**ILPQC Covid 19 Webinar 5/15/20**

OB Questions

* Can anyone share strategies used to convince resistant hospital administrators to allow universal testing on admission to L&D?
  + Our most effective strategy was bringing the IDPH Perinatal Advisory Committee recommendations to our leadership. This PAC statement was very effective.
    - IDPH PAC: [Obstetrical & neonatal care during the COVID-19 pandemic](https://ilpqc.org/ILPQC%202020%2B/COVID19/PACstatement_5.14.2020.pdf) (5.14.2020)
  + We did not have push back for universal testing. Study (believe posted on ILPQC COVID site) demonstrated importance of universal screening. A universal testing approach includes the ability to use COVID-19 status to determine isolation practices, room assignment, and guide the use of PPE.
  + I think our barriers were the type of test, it’s sensitivity and turn around time and if it was available in sufficient numbers. Although it may have been “coincidental” that it all began with the opening of, and testing of, everyone scheduled for elective procedures in the main OR.
* For hospitals with universal testing, are patients considered a PUI until you get the test results back? How long does it take to get your results back?
  + Different hospitals handle this issue differently. We just started universal testing for SARS-CoV2 at NorthShore this week. Our turn-around time (TAT) is about 3 hours if machine is available however could be longer if resources are not available. We decided that we would not consider asymptomatic individuals PUIs while awaiting test results. It is also important to note that regardless of test result we continue to use PPE for all patients, n95 and face shields for all 2nd stage / cesarean deliveries.
  + Barnes-Jewish Hospital shared on the webinar this week that they also do not consider asymptomatic pregnant woman waiting results to be PUI, this was part of the consideration for offering Universal Screening of pregnant woman on L&D, that the hospital would develop another category of asymptomatic awaiting results so that they did not require a PUI status. Also continued to use PPE for deliveries regardless of result.
  + Yes. Rapid- 15 minutes. PCR- 24 hours.
  + Yes, we consider the patient a PUI until the results are back. Upon admission to the unit, if not already tested, we use Cepheid with a turn-around time of approximately 2 hours.
* Strategies for hospitals to acquire Remdesivir as part of the Emergency Use Authorization program? Have hospitals found success in acquiring Remdesivir through the EUA program?
  + I am not aware of any efforts of NCH to acquire Remdesivir. In our COVID order set in Epic the antibiotics offered are Rocephin and Doxycycline, modified to Rocephin and Zithromax for OB patients.
* What if a mother who is positive wants to keep her baby in the room and not isolate?
  + We have adopted a shared decision-making model at NorthShore in which this option remains available to patients. St. Mary’s Hospital has a really helpful patient education resource to support this discussion available on the ILPQC website.
  + I would chart mother’s preference in EMR and clearly state recommendations were discussed.
  + All COVID + patients receive a neonatology consult; they may choose to room-in. They are instructed on proper hand and breast hygiene, mask wearing when in close contact with her newborn/breastfeeding.
* Please discuss separation of mother baby diad as well as strategies for patients who decline to separate.
  + See above. For those mothers who decline separation, we emphasize social distancing where possible (6 foot distance), proper handwashing before holding the baby, and wearing a mask at all times when close to the baby.
  + Discuss current recommendations with mother/significant other
    - Mask on mom
    - Infant in isolette
    - Isolette 6 feet from mom
    - Educate good hand hygiene. Place hand sanitizer foam pump in patient room
    - Chart mom’s preference of not isolating in EMR
* For hospitals doing universal screening, are all OB patients required to be screen prior to admission for delivery?
  + At NorthShore, all admitted patients are required to be tested. All patients with scheduled deliveries will be tested 48-72 hours before the procedure.
  + Yes, we have a drive-through testing for our scheduled cases. All walk-ins receive rapid testing. If test negative and symptomatic- then PCR done. If test negative, and patient asymptomatic, nothing further required. If result not back prior to a scheduled case, there is a collaborative decision with anesthesia and provider if case postponed.
  + As per the slide I presented, at NCH: all scheduled induction and cesarean section patients will be tested with a send out lab, at a drive-thru testing site 72 hours before their scheduled time to report to L&D. They will be required to self-isolate until that time; patients who present with IUFD, PPROM, in labor or requiring a cesarean section who did not go to pre-testing, or symptoms will be tested upon admission with Cepheid, completed at NCH lab, with turnaround time approximately 2 hours; if either of the tests are negative and patient has symptoms with strong suspicion of COVID, a repeat test will be obtained with the send out lab.
* VTE prophylaxis for positive SARS-CoV-2 pregnant pt. managed as outpatient? Postpartum Covid positive patients? If yes, for how long?
  + At NorthShore, admitted Covid + patients (those who have symptoms and test positive for SARS-CoV-2) are placed on anticoagulation for 14 days (or longer if other indications arise). We will send postpartum patients home on 2-6 weeks of prophylactic anticoagulation depending on severity of illness and comorbidities. Antepartum patients admitted for Covid-19 will be discharged home on 14 days of prophylactic anticoagulation, longer if indicated.
* How has language interpretation for patients whose primary language is not English being provided during Telehealth calls?
  + At NorthShore we have access to a language line service that is able to conference in the interpreter and the patient to assist with translation.
* WHO, etc say moms & babes not be separated in this pandemic. Are we supporting this? Are pedi colleagues on the same page?
  + See above.
  + My thoughts - WHO is an international organization, so understand their direction needs to be inclusive, recommendations have to fit globally. I take their recommendations into consideration and balance it with CDC, IDPH, etc.
  + I am definitely supporting this. But I would also support the mom who does want separation both during hospitalization and at home as well, until her symptoms have resolved.
* Does any of the hospitals have 6th grade level and below visual education materials for mom and family care regarding COVID 19 and information for mom and for caring for newborn?
  + See patient education resources on the ILPQC website
* For those who have been able to implement universal screening on admission to L&D, what kind of resistance did you face from hospital administration and how did you overcome those obstacles?

See above.

I was not involved in the decision making process at NCH; however, I think it had to do with the type of test, it’s sensitivity and turn-around time. Also with the start of elective procedures, it made sense to then test anyone presenting for surgery, including deliveries.