

Jewish Orthodox Women's  
Medical Association

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### Guidance for communities and women regarding *mikvah* use during the COVID-19 pandemic

As Orthodox female physicians, we are acutely aware of the painful tension between a deep commitment to the *mitzva* of *Taharat ha Mishpacha* (Family Purity) and the need to protect ourselves and our communities from the spread of COVID-19. The objective of this document is to provide guidance to communities (Sections I and II) about how to provide a safe *mikvah* experience for their constituents and to individual women (Section III) about how to best maintain safety while utilizing the *mikvah*. We have made every attempt to be thorough but this cannot be considered comprehensive, especially in light of the rapidly changing landscape. Please address any ambiguities with local medical and/or *halachik* authorities.

The *mitzva* of *Taharat ha Mishpacha* (Family Purity) is one of the tenets of Orthodox Jewish practice. Generations of women before us have gone to great lengths, often at great personal risk, to perform the *mitzva* of immersing in the *mikvah* (ritual bath). We are experiencing unprecedented modifications to our religious practices in order to slow the spread of the potentially deadly novel coronavirus/COVID-19. As many religious leaders have proclaimed, the *mitzva* to safeguard life supersedes all other *mitzvot* ([see link](#)) and we firmly believe that mitigating the spread of this virus is all of our collective responsibilities.

#### **I) PROTECTING THE MIKVAH FROM COVID-19**

We strongly believe it is incumbent upon all of us to keep our communities' *mikvaot* as safe as possible.

Based on the recommendations of relevant health organizations (CDC, WHO, etc), in conjunction with local *halachik* authorities and physicians, *mikvaot* should strongly consider prohibiting the following women from entering the *mikvah* facilities.

1. Women with **any** potential symptoms of COVID-19.
  - These include fever (>100.4F), cough, shortness of breath or sore throat. Women who have had symptoms should be asked to avoid the *mikvah* for at least 7 days after symptoms began **and** for at least three days after fever or cough has resolved, even if they have not been tested or have had negative COVID-19 testing ([NYC DOH recommendations](#))
2. Women who have been exposed to a person with known or suspected COVID-19 should be asked not to utilize the *mikvah* for 14 days following the last exposure.
3. Women who have traveled in the past 14 days to one of the CDC designated Level 3 Travel Restriction areas ([CDC Travel Guidelines](#))
4. Women instructed to be in voluntary or precautionary quarantine by their local department of health should not utilize the *mikvah* until they have completed their quarantine.
5. Women who test positive for COVID-19 should delay *mikvah* use until cleared by the local department of health to leave isolation.

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We recognize that deferring *mikvah* immersion is not a simple request. Couples who may need to defer mikvah use should consult with a *halachik* authority. Deferring *mikvah* immersion may pose a significant burden to couples and comes with a considerable personal and emotional toll. Like the women of past generations, this represents a tremendous *mesirat nefesh* (personal sacrifice) for the benefit of others in their communities. We suggest that communities be sensitive to the difficulties couples may face in light of potential COVID-19 infection compounded with the need to delay mikvah immersion, and consider ways to provide them with religious and emotional support.

## II) SUGGESTIONS FOR MIKVAH PRECAUTIONS

According to the [CDC](https://www.cdc.gov):

“There is no evidence that COVID-19 can be spread to humans through the use of pools and hot tubs. Proper operation, maintenance, and disinfection (e.g., with chlorine and bromine) of pools and hot tubs should remove or inactivate the virus that causes COVID-19.”

Based on these recommendations, the *mikvah* can be used safely, with appropriate precautions.

To maintain both the sanctity and safety of the *mikvah*, we encourage all community *mikvaot* to work together with their local *halachik* authorities and physicians to create guidelines for *mikvah* use and stringently enforce them.

To assist with this monumental task, we created a summary of recommendations to consider. We also included several excellent resources from other communities. Each community should ensure that their guidelines are in line with local and regional health departments and *halachik* authorities.

