

Obstetric COVID-19 Guidelines

Hospital Arrival & Screen

COVID Positive or PUI

Mother and asymptomatic support person masked → Proceed to L&D

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

Labor & Delivery

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

Normal tests revert to typical admission

Post Partum

Infection Control

- Bathe infant at delivery
- 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

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
- Separate room or couplet care with 6+ ft. separation & curtain if possible
- No skin to skin contact
- Mom in ICU
 - Baby in post-partum w/ support person
- Baby in NICU
 - Avoid visitation by COVID+ or PUI

PPE

- Same PPE for vaginal & C-section
- N95 for resuscitation / intubation
- Standard mask
- N95 if on vent or in aerosol environment

Discharge & Follow-Up

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