Maternal Child Health Guidelines for Nebraska Medicine

OB Telephone Advice Screening

- Pregnant patients without ILI (Influenza Like Illness) will receive advice per standard workflows.
- Pregnant patient with ILI calling the Olson Center:
    - Olson Center Triage or primary site of Obstetric care will screen patient and manage with MD direction

Arrival to L&D

- Pregnant patients arriving to L&D without respiratory symptoms will be screened for risk of infection using ED screening workflows
    - L&D triage and observation per standard workflows
- Pregnant patients arriving to L&D with respiratory symptoms without an obstetrical concern may be redirected to the ED for screening and isolation
- Pregnant patients arriving to L&D with respiratory symptoms and an obstetrical concern will be masked and roomed immediately. One support person may stay with the patient and
- will also be masked.
    - L&D triage and observation per standard workflows
    - Notification of L&D Lead and Infection Prevention pager 888-4646 to assist in escalation as indicated based on screening
    - COVID-19 testing will be completed and the patient will be cared with appropriate PPE until the results are available
- Patients arriving for scheduled procedures on L&D will be screened utilizing Preprocedure COVID-19 Testing Guidelines

Arrival to ED/Triage

- Pregnant patients arriving to the ED without respiratory symptoms will be screened for risk of infection using ED screening workflows
    - Treat or transfer to L&D triage depending on gestational age and reason for ED visit per standard workflows
- Pregnant patients arriving to the ED with respiratory symptoms without an obstetrical concern will require ED screening and isolation workflows per standards of ILI
    - OB MD consultation in the ED will occur per standard workflows
    - OB MD consultation on admission by primary service
- Pregnant patients arriving to the ED with respiratory symptoms and an obstetrical concern will be masked and escorted to L&D for evaluation. One support person may stay with the patient and will also be masked.
    - L&D triage and observation per standard workflows
    - Notify L&D Lead and Infection Control pager 888-4646 to assist in escalation of PUI workflow and transfer of the patient to the L&D unit
    - COVID-10 testing will be completed and the patient will be cared for as a PUI until the results are available

Labor and Delivery

- All HCW will wear a mask at all times on the patient care units based on all provisions of the Universal Mask Policy on the COVID-19 section of NOW

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- COVID-19 testing will be ordered on admission for all patients that have not been tested in the past 72 hours
- Patients in labor with respiratory symptoms will be cared for by as few staff as possible to minimize exposure
- Consent forms will be signed in the patient room on a clipboard, prior to signing the patient will mask, clean hands and sign holding only the pen
- Negative pressure rooms will be used if available for labor and delivery
- All patients meeting definition of PUI or who are COVID-19 positive will remain masked for the duration of labor and delivery.
- Guidelines for Obstetric patients are available for patient admitted to L&D and for patients that are admitted to other care areas based on their respiratory status. Please utilize these Guidelines for patient care. Every effort will be made to update patient care requirements on these documents and the most recent document will be available on NOW on the COVID-19 page.
- Assessment of maternal status and consideration for delivery in critically ill patients ≥ 34 weeks gestation should be completed with the support of the primary service and MFM. Delivery may optimize maternal respiratory status. Newborn separation as soon as possible is recommended for critically ill patients due to neonatal risk.

Antenatal Management/Medication

- Significant rates of Preterm Birth <37 weeks have been documented with COVID-19. There will also be situations where the maternal respiratory status may result in the recommendation for preterm birth. **Team discussions for use of medication management should include Maternal Fetal Medicine, ID, Critical Care-Pulmonary and Neonatology. All patients should be counseled on the obstetric indication and the uncertain impact on their pulmonary disease.**
- **Corticosteroids** are routinely used in pregnancies less than 37 weeks for fetal lung maturation if delivery is indicated or there is spontaneous preterm labor. Currently there is evidence that corticosteroids given in regimens used for other acute viral lung infections may worsen the outcome in adults with COVID-19. The risk of the current doses for fetal maturation are uncertain. To limit the maternal risk it is recommended that anticipated delivery in women less than 37 weeks the patient should be counseled.
- **Tocolysis** is used in our institution for management of preterm labor. If tocolyisis would be considered for optimal patient care, nifedipine may be the best option in patients with COVID-19. Indomethacin can be considered less than 32 weeks.
- **Magnesium** for neuroprotection for <32 weeks and seizure prophylaxis is utilized routinely in our institution. There is a potential for respiratory complications with magnesium sulfate, it should be used judiciously in the setting of severe respiratory symptoms. For seizure prophylaxis, respiratory symptoms need to be assessed and consultation with the Primary Service, alternative seizure prophylaxis may need to be considered if the patient has altered renal function.

Gestational age	< 32 weeks		32 to 33 6/7 weeks		34 to 36 6/7 weeks	
Respiratory Symptom severity	Mild to moderate	Severe	Mild to Moderate	Severe	Mild to Moderate	Severe
Steroids for fetal maturation	Use after risk discussion	Discuss risks and benefits with team		Avoid	Avoid	Avoid

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Tocolysis	May consider Indomethacin	Use nifedipine	Use nifedipine	Use nifedipine	Not indicated	Not indicated
Magnesium for neuroprotection		Discuss risks and benefits with team				
Magnesium for seizure prophylaxis	Use	Discuss risks and benefits with team	Use	Discuss risks and benefits with team		Discuss risks and benefits with team

