

**\*\*\*Have Covid + or PUI patients call ahead for direction on entrance to hospital**

**Pregnant Patient With Positive COVID-19 or PUI**  
**\*\*\*All staff coming in contact with patient will wear the appropriate PPE**

Presents to ED with Obstetric complaint

No

- Patient remains in ED and follows ED process
- Notify OB provider & L&D Clinical Coordinator (6627)
- \*\*\*If patient needs to be admitted & patient status is critical – call ICU Clinical Coordinator. If non-critical – call L&D Clinical Coordinator ext 6627

YES

Mask patient & send support person home call L&D CC (6627) (S/O cannot come with patient)

ED transports patient with mask from ED to A/B elevators to L&D

Patient taken to designated room & CC to notify Infection Prevention - # 630-978-6291 Center secretary to go to the room or call the room to register patient

Presents to L&D

Mask patient & place in designated room  
 Send support person home to self quarantine  
 Offer iPad for virtual visit (iPads are available in NICU & L&D)

In Labor

No

Assess and follow Infection Prevention recommendations for testing if not already performed  
 Discharge as soon as possible if no need to remain in hospital

YES – Notify NICU CC (4754) & NICU RN attends delivery

Normal delivery in negative pressure room or designated room

C/Section in OR #2 (Mask pt when transporting to & from room)

- If Mother REFUSES separation**
- Baby to stay in L&D room 6 feet from the mother
  - Health Care Worker (HCW) to be present in room to care for baby
  - L&D RN to care for couplet
  - Mother to wear a surgical mask at all times

Baby is immediately separated & resuscitated in the room. As soon as stable, place infant in transport isolette, wipe outside of transport isolette in the room and transport infant to the isolation room

Infant requires NICU care

- Transport infant to NICU isolation room DN 113 or designated room
- Place infant in isolette.
- Bathe infant asap.

Infant requires normal newborn care

- Transport infant to old NICU isolation room D161A or designated bed space in old NICU.
- Nursing care provided by NICU RN & under the care of the pediatrician or neonatologist.
- Place infant in isolette.
- Bathe infant asap.

**Infant Born to Patient With Positive COVID-19 or PUI**  
**\*\*\*All staff coming in contact with patient will wear the appropriate PPE**  
**\*\*\*Infant considered a PUI, no parent or visitors allowed**

Baby is immediately separated & resuscitated in the room. As soon as stable, place infant in transport isolette, wipe outside of transport isolette in the room and transport infant to the isolation room

Infant requires NICU care

- Transport infant to NICU isolation room DN 113 or designated room.
- Place infant in isolette.
- Bathe infant asap.

Infant requires normal newborn care

- Transport infant to old NICU isolation room D161A or designated bed space in old NICU.
- Nursing care provided by NICU RN & under the care of the pediatrician or neonatologist.
- Place infant in isolette.
- Bathe infant asap.

- If Mother REFUSES separation**
- Baby to stay in L&D room 6 feet from the mother
  - Health Care Worker (HCW) to be present in room to care for baby
  - L&D RN to care for couplet
  - Mother to wear a surgical mask at all times

**If mother refusing HCW to feed infant**  
 A mother with confirmed COVID-19 or who is a PUI should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a surgical mask, while feeding at the breast.

- Breast Milk Feeding**
- Designated breast pump to remain in the room.
  - Mother should wash her hands before touching any pump or bottle parts.
  - Follow recommendations for proper pump cleaning after each use.
  - HCW to feed the expressed breast milk to the infant.
  - Transport all breast milk of any Positive COVID-19 or PUI in a biohazard bag
  - Store all expressed breast milk in a biohazard bag in the refrigerator/freezer located outside old NICU & labeled "COVID-19".

- Discharge of Mother**
- Mother can be discharged when clinically stable; Do not need to wait for test results.
  - Discharge instructions to be given by OB Discharge RN.
  - Mother will be instructed to remain isolated from baby and family until cleared – See algorithm on page 5 (Discontinuation of transmission based isolation precautions).

- Discharge of Baby**
- Baby can be discharged when clinically stable
  - Use iPad to complete discharge teaching with parent or support person.
  - Use iPad & collaborate with RN caring for Mother, verify infant & band numbers with mother via iPad. Cut ID band off baby and apply to ID band sheet.
  - Take ID band sheet to mother, verify her band matches the ID band on the sheet, have mother sign & then the RN signs the ID band sheet.
  - If discharging at the same time as the mother, place baby in the backseat in the car seat and encourage mother to sit in the front seat away from baby and wear her mask.

