Updates to Loyola OB Unit CoVID Plan (revised April 6, 2020)

A. Screening
1. All scheduled and unscheduled patients and their support person will be routinely screened for signs/symptoms of COVID19 prior to entry in to our unit .
   - Fever > 100.4 without another clear etiology
   - New cough
   - Shortness of breath
   -or two of the following-
   - body aches
   - chills
   - new onset vomiting after 1st trimester
   - diarrhea
   - loss of sense of taste or smell
   - itchy/painful/red eyes (unrelated to seasonal allergies)

   In addition to above, all pregnant women and support people will also be asked if they had an exposure to someone with COVID19 or a PUI within the past 14 days prior to entry to the unit
   a. Support people with these symptoms,signs and/or exposure history will be asked to leave prior to entry on the unit.
   b. Pregnant women who affirm symptoms/signs will be masked and brought to available LDR-CoVID room for testing/further management.
   c. Pregnant women and support person with denial of signs/symptoms will have temperature checked at VCL desk
       i. Support person with temperature >100.4F will be asked to leave.
       ii. pregnant woman with temp >100.4F masked and taken to available LDR-CoVID room for testing/further management.
   d. Pregnant women who affirm an exposure will be masked and brought to available LDR-CoVID room for testing/further management.

2. If placed in LDR-CoVID based on above, In the absence of a clear alternative diagnosis (e.g., cough variant asthma, recovering from other known pathogen), patient will be **swabbed for COVID19** and treated as a **PUI**.(see testing procedure and ordering document) (follow previously outlined algorithm from 4/6/2020)
   - If delivery is elective, if clinically stable discharge home as await results
   - If in labor/SROM/medically indicated delivery, follow CoVID/PUI algorithm and process flow from 4/6/2020
   - If her test is negative, she can return to routine L&D/PP management
   - If positive, she is managed per CoVID algorithm and process flow from 34/6/2020

Updates to Loyola OB Unit CoVID Plan (cont)(revised April 6, 2020)

B. PPE
1. Obstetric staff and Obstetric/MFM physicians will wear an N95 respirator masks for ALL aerosolizing activity during L&D, ALL Regional Anesthesia Procedures, ALL 2nd stage/ vaginal delivery and ALL C sections. (ie not just PUI or CoVID positive patients)

> a. Should lab testing become more accessible and rapid in resulting this will be revisited
> b. Conservation efforts, such as limiting the number of staff exposed, and supporting the extended use and re-use of N-95 masks is critically important.
> c. There are many different types, please familiarize oneself with same and location on the unit: examples:

2. In addition to N95mask, For ALL aerosolizing activity during L&D, ALL Regional Anesthesia Procedures, ALL 2nd stage/vaginal delivery and ALL C sections, the following should be used Obstetric staff and Obstetric/MFM physicians:

> **a.**   eye protection (goggles or face shield)- face shields preferred which can be safely cleaned and re-used.
> b. a gown
> c. effective hand hygiene
> d. gloves
> e. proper donning and doffing of PPE

 3. It is the expectation that all Obstetric staff and Obstetric/MFM physicians will wear a standard facemask and eye protection during the course of their work day on the OB Unit whether on L&D, antepartum or postpartum.

C. Preservation of Azithromycin (became effective 4/1/20200)

It is important to preserve our Pharmacy supply of Azithromycin for CoVID positive patients. Therefore until the CoVID crisis is over:

A. For C-Section in those with Labor or ROM with BMI <30:

- Usual preop antibiotics BUT do not additionally give IV Azithromycin

B. For C-section in those with labor or ROM and BMI>/=30:

- Usual preop antibiotics BUT do not additionally give IV Azithromycin

- Postop give Keflex 500mg PO q8h + Flagyl 500mg PO q8 hours for 48 hours

Updates to Loyola OB Unit CoVID Plan (cont)(as of April 6 2020)

C. For PPROM <34 weeks use the NICHD MFMU Network original latency antibiotic protocol:

IV Ampicillin 2 grams q 6 hours + IV Erythromycin 250mg q6 hours for 48 hours

Followed BY

Erythromycin base 333mg PO q8hours + Amoxicillin 250 mg PO q8 hours for five days

D. Labor Management and Documentation

1. No supplemental Oxygen for fetal heart rate decelerations (all Patients)

2. Monitoring Documentation Plan for PUI/CoVID19 Patient

Protocol change in response to the COVID-19 pandemic situation as an **emergency operations plan.**

(1) **See table below outlining current policy titled Cervical Ripening Induction and Augmentation of Labor** p. 20 Table D Inpatient Maternal Fetal Nursing Assessments Documentation Quick Reference Guide V. 5/17/19) in comparison to proposed change and AWHONN guidelines
   o **EFM continuous**- FHR/Uterine Activity Documentation:

Phase of Labor	Updated Change for Crisis Situation *	Current Policy	AWHONN Guidelines
Active First Stage (6cm) & Passive Second Stage	**Low Risk**	**Low Risk**	**Low Risk**
FHR/UA *Assessment*	Q 30 min.	Q 30 min.	Q 30 min.
FHR/UA *Documentation*	Q 60 min.	Q 30 min.	Periodically document (AAP/ACOG)
Active First Stage (6cm) & Passive Second Stage	**High Risk**	**High Risk**	**High Risk**
FHR/UA *Assessment*	Q 15 min.	Q 15 min.	Q 15 min.
FHR/UA *Documentation*	Q 30 -60 min.	Q 15 min.	Periodically document (AAP/ACOG)
Active Second Stage	**Low Risk**	**Low Risk**	**Low Risk**
FHR/UA Assessment	Q 15 min.	Q 15 min.	Q 15 min.
**FHR/UA Documentation	**Q 30 min.**	Q 15 min.	**Periodically document**

 *Minimally accepted time frame for assessment and documentation in Crisis Situation

 **During Active Second Stage RN is present at bedside continuously

«**Periodic summary documentation may occur at less frequent intervals than recommended assessment intervals, especially when using continuous EFM" (AWHONN p. 261)**
Source: AWHONN Fetal Heart Monitoring Principles and Practices 5th edition pgs 261-265

E. Maternal Steroids for Fetal Lung Maturation (All patients until CoVID Crisis over)

- No betamethasone or dexamethasone for any patient >/=34 weeks
- Prior to 34 weeks consult with MFM before giving