Care of Obstetrics Patients Suspected or Diagnosed With COVID-19

Ambulatory/outpatient management of OB patients suspected of coronavirus

- Obstetrics patients should be educated on measures to reduce exposure and spread of influenza and the coronavirus (COVID-19).
- Obstetrics patients should be notified to call the OB office or their primary care provider if they have symptoms of flu – such as fever, cough, body aches.
- Patients who do not have a primary care provider, and have non-life threatening (COVID-19-related) symptoms of fever, new onset cough (less than six weeks), shortness of breath, fatigue, body aches and/or sore throat, should be referred to the MercyOne Fever Upper Respiratory Infection (FURI) Clinic (1350 Des Moines St., 515-643-0833).
- OB patients should be educated that prior to coming to OBED or L&D, to call their OB provider. If a patient reports symptoms of concern, the OB provider should notify the OBED/ L&D department to alert them of a potentially infected patient arrival.
  - OB provider should direct the patient to wear a mask, if possible, before presenting to the hospital.
  - Upon arrival to the East Tower entrance, any symptomatic patient should ask staff at entrance desk for a mask prior to proceeding to OBED/L&D.

Obstetrics patients presenting to MercyOne OBED

- As of March 16, 2020, at 9 a.m., MercyOne Des Moines Medical Center has limited the entry points into the hospital.
- Staff have been placed at each entrance to perform screening of visitors.
- Upon arrival at the OB registration desk, Conifer registration staff will complete a verbal screening
  - If a patient describes symptoms, they will be given a mask and escorted to a private room.
    - Caregivers in attendance, should also be given a mask and follow droplet precautions.
  - Conifer staff will contact nursing personnel to complete screening.
  - Nursing personnel will apply droplet precaution PPE prior to entering patient room, and then complete screening.
  - Please see screening instructions, standard work and PFD regarding process for screening.
  - If patient screening is indicated by protocol, the patient will be placed/kept in droplet isolation pending test results.
  - If patient’s symptoms/condition does not require hospitalization, patient may be discharged with outpatient follow-up. (See instructions for discharged patients.)
Laboring patients-vaginal delivery

- Obstetric patients presenting to OBED in labor, follow instructions as above.
- Follow droplet precautions through labor process.
- For COVID-19 positive or person under investigation (PUI) patient:
  - During Phase II labor of a vaginal delivery, aerosolization has the potential to increase. Health care personnel attending to the patient during Phase II labor should follow airborne precautions and apply appropriate PPE for this stage only.
- At time of delivery for a PUI or has tested positive for COVID-19, the newborn will be removed from the room immediately and taken to the NICU where they will be placed in a private room.
  - Newborns will treated as a PUI. Screening will not be performed on newborns unless the mother tests positive for COVID-19. Droplet/contact isolation should be followed with newborns. Use airborne precautions for aerosolization process.
  - If mother refuses to transfer of infant to NICU, mother and baby will be roomed together but be physically separated as much as possible. A portable screen should be ordered from SPD and placed between mother and infant.
  - An independent caregiver may assist in the care of the infant, including feeding baby:
    - If caregiver has been exposed to patient for prolonged period without mask or PPE, they are to be suspected of the virus.
      - The caregiver will be screened for COVID-19:
        - If asymptomatic, follow steps below.
        - If symptomatic, they will be asked to leave hospital and will not be allowed to visit patient/infant during hospital stay.
      - Infant caregiver will be educated on proper hand hygiene.
      - Caregiver will don PPE prior to entering the NICU and during NICU presence.
      - Caregiver will be educated on proper application and removal of PPE.
- For all other laboring points: during Phase II of labor, droplet precautions, including face shield, mask, gown and gloves, should be worn. Limit the number of individuals in room to a minimum.
- Breastfeeding:
  - Mother should express milk following hand-hygiene, while wearing a mask.
  - An independent caregiver, should feed baby
    - If caregiver has been exposed to patient for prolonged period without mask or PPE they are to be suspected of virus and should not feed/care for infant until tested.
  - A single dedicated breast pump will be used for this mother during hospital stay. Breast pump to be cleaned according to hospital and manufacturing guidelines.
  - The expressed breast milk may be used to feed infant.
  - If mother demands breast feeding the infant directly, she must wash hands – using the 20 second technique for adequate hand hygiene or using sanitizing gel if not possible for hand-washing; wear a mask. Consideration should be given to use SAGE wipes to clean mother’s chest/neck, arms prior to breastfeeding.
Laboring patient – C-section delivery

