

Simulation Scenario: Cesarean Delivery, COVID-19+ Patient

Maria is a 28 year old G3P2 at 36w4d gestation. She is obese (BMI 48) and was diagnosed with preeclampsia without severe features at 33 weeks. Her prior pregnancies were uncomplicated, and were both delivered via Cesarean at term. She was admitted for 48 hours one week ago due to fever and cough, and at that time tested positive for COVID-19. She was discharged home with instructions to self-isolate at home, and she has been compliant with this.

She came to triage this morning due to severe range blood pressures at home (170s/100s). She is asymptomatic other than fatigue and a lingering dry cough.

In triage, she appears comfortable, NAD. She is wearing a surgical mask. BP 182/106, P 82, RR 18, temp 97.4 F. Repeat BP 15 minutes later is 180/98. Labetalol 20mg IV is given, and BP 10 minutes later is 164/90.

FHR is reactive, category 1. Last oral intake was 7 hours ago.

- ___ BP control, preeclampsia labs, magnesium sulfate for seizure prophylaxis***
- ___ appropriate OR (negative pressure) prepared, appropriate PPE for all teams available***
- ___ participants practice donning and doffing of PPE***

Maria is brought to the OR for her CS

- ___ appropriate personnel in OR when spinal is placed, appropriate PPE***
- ___ appropriate OB and nursery teams arrive and don PPE***
- ___ Cesarean delivery carried out with appropriate PPE and COVID considerations***
- ___ PPE appropriately doffed by OB team***
- ___ pediatric/nursery team cares for baby, COVID considerations***
- ___ Maria is brought to the appropriate location to recover (in OR? In negative pressure postpartum room?), and for postpartum care***
- ___ discuss neonate-mom separation, breastfeeding/pumping considerations***