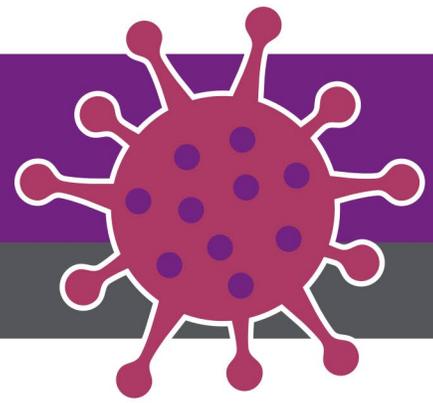


# CORONAVIRUS DISEASE 2019 (COVID-19)

Inpatient Obstetrical Care; PUI or COVID-19



**Audience:** Colleagues and Clinicians providing Obstetrical Care

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According to ACOG, ...*"Currently available data on COVID-19 does not indicate that pregnant women are at increased risk. However, pregnant women are known to be at greater risk of severe morbidity and mortality from other respiratory infections such as influenza and SARS-CoV-1. As such, pregnant women should be considered an at-risk population for COVID-19. Adverse infant outcomes (e.g., preterm birth) have been reported among infants born to mothers positive for COVID-19 during pregnancy. However, this information is based on limited data and it is not clear that these outcomes were related to maternal infection. Currently it is unclear if COVID-19 can cross through the transplacental route to the fetus. In limited recent case series of infants born to mothers infected with COVID-19 published in the peer-reviewed literature, few if any of the infants have tested positive for COVID-19 from in utero exposure). The following are based on CDC, ACOG, other professional organizations and emerging peer reviewed evidence..."*

## □ Prehospital:

- Apply ACOG/SMFM Outpatient Assessment and Management care algorithm – available under Clinical resources, COVID-19 page
- Pregnant patients who have confirmed COVID-19 or who are PUIs should notify the obstetric unit prior to arrival so the facility can make appropriate infection control preparations (e.g., identifying the most appropriate room for labor and delivery, ensuring infection prevention and control supplies and PPE are correctly positioned, informing all healthcare personnel who will be involved in the patient's care of infection control expectations) before the patient's arrival.
- Notify infection prevention team of the anticipated arrival of a pregnant patient who has confirmed COVID-19 or is a PUI.

## □ Inpatient care:

- Follow IPC precautions in related System Office guidance on COVID-19 Pulse page
- Limit visitors accompanying the pregnant women to no more than one essential support person for women in labor (i.e. spouse or partner). The visitor will be provided a mask to wear and will stay with the pregnant woman. If the visitor is ending their visit, assign a colleague to accompany them while they leave, assuring the visitor wears a mask.
- Infants born to mothers with confirmed COVID-19 should be considered PUIs. As such, infants should be isolated from their mother for the duration of their stay.

### □ **Mother/Infant Contact?**

- The risks and benefits of temporary separation of the mother from her baby will be discussed with the mother by the healthcare team
- At the present time CDC and ACOG recommend that contact between mother and her infant be avoided. Evaluate this on a case by case basis but if contact is necessary, the mother will; i) clean her hands, ii) be provided a mask to wear throughout the contact, and iii) wear a clean gown.
- If colocation (sometimes referred to 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 facility limitations,
  - Use engineering controls like physical barriers (e.g., a curtain between the mother and newborn) and keep the newborn  $\geq 6$  feet away from the ill mother.
  - If no other healthy adult is present in the room to care for the newborn, a mother who has confirmed COVID-19 or is a PUI should put on a facemask and practice hand hygiene before each feeding or other close contact with her newborn. The facemask should remain in place during contact with the newborn. These practices should continue while the mother is on transmission-based precautions in a healthcare facility
- The decision to discontinue temporary separation of the mother from her baby should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials. The decision should consider disease severity, illness signs and symptoms, and results of laboratory testing for the virus that causes COVID-19, SARS-CoV-2. Considerations to discontinue temporary separation are the same as those to discontinue transmission-based precautions for hospitalized patients with COVID-19.
- If another healthy family or staff member is present to provide care (e.g., diapering, bathing) and feeding for the newborn, they should use appropriate PPE. For healthy family members, appropriate PPE includes gown, gloves, face mask, and eye protection.

### □ **Breastfeeding**

- During temporary separation, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. If possible, 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. This expressed breast milk should be fed to the newborn by a healthy caregiver.
- If rooming in is approved by the mother and her care team and the mother wishes to feed at the breast, she should put on a facemask, clean gown and practice hand hygiene before each feeding.

### □ **Hospital Discharge**

- Discharge for postpartum women should follow recommendations described in the *CDC Interim Considerations for Disposition of Hospitalized Patients with COVID-19*.
- For infants with pending testing results or who test negative for the virus that causes COVID-19 upon hospital discharge, caretakers should take steps to reduce the risk of transmission to the infant, including

*following CDC Interim Guidance for Preventing Spread of Coronavirus Disease 2019 (COVID-19) in Homes and Residential Communities.*