

# Ebola: Caring for Pregnant and Postpartum Women and Newborns in the United States: AWHONN Practice Brief Number 3

An official practice brief from the Association of Women's Health, Obstetric and Neonatal Nurses

AWHONN 2000 L Street, NW, Suite 740, Washington, DC 20036, (800) 673-8499

AWHONN periodically updates practice briefs. For the latest version go to <http://www.AWHONN.org>. The information herein is designed to aid nurses in providing evidenced-based care to women and newborns. These recommendations should not be construed as dictating an exclusive course of treatment or procedure. Variations in practice may be warranted based on the needs of the individual patient, resources, and limitations unique to the institution or type of practice.

## Recommendation

Nurses should implement processes that facilitate early recognition of women with symptoms of infectious diseases in order to minimize the risk of spreading infections among women and newborns in out-patient and in-patient settings.

**E**bola is a deadly disease caused by infection with one of the Ebola virus strains that results in fever and internal hemorrhage. In the past, Ebola outbreaks have occurred sporadically in Africa. However, during the past few months, widespread outbreaks have occurred, with most cases identified in Nigeria, Guinea, Liberia, and Sierra Leone. Ebola is highly contagious through infected bodily fluids, including sweat, blood, and saliva and remains infectious even after the victim has died. Ebola is not spread through air, water, or food.

Although the risk of caring for a pregnant woman with Ebola in the United States may be rare, awareness of transmission, isolation requirements, and treatment are key for prevention of widespread disease. Outcomes for pregnant women in Africa who contracted Ebola have been poor and in most cases have resulted in either spontaneous abortion, pregnancy-related hemorrhage, or neonatal death (Jamieson, Uyeki, Callaghan, Meaney-Delman, & Rasmussen, 2014).

Patients may present with flu-like symptoms including fever, headache, muscle pain, weakness, abdominal pain with vomiting and diarrhea, and unexplained bruising or bleeding. Symptoms may occur between 2 and 21 days after exposure to the virus. Nurses should implement processes that facilitate early recognition of women with symptoms of infectious diseases in order to minimize the risk of spreading infections among women and newborns in out-patient and in-patient

settings using algorithms to IDENTIFY, ISOLATE, and INFORM. If the nurse, physician, or midwife suspects a woman has Ebola, the patient should be interviewed to identify any past travel to areas with current Ebola outbreaks. If the patient has been in a high-risk geographic area, the current protocol from the Centers for Disease Control and Prevention (CDC) (2014a) requires the patient to be isolated immediately and have blood samples sent for testing. Information for blood sampling and transport can be found on the CDC website (2014b). Health care providers should use personal protective equipment including 2 pairs of gloves, full-body coverage suits, goggles, and masks when providing direct care. Dedicated medical equipment should be used during routine care and sterilized after care. Whenever possible, equipment should be disposable. It is important to immediately inform the organization's infection control department and the local or state health department.

Management of pregnant women with confirmed Ebola virus should include supportive treatment with intravenous fluids and electrolytes, maintaining blood pressure and oxygen status, and treating other infections. Management decisions should include a multidisciplinary team approach that weighs the risks and benefits of all interventions, such as type and frequency of fetal monitoring, induction of labor, and cesarean birth with the health condition of the woman and the wishes of the woman and her family. Although Ebola has been detected in breast milk, data do not support

the transmission of the virus to the newborn through breastfeeding. Currently, the CDC recommends that mothers with probable or confirmed Ebola do not have close contact with their infants, including to breastfeed, when safe alternatives to breastfeeding are available (2014c). Nurses and other health care workers should actively seek to stay informed of updated recommendations from the CDC and professional organizations for all emerging public health situations such as Ebola.

## REFERENCES

Centers for Disease Control and Prevention. (2014a). *Ebola*. (Ebola virus disease). Atlanta, GA: Author. Retrieved from <http://www.cdc.gov/vhf/ebola/hcp/index.html>

- Centers for Disease Control and Prevention. (2014b). Ebola. (Ebola virus disease). *Information for healthcare workers*. Atlanta, GA: Author. Retrieved from <http://www.cdc.gov/vhf/ebola/hcp/index.html>
- Centers for Disease Control and Prevention. (2014c). Ebola. (Ebola virus disease). *Recommendations for breastfeeding/infant feeding in the context of Ebola*. Atlanta, GA: Author. Retrieved from <http://www.cdc.gov/vhf/ebola/hcp/recommendations-breastfeeding-infant-feeding-ebola.html>
- Jamieson, D. J., Uyeki, T. M., Callaghan, W. M., Meaney-Delman, D., & Rasmussen, S. A. (2014). What Obstetricians-Gynecologists should know about Ebola: A perspective from the Centers for Disease Control and Prevention. *Obstetrics & Gynecology*, epub ahead of print. doi: 10.1097/AOG.0000000000000533