Obstetric COVID-19 Guidelines

COVID Positive or PUI
Mother and asymptomatic support person masked → Proceed to L&D

Triage

PUI
Utilize appropriate PPE; assess & evaluate → Rapid test patient → Cohort if positive

COVID+
Cohort & utilize appropriate PPE → Rapid test patient if positive was ≤ 3 weeks prior
• 7 days from onset of symptoms, 3 days afebrile & improved, 2 negative tests 24 hours apart

Labor & Delivery

Infection Control
• Bathe infant at delivery

Cohorting
• Cohort only COVID+ patients
• Goal to minimize moving patient
• Encourage couplet care
  • 1 RN for mom and baby
• Dependent on individual hospital configuration & capacity
  • Each hospital has areas identified to cohort mothers & babies
  • Isolette use as indicated

Safe Distancing
• No skin to skin post delivery contact

PPE
• Same PPE for vaginal & C-section
• N95 for resuscitation / intubation

Post Partum

• PPE for all persons entering room
• Hand wash, gloves, mask when touching baby
• Encourage expressed milk
  • Hand wash, gloves, mask, breast hygiene (expressed or breastfeed)
  • Purple wipe bottle
  • Healthy caregiver feeds infant wearing appropriate PPE
• Test infant after 24 hrs (oral / nasal – not rapid)
• No circumcision

Discharge
• Discharge infant as soon as possible
• Educate on precautions to prevent infection at home
• EPIC order at discharge: MyChart COVID 19 Home Monitoring

Follow Up Care
• Virtual follow-up visits (4C process)
• Treat as PUI if in-person visit required
• Infant repeat test at 2 to 3 weeks

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Discharge & Follow-Up

Epidemiology

• PUI Utilize appropriate PPE; assess & evaluate → Rapid test patient → Cohort if positive

Security or desk calls unit to let them know they are on their way

Normal tests revert to typical admission

• Same PPE for vaginal & C-section
• N95 for resuscitation / intubation

• Standard mask
• N95 if on vent or in aerosol environment