- Intubation prior to C-section is a high-risk procedure for aerosol formation. During intubation, airborne precautions should be followed.
  - At this time, intubation and C-section would be performed in C-section OR suite.
    - Hepa-filter has been placed in the room and is to run continuously.
    - All unnecessary equipment to be removed for suite. See standard work.
    - Only necessary staff should be present in the room during intubation.
    - During intubation, individuals at the field should wear full isolation PPE, including PAPR or N-95, and airborne isolation PPE.
    - See instruction on website for extubating procedures.
  - Infant will be immediately moved to resuscitation room. Newborn procedures as noted above.
  - Limiting entry into the C-section suite and hallway traffic is indicated during procedure.

- Following C-section, patient will be placed in droplet isolation for transfer.
  - Stable post-section patients will be transferred to MBU. See care of PUI or COVID-19 positive patient in MBU.
  - Dedicated rooms have been identified to cohort PUI/positive COVID-19 patients to reduce number of staff exposure.
  - PUI or tested positive for COVID-19 may have NO visitors as per our hospital policy. This includes caregivers who are attending to the infant in the NICU.
  - Patients who may be critically ill will be transferred to critical care.

Visitor guidelines

- MercyOne Des Moines Medical Center has restricted visitors and signage has been posted at all entrances.

- For OB and NICU units:
  - Only one visitor is allowed in a patient’s room (parents/stepparents, spouse/significant other who will be a primary caregiver).
  - The one visitor is encouraged to stay in the hospital throughout the stay.
  - See MercyOne visitor policy.
  - Visitors must:
    - Wash hands with soap and water or use alcohol-based hand foam/gel upon entering and exiting the patient’s room;
    - Be 16 years of age or older (including siblings) and primary caregiver of the patient;
    - Always remain in patient room, as appropriate; and
    - Limit movement within the facility and avoid common areas.

- We are suspending Baby Bella photography for the time being.

- MBU staff are making pre-calls to all outpatient lactation moms and for newborn hearing screens. If symptoms, will reschedule or cancel as appropriate.
  - We will be relocating outpatient hearing screening to decrease possible cross-contamination.

- Keep galley doors closed to decrease surface contamination.

Students and volunteers

- At this time, students are not being limited from clinical rotations.
- Students, including medical students, residents, nursing students, PCTs, preceptees, new hires and others should not be participating in procedures or direct patient care which requires use of PPE, in an effort to conserve PPE resources.
- Volunteers have been asked to stay home at this time.
- Volunteer doulas are not allowed at this time.
Pregnant health care personnel
The risk of SARS-CoV 2 (causative agent of COVID-19) to pregnant women and their infants is not well established. Pregnant health care professionals at triage, registration desk are low risk. According to the Centers for Disease Control and Prevention (CDC):

_Health care professionals not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a facemask are considered low risk. Direct care personnel are required to wear green-striped masks for all patient interactions._

MercyOne is following the guidance from the American College of Obstetricians and Gynecology (ACOG):

_Pregnant health care personnel (HCP) should follow risk assessment and infection control guidelines for HCP exposed to patients with suspected or confirmed COVID-19. Facilities may want to consider limiting exposure of pregnant HCP to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability. Aerosol generating procedures are defined as:_
- Collection of sputum sample
- Tracheal intubation
- Suction before intubation
- Suction after intubation
- Nebulizer treatments
- Manipulation of oxygen masks
- Manual ventilation
- Bronchoscopy
- Non-invasive ventilation
- Defibrillation
- Chest physiotherapy
- High flow oxygen
- Tracheostomy
- Manipulation of BiPap mask
- Endotracheal suction

Pregnant HCP may request reassignment if asked to participate in high-risk procedures as staffing availability permits.

Source:
www.MercyOne.org/desmoines/COVID
www.CDC.org
www.ACOG.org