Women Infant Services – Woman is positive for COVID-19 or is a Person Under Investigation (PUI) – April 15, 2020 – 1807

Spectrum Health Contacts: Carolyn Leja/Charmaine Kyle

For all COVID-19+ and PUI patients staff wear eye protection, gloves, gown and while in L&D (Vag or C/S) wear N95/PAPR; Mother/Baby and Antepartum standard isolation mask

Patient presents to OB Triage and completes screening process → Patient presents as a direct admit. Screening completed on the nursing unit.

Labor

See Antepartum Guidelines for Care Document on inSite

Antepartum Admission: Huddle at regular intervals to make plans for care

Admit to Labor or Antepartum

Antepartum

Patient presents to OB Triage and completes screening process

Newborn Resuscitation Team Responding

Newborn Team called to delivery
- When possible set up separate room for newborn stabilization and immediately move newborn to separate room
- Follow PPE guidelines for intubation (See page 2)
- If stabilize in same room as mother, one Newborn team member stays outside room with transport equipment to prepare for transport (Outside Team)

Newborn Team Transporting out of labor room
- Outside Newborn member pushes transport equipment just into patient room and closes door
- Inside Newborn member (post resuscitation/pre infant move) washes hands and dons new gloves. Move infant from resuscitation table to transport equipment.
- Inside Newborn member uses appropriate wipes to completely wipe outside of transport equipment and push equipment out of room
- Outside Newborn member again wipes outside of transport equipment
- Inside Newborn member properly doffs PPE and exits room

Well

Newborn

Term pregnancy and/or Newborn Resuscitation team not called to delivery follow the Well Newborn Algorithm

Well

Newborn

Newborn stabilized and will remain with mother, follow the Well Newborn Algorithm

Standard isolation mask required for the care team

Antepartum Admission: Huddle to plan for delivery – assign roles to team members
- 1-2 providers (Minimally necessary providers)
- RN for mother care
- RN for baby care
- Mother to wear standard isolation mask during hospitalization
- Runner: stays outside the room to obtain supplies as necessary, such as hemorrhage cart (Hot Zone Boss cannot be the runner)
- If you expect you will need NICU at delivery, alert NICU charge nurse (regions call SH Direct) of the Positive or PUI patient
- Alert Anesthesiologist to COVID+ or PUI so are aware in case of an unexpected cesarean birth or epidural
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**Scheduled Cesarean**: direct admit, complete screening on unit

Consult Adult Infectious Disease for COVID+ Admission

- Huddle for plan of care
  - Alert anesthesiologist to COVID+ or PUI
  - Spinal anesthesia preferred
  - Obstetricians (minimally necessary)
  - RN’s: one for mother and one for baby
  - Runner: stays outside the room to obtain supplies as necessary, such as hemorrhage cart (Hot Zone Boss cannot be the runner)
  - If you expect you will need NICU at delivery, alert NICU charge nurse (regions call SH Direct) of the Positive or PUI patient

Refer to L&D and Well Newborn Algorithms for details on newborn workflow

**Unscheduled Cesarean**: Admitted, screened and huddle for plan of care completed during labor – see L&D algorithm. Determine cesarean priority:
1. STAT
2. Fetal or Maternal Immediate Concern
3. No urgency (i.e. failure to progress with category I FHR)

**Remember: PPE Before ABC:**
- Even in an emergency every person entering the room must take the time to correctly don PPE.
- A “Hot Zone Boss” will be available to ensure proper PPE use.

**Spinal or use of labor epidural preferred to general anesthesia**
- **STAT**: Immediately proceed to OR; complete emergency prep in OR
- Fetal or Maternal Immediate Concern: Proceed to OR within 5-10 minutes and complete prep in OR
- No Urgency: Complete prep in the patient room and proceed to OR

**PPE and Transport guidelines**: Further details are found at www.spectrumhealth.org/covid19/provider-resources

**For All COVID+ or PUI Cesareans**:
- Caregivers leave all phones and pagers with “Runner”
- Limit entry and exit during procedure as much as possible
- Patient to recover in labor room and then move directly to mother/baby room or ICU
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**Mother admitted for labor and delivery**

**Counsel regarding risks and benefits of rooming-in vs. separation.**

**Post delivery and recovery mother proceeds to postpartum care**

**Mother prefers temporary separation/isolation for her newborn**

**At birth the baby is taken to separate room, stabilized and placed in severe respiratory isolation**

**If baby stable admit to a separate room in an isolette. If baby not stable admit to Nursery/NICU**

**At birth the baby is moved greater than or equal to 6 feet away from the mother and stabilized**

**If baby stable admit in an isolette in the same room as the mother. If baby not stable admit to Nursery/NICU**

**Mother prefers “rooming in” with her newborn**

**Ongoing Postpartum Care:**
- During separation, mothers who intend to breastfeed should express their breast milk to establish and maintain milk supply. A dedicated breast pump will be provided. Prior to expressing breast milk, mothers should practice hand hygiene.
- After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer’s instructions.
- A healthy caregiver will be instructed to wear appropriate PPE, including gown, gloves, face mask, and eye protection when providing care to the baby.
-Expressed breast milk should be fed to the newborn by a healthy caregiver.

**Rationale to support rooming-in:**
- Influenza is much more dangerous/deadly for infants with a similar mode of transmission through respiratory droplets yet we do not separate moms/baby for influenza.
- There is very little COVID-19 disease seen in infants, with mild symptoms in infants who tested positive.
- Mom and baby will be together at home upon discharge. The only reason for separation would be to prevent transmission within the hospital setting. There is no evidence that separation in the first 24-48 hours will decrease risk for transmission in the future.

**Discharge Education:**
Parents will be given instructions on home care per the CDC guidelines

**Background:**
- At this time there is no evidence of vertical transmission to newborn during delivery.
- There is currently no evidence of COVID-19 in breastmilk but confirmatory studies have not been done. Similar viruses have not been found in breastmilk.
- Evidence shows there can be transmission after delivery through respiratory droplets.

**Note:** Bathe newborn as soon as medically stable to remove virus potentially present on skin.