

Labor and Delivery Guidelines for COVID-19



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