Labor and Delivery COVID-19 Patient Triage/Care Algorithm (4/21/2020) ** Updated from 4/7/20 **

Person under Investigation (PUI) Criteria (Provider Resources)
All L&D and Maternity Admitted Patients will have COVID-19 testing upon admission, See Asymptomatic Testing Workflow and Pre-Procedure Workflow

- ALL PREGNANT PATIENTS will be screened at entrance of hospital. RSN to be called for Positive Screen at entrance. L&D RN will go to holding area in lobby for OB assessment - See L&D Positive Symptom Screening Process
- If complaints are fever/respiratory-only (not OB), send to ED for COVID test
- All PATIENTS: Only 1 Labor Support Person allowed per admission

COVID-19 NEGATIVE
1. Remove from isolation when COVID-19 Negative
2. Continue any other appropriate treatment or isolation precautions when indicated (e.g. influenza infection)
3. Delivery room staff to wear surgical mask, eye protection and gloves for delivery

COVID-19 POSITIVE
1. Treatment is supportive
2. Airborne, contact + droplet precautions
3. Asymptomatic Infant testing per IPC/Peds ID
4. Symptomatic support person can be tested in ED
5. Notify IPC (650-497-8000, pager # 28199)
6. Notify NICU (650-497-8800)
7. Notify Dr. Aziz/El-Sayed/Lyell and L&D Mgr on duty

For L&D PUI/COVID-19+ Admissions:
- Patient & Support Person to wear procedure MASK at all times (including in patient rooms)
- Move to Airborne Infection Isolation room (AirIR) or HEPA filtered room with door closed & place Staff Tracer form on door (LDR 1-4 first, then F2 isolation/HEPA rooms w/ L+D RN)
- Place patient on airborne, contact + eye protection precautions: Staff must always wear N95 mask, gown, gloves + eye protection (goggles or face shield)
- Place isolation sign + cart outside room
- Notify Dr. Aziz at (209) 480-2040, Dr. El-Sayed/Lyell, Anes Attending, L&D Mgr on duty
- Notify maternity F2 RSN (650) 721-9780 + NICU TL (ext. 19655) of PUI admission
- Notify Patient Placement (ext. 58877) of Patient Admission and their location in L&D

PATIENT ROOM PRIORITIZATION:
- Asymptomatic Patients: Use LDR 5-10 FIRST, if full use room 1-3 or overflow to F2
- Symptomatic/PUI/rooms: LDR 1-4 all with HEPA filters, then F2 isolation/HEPA rooms

PUI/COVID-19 LABOR MANAGEMENT - Patient in airborne, contact + eye protection isolation until negative test
1. Call NICU team for delivery. Specify Standard or Complex Team and if NICU team needed inside the room or outside in hallway. Indicate that patient is PUI or COVID-19+
2. Support person to remain with the mother in LDR, remain >6ft away from pediatric team and cannot go to Infant warmer
3. If cesarean delivery, ensure HEPA filter is activated at all times in Operating Rooms A and B and recover patient in the OR (no recovery in PACU)
4. Support person NOT permitted to be in OR during cesarean, but may be brought into the OR during recovery, if patient stable
5. If intubation indicated: Anesthesiologist to wear appropriate PPE/Respirator (see separate anesthesia-specific guidelines)
6. During intubation, all staff other than Anesthesiologist(s), should be 6 feet away from the patient whenever clinically possible
7. LDR or OR to remain unused for 1 hour before cleaning after a PUI or COVID-19 + patient leaves the room
8. Patient to wear procedure mask for transfer to NICU/ICN until mom is COVID-19 NEG
9. Delayed cord clamping can occur at the perineum. No skin-to-skin at time of delivery. Move Infant directly to warmer after cord clamping. Prepare infant bands outside of the room and place in clean plastic bag. L&D TL to bring identification bands in plastic bag into the room for delivery and keep in the infant warmer > 6 feet from mother
10. Infant is PUI at delivery – follow NICU specific COVID-19 guidelines based on placement of patient
11. Infant will be transported by NICU TL using Giraffe shuttle or ATOM isolette ideally with port holes closed
12. If mother becomes PUI/COVID-19+ after delivery and baby is in WBN/ICN/NICU/Maternity Unit, Immediately notify respective Unit

L&D Staff to wear Procedure Mask at all times (unless surgical mask or N95 indicated)
Patients/Support Person masked at all times in hospital COVID-19 Guidelines for PPE Use
All Support People must sign a Contract, will be screened q 12hrs & sent to ED if symptomatic

