Ebola: Caring for Pregnant and Postpartum Women in the United States

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.

Ebola 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.

To date, there has only been one confirmed case of ebola virus in the United States in a person who had recently traveled to Africa. 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. 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. 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 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.

Experimental treatments are being tested, but none have been approved at this time. Conservative management includes intravenous fluids and electrolytes, maintaining blood pressure and oxygen status, and treating other infections. When caring for pregnant and laboring women, be cognizant of electronic fetal monitoring (EFM) tracing characteristics that indicate interruptions in fetal oxygenation and if appropriate carry out resuscitative measures. 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).
References