**Critically Ill Pregnant Patient With Positive COVID-19 or PUI**  
**\*\*\*All staff coming in contact with patient will wear the appropriate PPE**

Notify Nursing Supervisor (ext 4769) of need to transfer & bed assignment

**Transfer to ICU**  
Mask patient and use C/D elevator

L&D RN will continue to care for patient and co-manage patient with ICU RN

If in Labor  
Notify NICU CC #4754

**Vaginal Delivery in ICU room**  
L&D RN to provide obstetrical care

**C/Section in OR room 6, 7, 8, 14, 15**

Baby is immediately separated & resuscitated in the room. As soon as stable, place infant in transport isolette, wipe outside of transport isolette in the room and transport infant to the isolation room

Infant requires NICU care

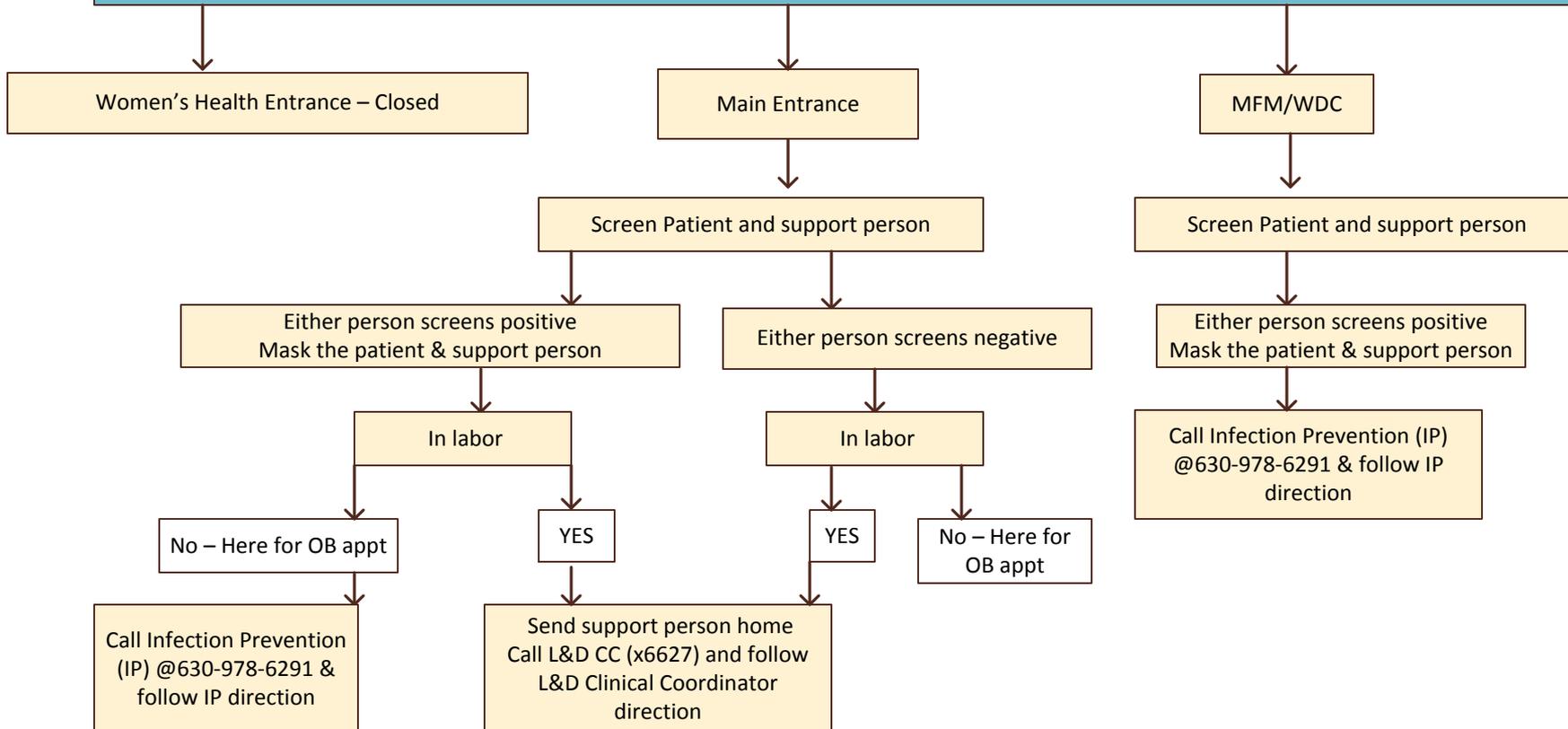
Infant requires normal newborn care

- Transport infant to NICU isolation room DN 113 or designated room.
- Place infant in isolette.
- Bathe infant asap.