After Delivery

- Although it is well recognized that the ideal setting for the care of a healthy newborn while in the hospital is within the mother's room, the risk of serious complications in newborns infected with COVID-19 is unknown. Horizontal transmission has been documented and appears to be more common when the mother is symptomatic. The risk of prenatal transmission is uncertain.
- To reduce the risk of COVID-19 transmission to the newborn, we recommend that temporarily separating the mother who is ill with suspected or confirmed COVID-19 from her baby following delivery during the hospital stay. Based on available information, newborns may be a higher risk of infection after delivery with mothers who are critically ill, have uncontrollable cough and/or are febrile.
    - Separation will be favored/recommended if:
        - Mother tests positive for COVID-19, or
        - Mother meets Centers for Disease Control and Prevention (CDC) criteria for PUI (patient under investigation)
        - Is febrile with an non-suppressible/poorly-controlled cough
    - Separation is **not** favored if:
        - Mother is asymptomatic, or
        - Mother does not meet CDC criteria for PUI
- The risks and benefits of temporary separation of the mother from her baby should be discussed with the mother by the health care team, and decisions about temporary separation should be made in accordance with the mother's wishes.
    - Infants separated from their mothers may be housed in a private room, as available, with an asymptomatic family member or healthy caregiver with the door closed since data about asymptomatic transmission of COVID-19 is limited.
    - Healthy family or staff members present to provide care (e.g., diapering, bathing) and feeding for the newborn, should use appropriate PPE including gown, gloves, face mask, and eye protection.
    - If there is no family member to care for the infant or there are no rooms/staff to allow for individual care, cohorting infants considered to be a PUI will occur. Each cohorted infant will need to be placed in a bassinet in the nursery away from other infants. Contact and droplet precautions with eye protection should be worn by all medical personnel providing care to the infant.
    - The mother or any symptomatic adult requires a surgical mask if they are within 3-6 feet of the infant.
    - Maternal visitation with appropriate PPE based on maternal condition is supported for mother's choosing separation but wish to see their newborn.
- The optimal length of temporary separation in the hospital has not been established and will need to be assessed on a case-by-case basis after considering factors to balance the risk of

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mother-to-infant COVID-19 transmission versus maintaining maternal-infant bonding. Some considerations might include:
    - if the mother has been afebrile without antipyretics for >24 hours, and
    - the mother can control her cough and respiratory secretions.
- If co-location (aka as "rooming in") of the newborn with his/her ill mother in the same hospital room occurs in accordance with the mother's wishes OR is unavoidable due to a hospital's configuration, nursery constraints, lack of availability of isolation rooms, or other reasons, facilities should consider implementing measures to reduce COVID-19 exposure of the newborn including:
    - using physical barriers (e.g., a curtain between the mother and newborn)
    - keeping the newborn more than 6 feet away from the ill mother
    - ensuring a healthy adult is present to care for the newborn.
    - If no healthy adult is present in the room to care for the newborn, a mother with suspected or confirmed COVID-19 should put on a facemask and then practice hand hygiene before each feeding or other close contact with her newborn. The facemask should remain in place during contact with the newborn.

Breastfeeding Recommendations

We do not know whether mothers with COVID-19 can transmit the virus via breast milk though the risk if suspected to be low since COVID-19 is transmitted through respiratory droplets. Whether and how to start or continue breastfeeding should be determined by the mother in coordination with her family and healthcare provider.

- A mother with confirmed COVID-19 or who is a symptomatic PUI should take all proper precautions to avoid spreading the virus to her infant, including:
    - Washing her hands before touching the infant
    - Wearing a face mask, if possible, while feeding at the breast
    - If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use
    - Consider having someone who is well feed expressed breast milk to the infant
- If needed, a dedicated breast pump should 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.

Nursery

- When a newborn of a mother with suspected or confirmed COVID-19 is housed in a room instead of the mother's room, the newborn can be cared for by a non-ill person using droplet and contact precautions with eye protection. The infant should be closely observed for signs of infection. Cohorting of separated infants may be necessary. Each newborn will be in a separate bassinet or incubator. Contact and droplet precautions with eye protection should be worn by all medical personnel providing care to the infant and will be appropriately changed between patients.
- Bath should not be delayed but performed after infant's temperature has stabilized shortly after delivery.
- Symptomatic mothers, caregivers, and family members should <u>not</u> enter the infant's room.

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- A newborn that develops signs of possible illness should remain in droplet and contact precautions with eye protection and examined by a physician.
- Circumcision will not be performed at Nebraska Medicine on male newborns meeting criteria for PUI status.

Visitation

- Visitors should be limited to a single visitor during the hospital stay to serve as a labor support person. Visitors who have been in contact with an infected patient before and during her hospitalization are a possible source of COVID-19 for other patients, visitors, and staff. All visitors should be screened for signs and symptoms of fever and acute respiratory illness before being allowed to enter the hospital and our unit, and only asymptomatic persons should be allowed to visit. Masks should be used for the support person while in the hospital.
- Facilities should provide instruction, before visitors enter patients' rooms, on hand hygiene, limiting surfaces touched, and use of PPE according to current facility policy while in the patient's room.
- Visitors should be instructed to limit their movement within the facility.

1. Reference: https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html
2. Kaiser Permanente Northern California, Mitigation Phase Playbook Coronavirus Disease 2019
3. Boelig RC, Manuck T, Oliver EA, et al. Labor and Delivery Guidance for COVID-19. Am J Obstet Gynecol, 03/2020, in press.
4. Reference: https://jamanetwork.com/journals/jamapediatrics/fullarticle/2763787
5. Reference: https://s3.amazonaws.com/cdn.smfm.org/media/2277/SMFM-SOAP_COVID_LD_Considerations_3-27-20_(final)_PDF.pdf

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