The primary goal of each community's guidelines should be to mitigate transmission from a user who may be unknowingly infected to another patron of the *mikvah* or the *mikvah* attendant. *Mikva* leadership should carefully evaluate all the ways in which patrons at their *mikvah* may come in contact, directly or indirectly, with one another and with the *mikvah* attendant.

### Considerations regarding patrons of the *mikvah*

- a. *Mikvah* attendants should be empowered to screen women prior to entry into the *mikvah*. Screening questions should occur before arrival and should inquire for any of the above symptoms or exposure history. We strongly recommend that those with potential symptoms or exposures not be allowed in the *mikvah*.
  - Example screening questionnaires
    1. In the past 14 days have you traveled to Europe, China, or South Korea?
    2. In the past 14 days have you been in contact with someone who has been confirmed or suspected to have COVID-19?
    3. In the past 7 days, have you had any of the following symptoms: fever (>100.4), shortness of breath, or cough?

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- b. According to current guidelines, women with asymptomatic family members who are in precautionary quarantine, but who themselves are not in quarantine, may be permitted to use the *mikvah* ([NYC DOH recommendations](#)).
- c. *Mikvaot* should strongly consider switching to appointments only in order to decrease and regulate the number of women in the facility at a time.
- d. The number of simultaneous patrons should be kept low enough so that women can practice "social distancing" - maintaining a space of 6 feet (2 meters) between one another at all times.
- e. Appointments should be spaced to allow time for disinfection of surfaces and circulation of the water between patrons and to prevent congregating in any waiting room.
- f. Upon completion of immersion, *Mikvah* users should be encouraged to leave immediately without congregating and should not remain to do any additional activities (including hair drying) at the facility following their immersion.

### **Considerations regarding the *mikvah* attendant**

- a. The *mikvah* attendant is arguably the most critical point of contact for all *mikvah* facilities. Communities should do their very best to protect her and should carefully consider all the ways in which she comes in contact, directly and indirectly, with patrons.
- b. For the protection of the *mikvah* attendant, communities may want to consider not utilizing attendants who are in a COVID-19 high risk category, particularly those who are older than 50 or have underlying medical conditions such as diabetes, heart disease, lung disease or immunocompromised state.
- c. Since the *mikvah* attendant may interact with many women on any given night, she may want to consider wearing a mask and/or gloves, if available. Gloves should be changed between patrons.
- d. All precautions should be taken so that the *mikvah* attendant can avoid direct contact with patrons and with surfaces they have touched (door knobs, bells, countertops, etc)
- e. *Mikvah* attendants should maintain social distancing, keeping 6 feet from patrons at all times.
- f. *Mikvah* attendants should do whatever possible to facilitate having patrons come in and out of the *mikvah* facility as quickly as possible.
- g. The *mikvah* attendant should be exceptionally stringent about social distancing both in her professional and personal capacity.
- h. A substitute *mikvah* attendant should be available immediately should the *mikvah* attendant develop any concerning symptoms or potential exposure.
- i. Communities may want to consider having a *mikvah* committee member screen the *mikvah* attendant/s nightly with respect to any new symptoms, exposures, and reinforcing social distancing practices.

### **Considerations regarding the *mikvah* facility**

- a. *Mikvaot* should be filtered and chlorinated per routine recommendations
- b. *Mikvaot* should prioritize limiting the amount of time that women spend in the *mikvah* facility, particularly in the preparation rooms.
- c. For as much as feasible, women should do as little preparation and spend as little time at the *mikvah* itself as possible.