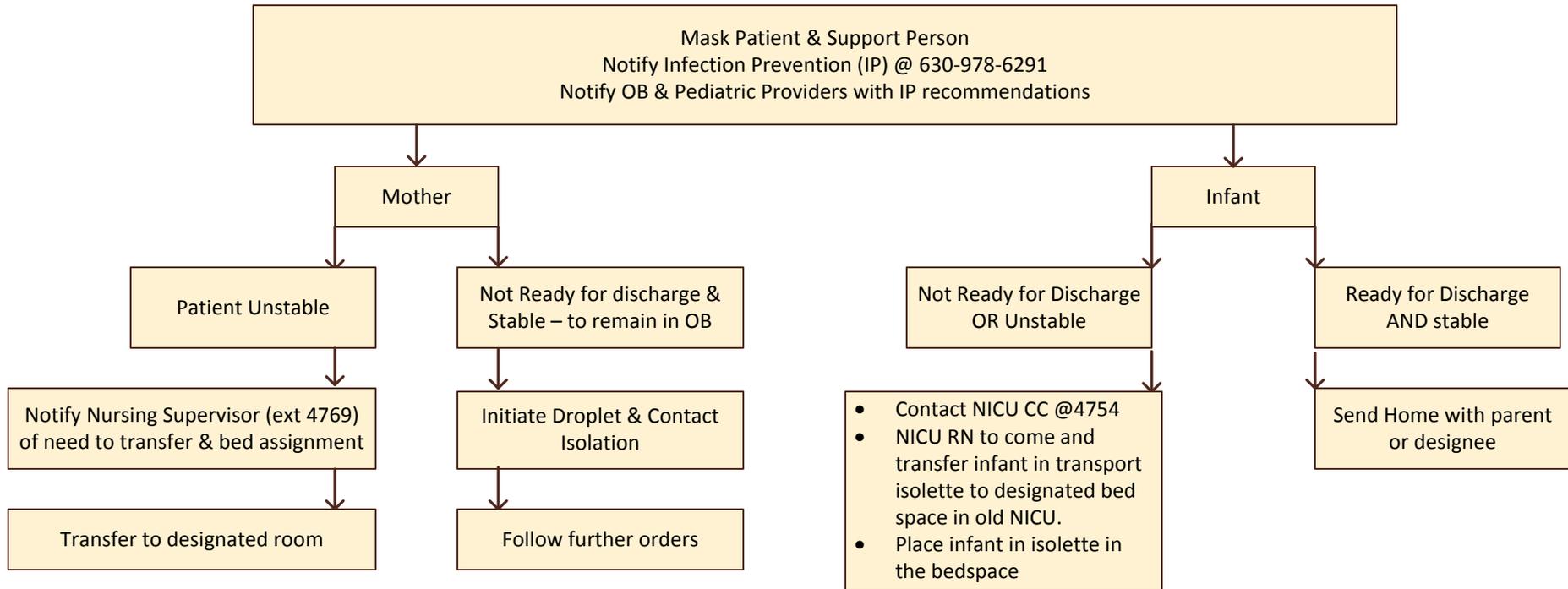
- Transport infant to old NICU isolation room D161A or designated bed space in old NICU.
- Nursing care provided by NICU RN & under the care of the pediatrician or neonatologist.
- Place infant in isolette.
- Bathe infant asap.

\*\*\* Perimortem C/S tray & cart located in Room D124. To be moved to critical care if patient becomes unstable

## Pregnant Patient Presents to Main Entrance or WDC/MFM



# Delivered Patient Becomes Symptomatic



## Discontinuation of Transmission-Based Isolation Precautions

Rush Copley is using the Non-test-based strategy for discontinuation of Transmission-Based Isolation Precautions and in consultation with Infection Prevention.

### Non-test-based strategy.

- At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **AND**
- Improvement in respiratory symptoms (e.g., cough, shortness of breath) **AND**
- At least 7 days have passed *since symptoms first appeared*

Patients can be discharged from the healthcare facility whenever clinically indicated.

If discharged to home:

- Isolation should be maintained at home if the patient returns home before discontinuation of Transmission-Based Precautions.
- The decision to send the patient home should be made in consultation with the patient's clinical care team and Infection Prevention.

- 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 and infection prevention specialists.
- The decision should take into account disease severity, illness signs and symptoms, and results of laboratory testing for the virus that causes COVID-19.
- Considerations to discontinue temporary separation are same as those in the Non-test-based strategy for discontinuation of Transmission-Based Isolation Precautions