education and support during pregnancy, labor, delivery, and the postpartum periods.
5. Implement a community-based postpartum and newborn management plan that provides early discharge with safe follow-up care.

Healthy pregnant women and babies are being affected by exposure to COVID-19 and the consequences of hospital surge capacity. Implementing recommendations to create Auxiliary Maternity Units will provide for the health, safety, and personalized experience of families and address unprecedented daily challenges of overburdened hospitals. A team of experts is ready to advise in facility design, minimum standards, and implementation steps for all communities.

For more information and [Guidelines for Auxiliary Maternity Units](#) contact:

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- Commission for Accreditation of Birth Centers: 877.241.0262 / Admin@BirthCenterAccreditation.org

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