*These resources were shared by a hospital that performs universal testing of mothers presenting to labor & delivery, regardless of symptoms.
Created by K. Brennan Lee, K. Daniels MD, N. Aziz MD, G. Abir MD, D. Lyell MD and A. Davis MD.
# POSTPARTUM INSTRUCTIONS FOR PUI/COVID PATIENT

## DISPOSITION OF INFANT AT DELIVERY for PUI/COVID-19 PATIENT

**CONSIDER SEPARATION OF MOTHER FROM DELIVERY**

**Follow link to NICU specific COVID-19 guidelines based on placement of patient**

1. **If NICU admission is indicated, infant will be placed in NICU isolation room per protocol**
   - *If NICU admission not indicated infant can be isolated on maternity and care provided by PCP/SPC*
   - Preference is to isolate infant in a separate room from mother. The labor support person may accompany the infant and provide care as long as he/she is asymptomatic and wears PPE (gown, gloves + procedure masks). Support person must stay with infant OR mother in Maternity and remain in the room (cannot switch between mother and infant in Maternity). *Asymptomatic Infant Testing per IPC and Peds Infectious Disease; Symptomatic Support Person Testing can be done in the ED*

2. If room separation **not possible** (or refused), infant placed in ATOM isolette >6 ft from mother with care provided by healthy adult if possible

3. NICU TL will transport the Infant to Maternity and NNLD will care for Infant during transition period (1.5-2 hrs). In Maternity, place patient in a single room with the door closed. Negative pressure room is necessary only when sustained aerosol generating procedures are expected.

4. Infant should have a bath, if clinically stable, upon transfer to maternity/ICN/NICU

5. If mother cares for infant, she should perform hand hygiene and wear a procedure mask at all times, including before feeding/handling infant

6. If family member cares for infant, they should perform hand hygiene and wear gown, gloves + procedure mask before handling/feeding infant

7. If breastfeeding, encourage pumping (with own dedicated pump) + healthy caregiver feeding infant; if mother declines + breastfeeds, she should perform hand hygiene first and should wear procedure mask at all times, including when feeding and handling infant

8. Support Person is considered exposed and cannot accompany infant to NICU or ICN if mom remains a PUI/COVID-19 **Positive**. May accompany baby if Mom Negative.

9. If infant begins to demonstrate signs/symptoms of infection or respiratory distress (and mom remains a PUI or is COVID-19 **Positive**), NICU should be notified and infant should be transferred to NICU in airborne infection isolation/HEPA filtered room for further evaluation

10. No procedures will be performed in Well Baby Nursery for PUI/COVID-19 **positive** Infants

## Maternity Unit (Postpartum/Antepartum)

1. Please see Inpatient Isolation Algorithm for instructions on appropriate isolation room + precautions for PP/AP patients

2. PUI/COVID-19+ patient can be placed in single room with the door closed. Follow airborne plus contact + eye protection precautions (PPE Required: N95 mask + eye protection + gowns + gloves). No HEPA filter required unless sustained aerosol generating procedures anticipated

3. If pumping, patient needs own dedicated pump

4. Notify Dr. Aziz at (209) 480-2040, Dr. El-Sayed, Dr. Lyell and the Manager on Duty if PUI/COVID-19 + patient is a direct admit to Maternity, or patient is newly diagnosed as a PUI/COVID-19 + in Maternity

5. Notify IPC (650-497-8000, pager #28199) of a COVID-19 +

6. Notify Patient Placement (ext. 58877) of a PUI/COVID-19 + Patient Admission and their location in Maternity

7. All PUI/COVID-19+ Patients will only be seen by the Attending MD on Postpartum

8. If mother becomes PUI/COVID-19+ after delivery and baby is in WBN/ICN/NICU/Maternity Unit, Immediately notify respective Unit

## COVID-19 Discharge Room Cleaning Procedure

1. **After a PUI or COVID-19 positive patient leaves her patient room or the OR, the door must remain closed for a minimum of one hour.**

2. **If PATIENT WAS TAKEN care of in airborne infection isolation/HEPA filtered room (including L&D Room and OR), all staff + EVS must don PPE, including an N95 mask, if entering the room before one hour has elapsed.**

3. **Follow routine cleaning procedures.**

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Created by K. Brennan Lee, K. Daniels MD, N. Aziz MD, G. Abir MD, D. Lyell MD and A. Davis MD.

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