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PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

EXECUTIVE DIRECTIVE NO. 20-020

THIS EXECUTIVE DIRECTIVE REGARDING SUPPORT PERSON IN LABOR AND DELIVERY SETTINGS REPLACES AND SUPERSEDES THE MEMORANDUM ISSUED ON MARCH 29, 2020 ENTITLED SUPPORT PERSON IN LABOR AND DELIVERY SETTINGS.

WHEREAS, Coronavirus disease 2019 ("COVID-19") is a contagious, and at times fatal, respiratory disease caused by the SARS-CoV-2 virus; and

WHEREAS, symptoms of the COVID-19 illness include fever, cough and shortness of breath, which may appear in as few as two or as long as 14 days after exposure, and can spread from person to person via respiratory droplets produced when an infected person coughs or sneezes; and

WHEREAS, it is also believed that COVID-19 can be spread by people who do not show any symptoms; and

WHEREAS, on March 9, 2020, Governor Philip D. Murphy issued Executive Order 103, declaring the existence of a Public Health Emergency, pursuant to the Emergency Health Powers Act, N.J.S.A. 26:13-1 et seq., and a State of Emergency, pursuant to the Disaster Control Act, N.J.S.A. App A:9-33 et seq., in the State of New Jersey for COVID-19; and

WHEREAS, the Public Health Emergency was extended by Governor Murphy under Executive Order Nos. 119,138 and 151; and

WHEREAS, hospitals found it necessary to restrict visitation to inhibit the spread of COVID-19, and this restriction often prohibited a support person for a patient in labor and the postpartum hospital stay; and

WHEREAS, the Department of Health issued a memorandum on March 29, 2020 entitled "Support Person in Labor and Delivery Settings," which required hospitals to permit a support person for a patient during labor and delivery, with conditions; and

WHEREAS, the Department considers a support person and if applicable, a doula, essential to patient care throughout labor, delivery, and the entire postpartum hospital stay; and

WHEREAS, Governor Philip J. Murphy signed P.L. 2020, c.32 into law on May 15, 2020, which requires a hospital to permit a person to accompany a woman during childbirth.

NOW, THEREFORE, I, JUDITH PERSICHILLI, Commissioner of the Department of Health, pursuant to the powers afforded to me under the Emergency Health Powers Act, hereby ORDER and DIRECT the following:

1. Hospitals are required to allow at least one designated support person to be with a pregnant patient during labor, delivery, and the entire postpartum hospital stay.

    a. The support person can be the patient's spouse, partner, sibling, or another person that they choose. This person will be the only support person allowed to be present during the patient's care. They may not transfer these duties to another person, or add additional support persons, unless the Hospital has determined that a sufficient amount of Personal Protective Equipment (PPE) is available to permit additional support persons.

    b. This restriction must be explained to the patient in plain terms, upon arrival or, ideally, prior to arriving at the hospital.

    c. Hospital staff should ensure that patients fully understand this restriction, allowing them to decide who they wish to identify as their support person.

2. A doula, who is part of the patient's care team, is essential to patient care throughout labor, delivery, and the entire postpartum hospital stay and shall not count as a support person.

3. The support person(s) and doula must be asymptomatic for COVID-19. They must not be a suspected of or a confirmed positive for COVID-19 (with a molecular test <u>less than 14 days</u> after the result) even if asymptomatic.

    a. Hospital staff must screen the support person(s) and doula for symptoms of COVID-19 (e.g., fever, cough, or shortness of breath), conduct a temperature check prior to entering the clinical area, and every twelve hours thereafter, and screen for potential exposures to individuals testing positive for COVID-19.

    b. PPE must be given to and worn by the support person(s) and doula. Once in the labor and delivery unit, the support person(s) and doula must have extremely limited access to other areas of the hospital (except for

the cafeteria and other open amenities for visitors) and must not be permitted to leave and re-enter the postpartum unit without being rescreened.

4. All pregnant patients shall be tested for COVID-19 (as defined herein) at the time they present at the facility, prior to admission to the labor and delivery unit or immediately upon admission; in order to assist the health care teams and inform clinical management in identifying the best care plan for the patients.

    a. If a pregnant patient has a scheduled procedure, refer to the testing, pre-procedure isolation, and other parameters set forth in Executive Directive 20-017 for surgical patients.

    b. Hospitals are encouraged to follow the best practice "Recommendations of the New Jersey Perinatal Care During COVID-19 Work Group" as outlined by the New Jersey Health Care Quality Institute here: https://www.njhcqi.org/wp-content/uploads/2020/05/Recommendations-of-the-New-Jersey-Perinatal-Care-During-COVID-19-Work-Group-1.pdf

    c. If a pregnant person arrives for an unscheduled admission, at the time they present at the facility, prior to admission to the labor and delivery unit or immediately upon admission, the pregnant person should be treated as a person under investigation until testing results are obtained.

    d. Retesting a person who has tested positive (including the pregnant person) in the last six weeks is not required if the person remains asymptomatic and has completed appropriate isolation as defined at:https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html and https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html. Such testing should be performed only if a clinician has the reasonable suspicion that the patient may be infectious for COVID-19.

    e. Any specimen collection method (e.g. swab or saliva) is acceptable to fulfill the testing requirements of this directive. The test performed by the laboratory should be for viral detection, with a preference for nucleic acid amplification test (such as PCR). All tests shall be either approved by the U.S. Food and Drug Administration (FDA), authorized by the FDA through an Emergency Use Authorization, or approved by the New Jersey Clinical Laboratory Improvement Services as permitted by the FDA.

f. The support person(s) and doula should consider being tested at the time the patient undergoes COVID-19 testing prior to a scheduled admission. If testing is not available for the support person or doula at the admitting facility, the support person and doula are encouraged to seek testing, prior to the scheduled procedure or due date, and encouraged to self-quarantine in the interim period after the test. Testing is available without a prescription pursuant to the May 12, 2020, Standing Order for COVID-19 Testing. https://www.state.nj.us/health/legal/covid19/05-12-2020_StandingOrder_COVID19testing.pdf. Testing is offered for free in many testing locations, including those listed here: https://covid19.nj.gov/pages/testing. The test results may be shared with the admitting facility personnel in accordance with all applicable healthcare information privacy requirements (e.g. the Health Insurance Portability and Accountability Act).

5. Nothing in this directive should be interpreted to require prior testing of any support person(s) or doula for admission nor to supersede screening for symptoms of COVID-19.

If you have any questions, please contact the Certificate of Need and Healthcare Facility Licensure program at CNL.InquiryWaiversIssued@doh.nj.gov.

This Directive shall take effect immediately. The provisions of this Directive shall remain in force and effect for the duration of the public health emergency originally declared in Executive Order No. 103 (2020), and as extended by Executive Order, unless otherwise modified, supplemented and/or rescinded.

Dated: June 29, 2020

Judith M. Persichilli, RN, BSN, MA
Commissioner