Practice Changes on Labor and Delivery for ALL Laboring Patients (4/15/2020)

1. **Use of PPE:**
    a. **The table below outlines the proper use of PPE on labor and delivery.**
        i. **Aerosol generating procedures relevant to L&D include:**
            1. **Second stage of labor**
            2. **Vaginal Delivery**
            3. **Cesarean delivery**
            4. **Oxygen administration at >6L by face mask**
            5. **Intubation and Extubation**
            6. **Nebulizer treatments**
            7. **Postpartum Hemorrhage**

Table 1: Suggested personal protective equipment (PPE) based on clinical situation

Care Situation	Surgical Mask	Droplet PPE (Gown, gloves, surgical mask/face shield)	N-95 Mask
Patient (with or without respiratory symptoms)	X		
Provider during routine patient encounter	X		
Provider during patient with URI symptoms		X	
Provider during patient with suspected or confirmed COVID-19		X	X
Provider caring for patient during indispensable aerosolizing procedure		X	X

2. **In the First Stage of Labor:**
    a. **We will no longer be giving oxygen for FETAL RESUSCITATION during the first stage of labor for ANY patients. Regardless of COVID status**
    b. **We will no longer be using the "Peanut Ball" in labor, unless the patient provides their own.**
    c. **We will continue augmenting labor as is clinically indicated**
        i. **Amniotomy will continue to be a method of augmentation**
    d. **Early identification of patients with persistent category 2 tracings is recommended to avoid need for emergent cesarean section**
3. **In the Second stage of labor**
    a. **Full PPE will be used as outlined above**
    b. **Pushing will not be delayed**
    c. **Perineal massage and warm packs are permitted**
4. **Third Stage of labor**
    a. **Active management is recommended**
    b. **Oxytocin should be used to prevent PPH**
    c. **We will discontinue the practice of delayed cord clamping**
5. **Anesthesia considerations**
    a. **Early epidural is recommended**

THIS IS MEANT TO ASSIST IN CLINICAL GUIDANCE, THIS DOCUMENT DOES NOT REPLACE AN MFM CONSULT

Reference: Boelig RC, Manuck T, Oliver EA, Di Mascio D, Saccone G, Bellussi F, Berghella V, Labor and Delivery Guidance for COVID-19, American Journal of Obstetrics & Gynecology MFM (2020), doi: https://doi.org/10.1016/j.ajogmf.2020.100110.

Considerations When Caring for COVID+ Patients or PUI on L&D (4/6/2020)

All of the recommendations above will apply with Covid+ patients and PUI with the addition of:

1. **The use of common medications should be altered as outined below. This, ofcourse, should be done in consultation with MFM.**

Table 2: Use of common medications in preterm labor management in the setting of COVID-19 pregnant patient.

Gestational Age	<32 weeks		32-34 weeks		34-36 weeks'
Respiratory Symptom Severity	Mild-Mod Sx	Severe	Mild Mod Sx	Severe	Any
Steroids for fetal maturity	Use	Discuss risks and benefits with multidisciplinary team including ID, Pulmonary-Critical Care, Neonatology	Consider	Avoid	Avoid
Indomethacin	May consider	Use nifedipine instead	Use nifedipine instead	Use nifedipine instead	Not indicated
Magnesium Sulfate (neuroprotection)	Use	Discuss risks and benefits with multidisciplinary team including ID, Pulmonary-Critical Care, Neonatal-perinatal medicine			

2. **COVID-19 may be associated with a transaminitis and thrombocytopenia. This is an important consideration in a patient presenting with a hypertensive disorder in assessing whether she has severe features of preeclampsia/HELLP syndrome.**
3. **COVID-19 severity peaks in the second week. The delivery of COVID-19 patients who are at term and hive mild symptoms should be expedited.**
4. **COVID-19 is not an indication for Cesarean delivery. Mode of delivery should be dictated by obstetrical indications.**
5. **COVID-19 patients should be fluid restricted(<75cc/hr) unless concern for sepsis/hemodynamic instability**
6. **O2 saturation goal is >95%**
7. **NSAID use is controversial and should be determined by delivering Attending**
8. **All postpartum labs should be ordered as "Nurse to Draw"**
9. **Patients are encouraged to identify a health care proxy and/or advance directive on admission**

THIS IS MEANT TO ASSIST IN CLINICAL GUIDANCE, THIS DOCUMENT DOES NOT REPLACE AN MFM CONSULT

Reference: Boelig RC, Manuck T, Oliver EA, Di Mascio D, Saccone G, Bellussi F, Berghella V, Labor and Delivery Guidance for COVID-19, American Journal of Obstetrics & Gynecology MFM (2020), doi: https://doi.org/10.1016/j.ajogmf.2020.100110.