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Virginia
Freedom Keepers
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REGULATORY SPOTLIGHT

Pregnancy & Delivery in a COVID-19 World

About Us:

Virginia Freedom Keepers (VFK) is the local state chapter of Freedom Keepers United (FKU), a National 501(c)3 organization. FKU's mission is to raise national awareness of current and upcoming legislation regarding medical freedom and unconstitutional mandates. As a bipartisan group, the concerted goal is to build positive relationships and be a light to our community.

Founded in 2019, VFK exists to provide accurate and up to date information regarding medical freedom and medical mandates. Our goal is to educate and connect our members through social campaigns, advocacy, community events and to provide resources for effective advocacy. VFK serves as a resource for all who want to expand their knowledge, educate their sphere of influence, and to connect with other advocates who are working together to achieve this goal.

Pregnant women are facing a unique set of challenges amidst Coronavirus fears. Hospitals and healthcare providers nationwide are rapidly adopting policies as new information becomes available. Virginians should stay up to date on the policy changes their particular healthcare providers are implementing and understand their rights.

1.0 HOSPITAL LAWS & POLICIES

Hospitals and healthcare providers follow a variety of federal regulations - the [Health Insurance Portability Accountability Act](#) (HIPAA) and [Americans with Disabilities Act](#) (ADA) being the two most well-known to the public. The first deals mainly with privacy and protection of medical information, while the second deals with Americans who have medical disabilities.

The ADA is a civil rights law that prohibits discrimination against individuals with disabilities in all areas of public life, including jobs, schools, transportation and all public and private places that are open to the general public. The purpose of the law is to ensure people with disabilities are afforded the same rights and opportunities as those without it. These civil rights protections given to covered individuals are similar to those provided on the basis of race, color, sex, national origin, age and religion.

Providers also have policies - unique to their individual businesses - designed to protect them from liability, care for their employees and preserve the well-being of the patients they serve. While practices may look similar, there is not a standard all providers follow.

2.0 CHALLENGES DURING PREGNANCY & DELIVERY AMIDST CORONAVIRUS

Pregnancy is typically a time of expectancy and celebration, but it may look different in a post-COVID-19 world. A few new challenges are worth noting:

- **COVID-19:** Pregnant women are faced with the reality of contracting the virus itself. According to [CDC data](#) from August 4, 2020, pregnant women account for 15,735 Coronavirus cases this year in the states. Of those, 37 deaths from or with the virus have been documented. This 0.02% death rate, thankfully, fares far better than the national average. Hospitalization rates are unclear since routine hospitalization such as labor and delivery are included in CDC statistics.
- **Support Partners:** Support partners may not be allowed into routine prenatal visits or even memorable moments like ultrasounds. Some have even reported challenges with attending births. Unfortunately for expectant mothers, such policies prohibiting support are typically permissible - often times standing in no direct violation of laws or precedent previously set in the U.S. Intended to protect the greater population of patients, the motivation may be admirable but leave unintended consequences in its wake. Women may find themselves receiving exciting news about gender and growth - or even devastating news of loss - alone. The emotional and, even, physical toll this may take is impossible to forecast.
- **Face Coverings:** Expectant mothers may be "required" to wear a face covering to routine well checks, in the course of their daily employment or routines and possibly during delivery. Especially in later stages of pregnancy, it is not uncommon for

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Our Focus:

Connection.

Connecting constituents to each other and their representatives.

Community.

Community building through our group platform.

Education.

Educating our members so they can better educate their sphere of influence.

Empowerment.

Empowering each member to lobby for medical freedom in Virginia.

[Website](#)

[Facebook](#)

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women to report shortness of breath or difficulty breathing. Wearing a face covering may exacerbate the issue and even lead to other serious ones such as passing out, panic attacks or even harm to mother or baby.

In May, Virginia rolled out [Executive Order 63 \(EO63\)](#) leaving providers and businesses facing an unprecedented challenge of 'enforcing' a medical mandate set by the Governor on patients and patrons. While EO63 clearly stated that it was not intended to apply to individuals who have trouble breathing or other health conditions that "prohibit wearing a face covering" and that nothing in the order should "require the use of a face covering by any person for whom doing so would be contrary to his or her health or safety because of a medical condition", businesses have faced mounting pressure to enforce the mandate even on the individuals it was designed to exclude. [Click here](#) to learn more about EO63.

It is important to note that hospitals cannot deny care of emergent cases – presumably even in cases of non-compliance with a mask policy. If a mother states she cannot breathe while wearing a face covering, it may be safe to assume that she would neither be legally denied care nor forcibly required to wear one. She may, however, be treated as presumptive positive in the absence of testing negative for the virus despite the [CDC stating](#) "for the purpose of obstetric care...pregnant individuals who are asymptomatic at the time of admission and have no history of high risk contact should not be considered to be suspected cases". Understanding policies of delivering hospitals and limitations is important for those concerned.

- **COVID-19 Testing:** Some providers have testing requirements for those undergoing any surgery (including C-Sections) or those in active labor. What's more, some require self-quarantine for a period of time before admission. While no provider can 'force' compliance, providers may refuse scheduled service if their policies are not satisfied. For mothers with growing concerns over false positives or coming in direct contact with facilities that are regularly exposed to active Coronavirus cases, this policy may spur a look at other providers.
- **Separation from baby:** Should a mother test - or be presumed - positive for COVID-19, some hospitals may push for separation between mother and newborn. [CDC recommendations](#) do not support a one-size-fits-all policy – acknowledging mother's wishes should be honored. However, reports of hospitals stating mothers are required to separate and even threats of Child Protective Services (CPS) calls have been cited. Both understanding current medical recommendations as well as the rights parents have are necessary preventative steps to take before such a situation even arises. While medical caretakers have a duty to advocate for the best interests of the child when parental decisions are potentially dangerous to a child's health, it does not mean they are a final authority on the care of a newborn.

3.0 CONCLUSION

While there are new challenges around pregnancy and delivery in the post-Coronavirus world, expectant mothers can more confidently navigate these waters armed with an understanding of provider policies and their limitations. Some may even look to alternative care – such as home births - in which these challenges are completely removed.