

Inpatient Care for the Pregnant Patient: PUI or COVID-19 Positive 12/1/20

<20w	>20w NON Laboring patient	Laboring patient	Laboring patient in need of Cesarean
<ul style="list-style-type: none"> Care will be provided in the Emergency Department per OB Triage Guideline. If admitted, check FHT as ordered by admitting physician Follow up appointments should be made based on clinical judgement: consider minimization of exposure risk while still providing necessary follow up care. Use phone follow ups when possible 	<ul style="list-style-type: none"> If the patient has respiratory symptoms impacting their care, notify MFM so they can be aware. Manage as you would other patients with severe respiratory illness. If they do not have OB specific care needs, they will receive care on a medical floor. Monitoring of fetal status will be a decision made together with MFM and OB Charge RN. Collaborate for patients who are hypoxemic or requiring high flow O2 to determine monitoring plan. For patients on a ventilator or requiring ICU care: an OB nurse will be dedicated for 1:1 monitoring and care If a determination is made for care on L&D, a negative pressure room should be utilized if available. 	<ul style="list-style-type: none"> Use LD4 if available. If necessary use regular LDR. Use appropriate PPE for droplet/contact precautions, with full face shield. The patient should wear a mask when staff are in the room. Use N95, full face shield, gown, and gloves for 2nd stage/vaginal delivery Only ONE support person allowed. If O2 is needed, use nasal prongs up to 6 L/min before high flow to avoid aerosolization. Do NOT use Nitrous If there is a precipitous delivery in the ER, there is a setup available. If a patient is in the ICU, have supplies available for an emergent vaginal or cesarean delivery. Deliver in OR for C-section if possible. 	<ul style="list-style-type: none"> Use Room A The primary OR team should wear N95 and full droplet and contact precautions including eyewear and full face shield. The patient should wear a surgical mask for the entire procedure: consider using one easy to manipulate by anesthesiology. Support persons should be wearing a gown and mask If the patient needs to be intubated, the anesthetist should wear a PAPR or N95. The patient should recover in LD4 if available

Care for the Neonate of a PUI/COVID-19 Positive Mom

- Due to facility limitations- we cannot physically separate Mom & baby. Space at least 6 feet apart in the labor room or in a large postpartum room with door closed and curtain drawn.
- Breastfeeding: give the option of breastfeeding or expressing with a pump, and ensure hand & chest hygiene. Mom should wear a mask when breastfeeding or handling the baby.
- For tachypneic babies or those requiring NICU evaluation: a NICU nurse will come assess baby on L&D and try to provide care there if possible. COVID moms are not able to visit babies in the NICU.