



A Letter from the Chief Medical Officer

Effective March 27, 2020 the Women's and Newborns' Center at Uvalde Memorial Hospital has a strict no visitors policy. Special arrangements will be made for a single support person for patients who are delivering. Patients who anticipate delivering in the next 14 days should visit with their doctor at their next appointment, or call the Women's and Newborns' Center for additional details at (830) 278- 6251 ext. 1121. Pre-delivery orientation to this new guideline is available for patients and their support person.

The safety of our patient's is at the forefront of these updated guidelines. We greatly appreciate the community's support and patience as we continue to take additional precautions to mitigate the spread of COVID-19 in our area.

Why was the policy instituted?

If you are not afraid of this virus, you should be. We are very concerned. There is no cure, only support and prayer that your body can fend it off. Currently, in the United States 1 out of 30 people identified with coronavirus dies. That equates to one in every school classroom, one in every church choir, one in every softball game, and one in every building at an apartment complex. In vulnerable populations, the death rate is higher.

Pregnant women have shown to be especially susceptible to severe illness from COVID 19. Newborns are by definition a vulnerable population.

Our understanding of the coronavirus (COVID-19) is that it is extremely contagious. It may be passed by direct contact, cough or sneeze, hand contact with contaminated surfaces, and even by just breathing contaminated air. There is legitimate concern that people with coronavirus who have no symptoms are still contagious. There is no reliable way to tell who is contagious or not contagious except perhaps with testing, but that is only 95% sensitive.

As doctors and nurses, safety is and always will be our number one concern. The only way to limit risk to our vulnerable pregnant patients and newborns is to limit their contact with others, that is to minimize the number of people in the maternity ward. The simple fact is that when people congregate they spread this type of disease. We have to empty our hallways, close our doors, and decrease potential contacts as much as possible.

Who made the decision?

All five family physicians that practice obstetrics, the chair of the infection control committee, the chief medical officer, and the obstetrical unit nurse manager agreed unanimously to make this difficult decision. Hospital administration supported the recommendation of the doctors and nurses involved.





What arrangements have been made?

To be clear, we are not saying that a pregnant woman must deliver alone. We are trying to accomplish a safe compromise between the presence of a caregiver and the protection of all patients in our Women's and Newborns' Center.

We are fortunate to have a one-story hospital with floor to ceiling windows in almost every room. That gives us a unique advantage and the opportunity to have the support person of the expectant mother at the window of the labor room and the postpartum room for the duration of their family's stay. The view of the delivery bed is carefully draped to be discrete, but the view is unobstructed between family members. A husband may see his wife at all times. The newborn warmer is placed directly in front of the window so that the support person may see their newborn face to face right in front of them immediately after birth and for the duration of the stay.

Caregivers are outside, but they may witness the entire labor, birth, and recovery if they choose. They may also come and go freely if they choose. Patient privacy is protected with full coverage window blinds when the mother has no visitor.

Audio communication is provided through speaker phones in the room that allow the mom to communicate freely with her support person, and the support person may hear everything that is said in the room. They also hear the babies first cry and all the cries after that.

Video teleconferencing through the patients preferred medium is permitted on their device. Free Wi-Fi is provided.

Also, a special isolation delivery room capable of both vaginal delivery and cesarean delivery has been set up for the care of any pregnant woman who may be delivering and exhibiting signs or symptoms of COVID 19. Protocols and equipment have been provided to take full care of such a patient while not contaminating the women and newborn unit.

What other facilities are instituting this policy?

New York Presbyterian Hospital and Mount Sinai Hospital both implemented a no support person policy. The mayor of New York supported them. The state government of New York on the petition of the general populace ordered them to reverse the policy. The day after the policy was reversed two women at Mount Sinai became severely ill with COVID-19.

Other hospitals are allowing a single, asymptomatic support person. They are implementing varying levels of screening to ensure no symptoms. Some are allowing a support person to stay the entire time, others for just the delivery, and others allow a one-time entrance to the unit then no return. Every hospital is trying to do the best for their patients as they see fit and in accordance with their resources and understanding of the coronavirus. Unfortunately, as of today, resources are limited and our understanding is evolving rapidly.





We hope that we are wrong. We hope that the measures we are taking turn out to be unnecessary. We know that only time will tell.

Respectfully submitted,

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