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- d. Facilities with more than one *mikvah* should consider staggered appointments and alternating which pool is used, to decrease contact between patrons and increase time between uses of the pools to allow for circulation of the water.
- e. Whenever possible, in accordance with local *halachik* authorities, the preparation rooms should be utilized for changing only and all bathing/showering both before and after immersion should take place at home.
- f. *Mikvaot* should consider removing all shared supplies, towels, and robes from their preparation rooms and encourage patrons to bring and use their own.
- g. *Mikvaot* should consider ways to limit the surfaces touched by patrons. Patrons can be handed towels to open doors or *mikvah* attendants could open all doors.
- h. *Mikvaot* should consider placing a towel on the floor in front of the stairs to the *mikvah* for each patron so that water does not drip on to the floor.
- i. All surfaces in the preparation rooms should be wiped down after each use, ideally with appropriate disinfecting wipes, if available.
- j. Common surfaces (door handles, countertops, etc) should be wiped down frequently, ideally with disinfecting wipes.
- k. Hand soap and sanitizer should be readily available and their frequent use encouraged.

### **Mandatory curfews**

There have been discussions of mandatory curfews by local authorities to contain the spread of COVID-19. Should this become a reality, nighttime mikvah use should be discontinued in accordance with local government regulations. Local *halachik* authorities may need to consider opportunities for women who are not quarantined, exposed, or symptomatic, to utilize the *mikvah* during daytime hours.

### **III) RECOMMENDATIONS FOR WOMEN UTILIZING THE MIKVAH**

Based on [current CDC recommendations](#) the *mikvah* can be used safely, with appropriate precautions.

We encourage all women to ask their community *mikvaot* about what precautions are being taken and seek *halachik* guidance as to whether leniencies may be relied upon to ensure safe *mikvah* use.

- As above, we recommend utilizing *mikvaot* that have policies prohibiting those in quarantine or with symptoms associated with COVID-19.
- Women should limit their time spent at the *mikvah* to the absolute bare minimum. Where ever possible and to whatever extent possible in accordance with local *halachik* guidance, we recommend *mikvah* preparations be performed at home.
- Women should practice social distancing while at the *mikvah*, maintaining at least 6 feet of space between themselves and anyone else at the *mikvah* (including the attendant).
- Avoid the use of shared supplies from the *mikvah* and bring towels/robe from home.

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- Wash or sanitize hands after coming in contact with common surfaces (door knobs, countertops, etc)
- Women may want to consider showering or changing their clothing when they return home.
- Women with underlying medical conditions who are at high risk for severe illness with COVID-19, especially those who may be immunocompromised, may want to consider deferring *mikvah* until resolution of the pandemic. Women in this circumstance should discuss their options with their physician and *halachik* authority.

### Using hormonal birth control methods to extend cycles

Extending cycles with combined hormonal contraception (like birth control pills or ring) may be a safe and effective method to delay *mikvah* use for some women. This may decrease the communal burden of use on the *mikvah*, as well as decrease potential exposures within the community. Extending cycles may also be an effective way to delay the need for *mikvah* in women who are quarantined, exposed, or have symptoms of COVID-19 and therefore may not be able to utilize the community *mikvah*.

The interval associated with birth control pills or rings is arbitrary. Extending the use of active pills/ring beyond the three weeks in the pack is typically considered safe for woman who do not otherwise have a contraindication to the use of combined hormonal contraception. Women wishing to explore this option should discuss it with their physician and *halachik* authority.

Occasionally, women extending their cycles in this way may experience breakthrough bleeding. All cases of breakthrough bleeding should be discussed with a *halachik* authority before determining if *mikvah* use is necessary.

**Our sages teach us בשכר נשים צדקניות שהיו באותו הדור נגאלו ישראל (Sotah 11b), it is for the merit of righteous women of each generation that the Jewish people are saved. It is our sincere bracha to the righteous women of this generation, that our diligence to protect the health of our communities and loved ones will merit healing for those infected and resolution of the pandemic around the world.**

Please see these resources below with additional information regarding mikvaot guidelines:

[Nishmat Yoetzet Halacha - Coronavirus and Taharat ha Mishpacha Website](#)

[RCA Guidelines](#)

[Statement from the Rabbanut Ha'Reishit](#)

[Teaneck mikvah Letter](#)

[Riverdale mikvah Letter](#)