

NY Hospitals Issue Problematic Ban on Birthing Support Persons from Labor & Delivery Units

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INTRODUCTION

On Monday, March 23 the New York Presbyterian Hospital [updated its visitation guidelines](#) in response to the COVID-19 pandemic. While targeted restrictions of non-essential persons, including visitors, during this crisis are appropriate given the current crisis, hospital guidelines restricting all support persons, including spouses and partners, from labor and delivery units has created a multitude of ethical concerns. Currently, New York Presbyterian has not stipulated an end date for this policy, nor have plans for reevaluating the policy been established. Other New York healthcare institutions have since followed suit, including member hospitals of the Mount Sinai and Northwell Health systems. These policies have been met with extensive public backlash, evidenced by the creation of a [change.org petition](#) asking Governor Andrew Cuomo to take immediate action to repeal the policies. The petition has garnered over a half million signatures.

ANALYSIS

It remains patently unclear that the purported benefits outweigh the harms. Currently, there is no conclusive evidence that newborns are subjected to increased risk of complications from COVID-19. Furthermore, [currently available data](#) suggests that pregnant women are not at increased risk of complications from the virus, and [the most recent CDC clinical guidelines](#) permit breastfeeding in COVID-positive mothers provided they follow recommended hygiene protocols. Consequently, complete bans on support persons lack scientific and clinical justification. While the ban may have been justified on the grounds that it protects healthcare workers, the NYP policy explicitly states that its purpose is to “protect patient safety.” In fact, the ban may exacerbate the current healthcare worker shortage as birthing unit staff attempt to fill the void of support persons for patients in labor.

The lack of clinical evidence for support person bans is juxtaposed by an extensive body of evidence on the therapeutic and psychosocial benefits of physically present support persons during labor, delivery, and the immediate postpartum period. In person support provided by a doula or family member during labor and delivery has been [associated with improved birth outcomes](#), including reduced incidence of fetal compromise and decreased use of pharmacological pain management. Furthermore, the physical presence

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of support persons has proven effective in managing emotional stress on the part of the pregnant patient, as well as [decreasing labor time and c-section rates](#). Implementing telehealth technology to allow live video connection with support persons, as proposed by some hospitals ignores the clinical advantages of in-person support. The bans also risk increasing the incidence of home births, a practice the American College of Obstetrics and Gynecology has advised against due to its [association with increased perinatal mortality rates](#).

Complete support person bans additionally ignore a crucial element of public health ethics—the notion of implementing the least restrictive measures possible to achieve a desired goal. Less restrictive support person policies that account for the safety of pregnant patients have been published by public health authorities for weeks. The New York Department of Health (NYDOH) has refrained from recommending a complete ban on support persons during labor and delivery, instead [issuing guidelines](#) that allow for one support person to be present. The NYDOH has deemed the support person (a spouse, partner, sibling, doula, or other person of the patient’s choosing) to be “essential to patient care throughout labor, delivery, and the immediate postpartum period.” Exceptions include only those who are exhibiting symptoms of COVID-19. Additionally, the NYDOH policy suggests screening all support persons for symptoms, both initially and every twelve hours thereafter, a reasonable request that prioritizes the safety of healthcare workers, patients, and the public. NYU Langone Medical Center has implemented this policy.

CONCLUSION

The complete restriction of support persons from inpatient birthing units represents a scientifically unfounded draconian measure that stands to impart more harm than benefit. All New York hospitals must immediately enact the common-sense precautionary measures proposed by the NYDOH that allow one pre-screened support person of the patient’s choice to accompany them during and immediately following the birthing process. Failure to do so unjustly infringes on the autonomy of the pregnant patient and unnecessarily increases risk for pregnant patients and neonates without scientific justification.