

# COVID-19 control measures shorten hospital stays for moms, babies

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New infection prevention practices implemented during the coronavirus pandemic have resulted in significantly shorter hospital stays for mothers and their babies, according to investigators at Cedars-Sinai, with no

changes in the rates of cesarean deliveries, complications or poor outcomes.

The [retrospective study](#), recently published in the *American Journal of Obstetrics & Gynecology* MFM, examined the impact of several modifications in the Labor and Delivery Unit at the medical center. The changes included temperature screening of all patients and visitors, limiting the number of visitors, providing staff with [personal protective equipment](#) (PPE), and new approaches to delivery management and newborn care.

"Patients can be reassured that [appropriate measures](#) have been taken to protect them and their babies and that those changes are not going to impact their ability to have a good and safe delivery with us," said Naomi Greene, Ph.D., principal investigator of the study and an assistant professor of obstetrics and gynecology at Cedars-Sinai.

The study reviewed data from 1,936 deliveries, comparing two separate groups. The first cohort were patients who gave birth in January and February of 2020, before new COVID-19 guidelines were in place. The second group had their babies in March and April, after infection control protocols were implemented at the medical center.

"When the Labor and Delivery Unit made safety modifications in response to the pandemic, approximately half of the women who had vaginal deliveries—and their babies—stayed just one night in the hospital. But before the pandemic, only a quarter of the women giving birth went home after one night; most spent two nights, on average," said Greene.

Similar patterns were seen among women who had a cesarean delivery. More than 40% of them spent two days or less in the hospital once pandemic protocols were in place. But before the safety changes, a much

smaller number were discharged within two days—just 12%, said Greene.

Maternal-fetal medicine specialist Mariam Naqvi, MD, senior author on the study, said it was encouraging to find the shorter stay did not appear to impact the care or welfare of the mother and her child.

"It's always our goal to discharge a patient after she has met all of her postpartum milestones and is medically stable to go home. But with COVID-19, we are mindful of the potential risk of unnecessary or prolonged stays in the hospital. It is encouraging to see that in the short term, spending less time was not associated with more complications," said Naqvi, an assistant professor of obstetrics and gynecology at Cedars-Sinai.

Here are additional findings researchers noted when comparing the groups delivering before and after the implementation of pandemic safety modifications:

- There was no difference in the rate of cesarean [delivery](#) for first-time mothers carrying to full term.
- No differences in the rate of induced labor.
- No differences in adverse maternal or neonatal outcomes.

"Our study suggests there may be value in exploring whether there are benefits, post-pandemic, of a shorter hospital stay for childbirth. Also, perhaps limiting visitors may give women and their partners time to focus more on the new baby and the helpful in-patient education we provide," said Sarah Kilpatrick, MD, Ph.D., a co-author of the study and the Helping Hand of Los Angeles Chair in Obstetrics and Gynecology at Cedars-Sinai.

"Our goal during these unprecedented and stressful times is to provide

the safest care possible and to get families home, as soon as is safely possible," said Kilpatrick.

**More information:** Naomi H. Greene et al. Impact of labor and delivery unit policy modifications on maternal and neonatal outcomes during the coronavirus disease 2019 pandemic, *American Journal of Obstetrics & Gynecology MFM* (2020). [DOI: 10.1016/j.ajogmf.2020.100234](https://doi.org/10.1016/j.ajogmf.2020.100234)

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