Testing scheduled GYN procedures, induction and cesareans

- Planned CD or IOL: testing for COVID-19 is encouraged prior to admission
  - Patients will be tested 3-4 days prior to planned admission (see clinic based protocol)
  - Day prior to IOL or CD, result will be reviewed.
    - **Test NEGATIVE**: Continue with procedure as planned, see below
    - **Test PENDING/UNKNOWN**
      - Follow guidelines for COVID unknown/pending asymptomatic patients
    - **Test POSITIVE**: contact on call physician to review care plan.
      - Follow guidelines for COVID+ patient

- COVID NEGATIVE result
  - Routine OB care
  - If patient ARRIVES to hospital with symptoms or DEVELOPS symptoms during hospitalization, follow COVID+/PUI algorithm and use airborne precautions.

- COVID PENDING or INCONCLUSIVE OR no test ordered in an ASYMPTOMATIC patient
  - Staff wear surgical masks during labor and postpartum care
  - During labored breathing/pushing and CD: **Airborne** precautions (N95) recommended for care providers
  - Newborn care
    - Infant stays with mother
    - Support person stays with mother
    - Allowed to breastfeed
    - If COVID returns positive: Follow COVID+/PUI algorithm
  - If patient ARRIVES to hospital with symptoms or DEVELOPS symptoms during hospitalization, follow COVID+/PUI algorithm and use airborne precautions.

- COVID PENDING or INCONCLUSIVE OR no test ordered in a SYMPTOMATIC patient
  - Follow COVID+/PUI algorithm and use airborne precautions while test is pending.

- COVID POSITIVE result
  - Follow COVID+/PUI algorithm
  - Airborne precautions
Labor and delivery guidelines

- Visitors
  - Visitors limited to one support person that will remain the SAME throughout the entire hospitalization.
  - Encourage patients and visitors to wear surgical mask during hospitalization.
  - If mother requests separation from the newborn, the newborn support person must be a healthy caregiver OTHER than the maternal support person.

- Mask policy
  - All patients and visitors will wear masks at all times during hospitalization.

- COVID NEGATIVE
  - If test done in the last 5 days and patient has quarantined since the test with no new symptoms: Follow COVID negative patient algorithm
  - Labor, delivery and postpartum management
    - Surgical masks for all patient encounters
    - Patient wears mask during hospitalization

- COVID PENDING or INCONCLUSIVE OR no test ordered in an ASYMPTOMATIC patient
  - Labor and postpartum management
    - Surgical masks for all patient encounters
    - Patient wears mask during hospitalization
    - No oxygen in labor for fetal resuscitation
  - Delivery management (Active labor/labored breathing/pushing/CD)
    - Airborne precautions (N95) recommended for all care providers
    - If a procedure is needed ie: D&C postpartum, airborne precautions recommended for all care providers
  - Postpartum
    - Rooms will NOT be terminally cleaned.
    - Surgical masks for all patient encounters is appropriate on the postpartum unit

- COVID POSITIVE/PUI patients
  - Labor management
    - Airborne precautions required throughout the labor and delivery process for all care providers
    - Avoid periods in the room greater than 4 hours continuous
• Early epidural encouraged to avoid general anesthesia
• No oxygen in labor for fetal resuscitation
• Establish possible delivery and OR needs
  • Retractors
  • Sutures
  • Forceps
  • Uterotonics (in room)/Tamponade balloons
  • When possible, hemorrhage and forceps carts outside room to make readily available
• Delivery management COVID+/PUI
  • Airborne precautions required for all care providers
  • Minimize healthcare providers
  • Patient to wear mask as tolerated.
  • Delayed cord clamping may be done. In the case of a critical mother, recommend immediate clamping to expedite the care of the mother
  • NICU called for standard indications only
• Cesarean delivery COVID+/PUI
  • Airborne precautions required for all care providers
  • N95 mask and eyewear donned prior to scrubbing and entry into the OR. Sterile procedure gown and gloves to be donned upon entry into the OR.
  • In the case of intubation:
    • Support person must exit the OR prior to intubation and return to labor room or PACU
    • Ideally, the door would not be opened for 15 min after intubation. New personnel only to enter in case of emergency.
    • Extubation to occur in the OR
    • If continued intubation required, will transfer to ICU
  • In the case of regional anesthesia:
    • Keep OR doors shut as much as possible.
    • Support person may accompany to the OR with surgical mask

• Newborn care of COVID+/PUI mother
  • Notify NICU of imminent delivery-attendance based on normal indications
  • Delayed cord clamping acceptable/at discretion of OB provider
  • NICU response for deliveries: refer to NICU algorithm

Updated 12/11/2020. All content and guidelines provided herein are the algorithms and work product of The Nebraska Methodist Hospital and are to be used solely for educational, informational and guidance purposes only, and the guidelines, algorithms and work product are not intended to serve as a substitute for individualized professional medical advice, guidelines, diagnosis, or treatment. Further, it is noted and should be understood that guidelines, algorithms and work product concerning COVID-19 are dynamic and may be modified at any time. Nothing contained herein establishes or shall be used to establish a standard of care.