COVID-19 Care Path for the Maternal and Neonatal Patient

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Table of contents

Care algorithm for the COVID-19 positive or PUI pregnant patent walk in	.3
Care algorithm for the COVID-19 positive or PUI patient laboring/antepartum patient	4
Care algorithm for the COVID-19 positive or PUI patient postpartum patient	6
Care algorithm for the Newborn/NICU patient of a COVID-19 positive or PUI patient	. 7

Walk in Labor and Delivery Triage/OB ED Patient

Care Algorithm for the COVID-19 CONFIRMED or PUI walk in patients

Follow OBED/Triage policy for appropriate entry point for the patient. Select from one of the care paths below

the care paths below						
A. Patient less than 20 weeks go to the main ED	First point of contact place face mask on patient and significant other in isolation. **Precautions: Droplet and Contact	L&D RN will go to ED to assess FHT as needed	OB consult. Assess patient status and disposition for the patient. If admitted place patient in negative airflow room if possible. Consider cohorting if needed.	**PPE Exception:		
B. Patient greater than 20 weeks with non OB related complaints go to the main ED	First point of contact place face mask on patient and significant other in isolation. **Precautions: Droplet and Contact	L&D RN will co- manage the patient in the ED	OB consult. Assess patient status and disposition for the patient. If admitted place patient in negative airflow room if possible. Consider cohorting if needed	Aerosol Generating Procedures Airborne/Respirator, Contact/Eye Shield (PAPR/N95, eye shield, gown, gloves) Trained observer for donning and doffing Room: Negative pressure. This included the		
C. Patient greater than 20 weeks with OB related complaints go to L&D triage	First point of contact place face mask on patient and significant other in isolation. **Precautions: Droplet and Contact	Assessment completed by OB/provider.	Assess patient status and disposition for the patient. If admitted place patient in negative airflow room if possible. Consider cohorting if needed. Follow appropriate care algorithm if patient is admitted.	administration of Nitrous Oxide.		

Inpatient Labor and Delivery and Antepartum Patient

Care Algorithm for the COVID-19 CONFIRMED and PUI admission to Perinatal Unit

Contact provider for all scheduled admissions to Labor and Delivery/Antepartum to determine the appropriate care path for the patient

A. Scheduled Antepartum Procedure, Induction of Labor, Elective Cesarean Delivery with NO Acute Maternal or Fetal Concerns	First point of contact place face mask on patient and significant other in isolation Evaluate maternal and fetal status	Postpone if possible		This **PP E Exception: Aerosol Generating Procedures
B. Antepartum Admission	First point of contact place face mask on patient and significant other in isolation **Precautions: Droplet and Contact	Consider off-floor location if clinically appropriate. Care administered by L&D/Antepartum RN		Airborne/Respirator, Contact/Eye Shield (PAPR/N95, eye shield, gown, gloves) Trained observer for donning and doffing Room: Negative pressure. This included the
C.Intended/Anticipated Vaginal Delivery	First point of contact place face mask on patient and significant other in isolation **Precautions: Droplet and Contact	Care provided in Labor and Delivery.	Attempt to deliver in Negative Pressure LDR Otherwise: Routine LDR	administration of Nitrous Oxide.included the administration of Nitrous Oxide.
D. Acute Cesarean Delivery	First point of contact place face mask on patient and significant other in isolation **Precautions: Droplet and Contact	Delivery location based on Patient acuity & unit considerations in coordination with OB Anesthesia, OB and ID	Considerations: OR Suite with Negative Air Flow or Neutral Air Flow. Consult with IP and Facilities management to determine appropriate location	

Care of the of a COVID-19 or PUI Postpartum Patient

Care Algorithm for the COVID-19 CONFIRMED admission to Perinatal Unit

Please follow postpartum care path for newly delivered patients.

Consult with facility EOC or designated leader to determine the most appropriate location for the postpartum patient negative airflow room if possible.

Separate mother and newborn following delivery.

If cohorting is needed based on facility need place the mother 6 ft. away from the newborn using a screen or curtain if available. Patients
determined to be
infected, but with
no symptoms of
COVID-19, or
determined to be
appropriate for
discharge, may be
discharged home
with appropriate
precautions and
plans for
outpatient followup on a case-bycase basis.

Postpartum Care

Consider off-floor location if clinically appropriate

Follow facility specific transport procedures for patient in isolation.

** Precautions:
Droplet and
contact isolation

**PPE Exception:
Aerosol Generating
Procedures

Airborne/Respirator, Contact/Eye Shield (PAPR/N95, eye shield, gown, gloves) Trained observer for donning and doffing Room: Negative pressure

Care of the Newborn of a COVID-19 Patient

Care Algorithm for the Newborn of a COVID-19 CONFIRMED or Person Under Investigation admission to Perinatal Unit

Please select from the following care paths for the newborn

Labor & Delivery Room Care	Separate newborn from mother **Precautions: Droplet and Contact	Stabilization/resuscitation of the newborn	Transfer to appropriate level of care based on clinical presentation	Refer to AAP: "Guidelines for Management of Infant Born to Mother with COVID-19
A. Newborn Nursery: Newborns without Compromise	Admit to the newborn nursery and place in isolation. **Precautions: Droplet and Contact applies to mother and infant caregiver	Follow newborn admission orders and protocols	Infants whose infection status has determined to be negative will be optimally discharged home when otherwise medically appropriate, to a designated healthy caregiver who is not under observation for COVID-19 risk. If such a caregiver is not available, manage on a case-by-case basis	**PPE Exception: Aerosol Generating Procedures Airborne/Respirator, Contact/Eye Shield (PAPR/N95, eye shield, gown, gloves) Trained observer for donning and doffing Room: Negative pressure

B. Cohorting: Newborns without compromise	Consider cohorting based on isolation space availability **Precautions: Droplet and Contact applies to mother and infant caregiver	Place newborn 6 feet away from mother. If possible separate with a screen or curtain. Note, this requires that another non-infected caregiver helps care for the infant	Infants whose infection status has determined to be negative will be optimally discharged home when otherwise medically appropriate, to a designated healthy caregiver who is not under observation for COVID-19 risk. If such a caregiver is not available, manage on a case-by-case basis	
C. Newborns Requiring NICU Care	Admit to single isolation room if possible If no single room available place at least 6 feet away from other NICU patients. **Precautions: Droplet and Contact applies to mother and infant caregiver	Follow NICU admission orders and protocols.	Infants whose infection status has determined to be negative will be optimally discharged home when otherwise medically appropriate, to a designated healthy caregiver who is not under observation for COVID-19 risk. If such a caregiver is not available, manage on a case-by-case basis	
D. Breast Feeding	If the mother chooses to breast feed the newborn. She must wash hands and wear a mask.	If the mother chooses to use breast pump to express milk then she must wash hands and clean the pump after use. Clean using appropriate disinfectant wipes. * Allow the patient to keep the breast pump in room for entire stay	Expressed milk may be given to the newborn by a non-infected caregiver Handling and Storage of Breast milk: Follow current IP guidance	

References

ACOG (2020). Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus (COVID-19). *Practice Advisory.* Retrieved from

https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Advisories/PracticeAdvisory-Novel-Coronavirus2019

CDC (2020). Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings. Coronavirus Disease 2019 (COVID-19). Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-quidance.html