

Women's Health Questions and Answers
Regarding COVID Positive or Person Under Investigation (PUI) Pregnant Patient
and Additional Information to Assist Staff and OB Providers
April 2, 2020

There is so much information circulating from various governing bodies concerning caring for the pregnant COVID Positive or pregnant Person Under Investigation (PUI). This communication is a direct result of a meeting held in collaboration with the Operation Chief from Incident Command (Suzanne Sterchi), Dr McCulloch, Dr Melone, Dr Ford, Dr Embry, Dr Harris, Meg Puente, Kristin Simmons, Kristi Walker and Karen Werrbach to work through various concerns. We are following IDPH, the CDC and WHO for directing patient care. Following are some specific information also outlined in the Society for Maternal Fetal Medicine and ACOG Publications.

1. Screening of Patients, Support Person and Doula's

- A. Patients—all patients will continue to be screened utilizing the standard COVID screening questions upon entry to the hospital, screened again by L&D Registration staff and again by the RN that is admitting the patient.
 - B. Support Person—In addition to the screening questions that are asked of them upon entry to the hospital---**Effective April 3**---all support people will have their temperature taken once placed in a patient room, and every 12 hours for the duration of the mothers stay. In addition they will have their temperature checked just prior to transferring the mother to OB. If at any time the support **person has a temp greater than 100.4**—they will be masked and immediately asked to leave the hospital in the best interest of the patient, baby and staff. If the support person must leave due to symptoms, the patient is allowed to have a replacement support person come stay with them for the remainder of the mom's hospital stay. **In addition, we will be monitoring parents of the babies in the NICU.**
 - a. Documentation in L&D & OB--The temperature of the support person **MUST** be documented in the mother's EMR on the summary tab, under the RN OB Overview in the Interdisciplinary Memo—add comment--**as example "4/4 1900 SUPPORT PERSON SCREENING TEMPERATURE=99.0"**.
 - b. Documentation in NICU-- The temperature of both parents **MUST** be taken with each visit and be documented in the baby's EMR on the summary tab, under the RN Overview in the Interdisciplinary Memo—add comment--**as example "4/4 1900 MOM SCREENING TEMPERATURE=99.0, DAD SCREENING TEMPERATURE=97.8"**.
 - C. Doulas-- In addition to the screening questions that are asked of them upon entry to the hospital--**Effective April 3**---all Doulas will have their temperature taken once placed in a patient room and then again every 12 hours for the duration of the mothers labor. After the mother is delivered and ready to be transferred to OB, the Doula is asked to leave. If at anytime the Doula, has a temp greater than 100.4—they will be masked and immediately asked to leave the hospital in the best interest of the patient, support person, baby and staff. The temperature of the Doula **MUST** be documented in the mother's EMR on the summary tab, under the RN OB Overview in the Interdisciplinary Memo - **as example "DOULA SCREENING TEMPERATURE= 99.0"**.
- 2. Visitors**—Due to the high probability of COVID spread, Any Pregnant COVID Positive or PUI **WILL NOT BE ALLOWED TO HAVE ANY VISITORS FOR THE DURATION OF THEIR LABOR, DELIVERY AND HOSPITAL STAY**

UNTIL CLEARED. This includes patients that are positive or PUI's that experience a fetal loss. We will need to get iPads that can be used to ensure good communication with the loved ones that are not able to be here in the hospital with the patient.

3. Masking—Rush Copley has adapted the CDC Extended Use for All Staff working in patient care areas. (See also Universal Face Mask Policy sent on 4/2 by Mary Shilkaitis.) In order to conserve our supply, staff needs to reuse their masks until they are visibly soiled. The approved Facemasks are:

A. Yellow Mask



C. N95 Masks



B. Masks with Attached Eye Shield (ONLY TO BE USED IN PROCEDURAL AREAS)



4. Goggle Usage-Goggles should be worn during all interactions with COVID Positive patients or PUI's. In order to conserve supply, we ask that you clean and reuse for multiple days. Replace only when damaged.



5. **Use of N95 Masks**—These Masks need to be used appropriately to ensure adequate supply. **While caring for the COVID Positive/PUI patient during epidurals, second stage of labor and delivery – only a surgical mask & goggles are required for droplet/contact isolation. For ALL COVID Positive and NON COVID patients, N95 are to be worn in the C/S deliveries.** OR must remain vacant for 2 hours prior to EVS cleaning.
6. **Turnaround time for results**— How the swab is collected and where the specimen will be sent depends on the pregnant patient’s screening by Infection Prevention. Currently IDPH is sending results within 1-2 days and Quest is sending results within 7-10 days. Point of Care Testing capabilities have been suspended at this time.
7. **Tracking of Staff entering COVID Positive or PUI Patient Rooms**—Notification of Employees if Exposed—due to the community spread of this virus, Rush Copley and many other organizations are no longer tracking who is caring for the COVID Positive or PUI patient. If leadership is aware, we will make every effort to inform you. However, it is important for staff to continue self-monitoring and report any signs & symptoms to Employee Health at 630-236-4358.
8. **Specific Patient Care of the Mother**
 - A. OB Providers to Consult—Dr Manam and MFM Providers on all COVID +/- PUI patients
 - B. COVID Positive/PUI Moms at 37 weeks or greater with mild symptoms are encouraged to deliver prior than 39 Weeks. MFM will sign the Medical Indication document in the best interest of the patient
 - C. Patient Mask Use—Encourage women who are coughing, during epidurals, and while delivering to wear a mask as long as they can tolerate it
 - D. Oxygen Use—**L&D**--The use of oxygen for fetal indications in labor is controversial and we have confirmed that the Rebreather Masks that we use are not aerosolizing in nature. **NICU**—Any oxygen except for blended Nasal Cannula would be considered aerosolizing and requires a N95 Mask to be worn
 - E. Ferning - Should not be performed and instead we should use amnioswabs
 - F. Antenatal Steroid Usage - Due to potential harm to the mother, use of ANCS should be under the direction of MFM
 - G. Magnesium Sulfate — Administration of this medication is also controversial and depends on the severity of the patient’s condition. Please consult with MFM prior to administration
 - H. NSAIDS-- Use of NSAIDS **should NOT be used with COVID Positive or PUI’s**—instead the use of Tyenol, Gabapentin, or SHORT TERM Opioid Usage should be prescribed
 - I. Amniotomy—Can be performed
 - J. Internal Electrodes—Should not be applied except in extreme situations due to potential of breaking the skin barrier
 - K. IUPC’s—Can be placed
 - L. Forceps-Should not be used due to potential of breaking the skin barrier
 - M. Vacuum—Could be used
 - N. Skin to Skin—Should NOT be offered due to the immediate need to separate Mom and Baby

- O. Delayed Cord Clamping— Should NOT be offered due to the immediate need to separate Mom and Baby
- P. Epidural—Dr Wenzel and I discussed the need for these patients to have epidural placed (even in the presence of a fever) during the labor process due to the patient having no additional labor support. This will ensure adequate pain management and decrease the patient from spreading additional virus through excessive breathing. In addition, this will eliminate the need for general anesthesia in the event that the patient requires a C/S. He will send out communication to his team on this.
- Q. Advance Directives—OB Providers need to have a discussion with the COVID Positive/PUI patient prior to admission to the hospital to identify their wishes in the event they become critical. The RN needs to be sure to address this on admission and offer the use of Spiritual Care to help the patient develop one. The majority of our patients haven't thought about advanced directives and don't think anything bad will happen to them during the labor process.
- R. Postpartum Tubal Ligation After Vaginal Delivery—At this time we are not performing any postpartum tubal ligation on any patient.
- S. COVID Order Set is available to providers—RCMC.COVID19 Treatment
- T. Antibiotic Usage—1. Hydroxychloroquine Sulfate—200mg TID x 10 days
2. Azithromycin 500mg on day one, then 250mg orally on day 2,3,4,5

9. Specific Patient Care of the PUI BABY

- U. Separation from Mom-See COVID Algorithm for direction
- V. Immediate bathing of the baby is to decrease viral load
- W. Place baby in isolette if available
- X. Circumcisions—Can be done while the mom and baby are in the hospital. OB providers and staff are to wear full PPE using a regular facemask during procedure
- Y. COVID Testing--Routine COVID testing of the asymptomatic baby will not be performed at this time
- Z. Visitors--No one can Visit the baby during their hospital stay

10. Discharge of the COVID Positive / PUI Mother and Baby

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 – provide mother with instruction from Discontinuation of transmission based isolation precautions algorithm on page 5 in the COVID binder.

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, put a mask on the mother, place baby in the backseat and the mother in the front seat.**

- 11. IPADS-should be offered to all COVID Positive/ PUI's during their stay in order to effectively communicate and receive support from family and friends. L&D has 2 and NICU has 2.