

## **Peripartum, Intrapartum, and Immediate Postpartum Care of COVID-19 or PUIs, 5.0**

### **Change**

#### **Antenatal corticosteroids**

-34 0/7–36 6/7 Weeks of Gestation (Late Preterm): Do not offer antenatal corticosteroids (ACOG, UpToDate)

-Before 34 0/7 Weeks of Gestation: Careful consideration of antenatal corticosteroids in severe COVID ongoing respiratory infection, e. g., in an ICU setting. (AJOG/MFM) (SMFM-SOAP)

#### **Oxygen therapy for fetal resuscitation**

-Not recommended by either nasal prongs or mask. (UpToDate, AJOG MFM)

-AJOG MFM and UpToDate point out that meta-analysis data for oxygen therapy on fetal resuscitation has previously demonstrated that intrapartum oxygen has no fetal benefit prior to COVID-19. (Hamel 2014, Raghuraman 2018)

-The practice may lead to unnecessary droplet dispersal. (UpToDate, AJOG MFM)

#### **Nitrous oxide**

-Not recommended in the USA (UpToDate, AJOG MFM)  
(RCOG does not concur)

#### **Epidural**

-Early epidural analgesia for labor should be considered to mitigate risks associated with general anesthesia in the setting of an urgent cesarean. (SMFM-SOAP, UpToDate)

#### **Minimize change in providers**

-Depending on volume of COVID+ patients consider having one team designated for confirmed or suspected COVID-19 patients. (AJOG MFM, UpToDate)

#### **Medical Care in moderate and severe respiratory compromise**

-Fluid restriction (total fluids < 75 cc/hr), unless concern for sepsis/hemodynamic instability. (AJOG MFM) (RCOG)

#### **Labor Stage III**

-No significant modification, but AJOG/MFM reiterates use of active management of the third stage of labor and use of cell savers to conserve blood bank resources. (AJOG MFM)

#### **Timing of delivery**

(see separate ANMC document on induction of labor)

-For women with suspected or confirmed COVID-19 in the third trimester who recover, it is reasonable to attempt to postpone delivery (if no other medical indications arise) until a negative testing result is

obtained x2 or quarantine status is lifted in an attempt to avoid transmission to the neonate. In general, COVID-19 infection itself is not an indication for delivery. (ACOG)

-Delivery can help optimize maternal respiratory status. (AJOG MFM) Care of the pregnant patient with severe COVID-19 should be individualized to include appropriately timed delivery. (AJOG/MFM, UpToDate)

A decision to deliver should be considered based upon a collaborative evaluation by the OB physician, the MFM physician, and adult medicine physicians (ICU, Pulmonary, Hospitalist, etc). Discussion would include, but not be limited to maternal clinical status, gestational age, fetal status, co-morbidities, etc.

The following are representative EGAs to guide discussions with colleagues about severe COVID-19 in pregnancy. (UpToDate)

< 32 wks: manage as per respiratory status alone

> 32-34 wks: Pneumonia, not intubated – consider delivery before respiratory status worsens

> 32-34 wks: Intubated – delivery if stable

#### **BP checks post-partum**

Continue to perform on Day 3 and Day 7-10 as per guideline in coordination with telemedicine PP visits. This is consistent with ACOG FAQ principles (See Dept guidance on Home BP monitoring)

-If pt has outside insurance: Home BP monitors are available at Geneva Woods drive through with paper script

-If Medicaid or IHS: Home BP monitors are available on MBU and in clinic

-If healthcare provider: Offer manual cuff and stethoscope (Available on MBU)

(NB: Electronic home BP monitors are 2-3x expensive as manual models)

#### **Breastfeeding (AJOG/MFM)**

(Also consult CDC and OB/GYN Dept guidance)

Breast milk provision (via pumping) is encouraged and is a potentially important source of antibody protection for the infant. The CDC recommends that during temporary separation, women who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply.

Before expressing breast milk, women should practice appropriate hand/skin hygiene washing not just hands but also breast prior to pumping.

Expressed breast milk should be fed to the newborn by a healthy caregiver. For women and infants who are not separated, the CDC recommends that if a woman and newborn do room-in and the woman wishes to feed at the breast, she should put on a mask and practice hand hygiene before each feeding.

After pumping, all parts of the pump that came into contact with breast milk should be thoroughly washed, and the entire pump should be appropriately disinfected per the manufacturer's instructions.

## **No Change**

**Low dose aspirin or NSAID use** (ACOG, UpToDate)

**Offer antenatal corticosteroids** (ACOG, UpToDate)

-24 0/7 -33 6/7 Weeks of Gestation in non-severe COVID-19

**Magnesium Sulfate for neuroprotection** (AJOG/MFM)

**Magnesium for preeclampsia/seizure prophylaxis**

-No change in women with severe features. (SMFM-SOAP)

-Avoidance of magnesium for women without severe features. (SMFM-SOAP)

**GBS culture collection**

-Perform as part of reduced number of in-person prenatal visit schedule (ACOG)

**Timing of delivery: Non-severe**

(see separate ANMC document on induction of labor)

-Timing of delivery, in most cases, should not be dictated by maternal in non-severe COVID-19 infection. (ACOG, UpToDate)

**General intrapartum care Stage I or II**

-No modifications in current care, e. g., internal monitors, amniotomy, etc.. (AJOG/MFM) (SMFM-SOAP)

**Cesarean delivery**

-There does not appear to be a risk of vertical transmission via the transplacental route. (ACOG, UpToDate)

**Operative delivery**

-Operative vaginal delivery is not indicated for suspected or confirmed COVID-19 alone. (ACOG, UpToDate)

**Delayed cord clamping**

-Delayed cord clamping is still appropriate in the setting of appropriate clinician PPE. (ACOG) (SOGC)

**Umbilical cord blood banking**

-Manage according to clinical guidance, in the setting of appropriate clinician PPE. (ACOG)

**PP contraception**

-Encourage LARCs (ACOG)

**Sources:**

ACOG COVID-19 FAQs for Obstetrician Gynecologists, Obstetrics (Accessed 4/5/20)

<https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics>

Society for Maternal-Fetal Medicine and Society for Obstetric and Anesthesia and Perinatology  
Labor and Delivery COVID-19 Considerations, Posted 3/27/20.

Coronavirus (COVID-19) infection and pregnancy. Information for Health Care Professionals. Published:  
03/04/2020. Royal College of Obstetricians and Gynaecologists

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-04-03-coronavirus-covid-19-infection-in-pregnancy.pdf> (Accessed  
4/5/20)

Updated SOGC Committee Opinion – COVID-19 in Pregnancy (March 13th)

[https://www.sogc.org/en/content/featured-news/Updated-SOGC-Committee-Opinion\\_COVID-19-in-Pregnancy.aspx](https://www.sogc.org/en/content/featured-news/Updated-SOGC-Committee-Opinion_COVID-19-in-Pregnancy.aspx) (Accessed 4/5/20)

UW Medicine COVID-19 Resource Site

<https://covid-19.uwmedicine.org/Pages/default.aspx> (Accessed 4/5/20)

UpToDate

Coronavirus disease 2019 (COVID-19): Pregnancy issues. (Accessed 4/6/20)

[https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-pregnancy-issues?search=intrauterine%20resuscitation&source=search\\_result&selectedTitle=4~150&usage\\_type=default&display\\_rank=4#H1012270637](https://www.uptodate.com/contents/coronavirus-disease-2019-covid-19-pregnancy-issues?search=intrauterine%20resuscitation&source=search_result&selectedTitle=4~150&usage_type=default&display_rank=4#H1012270637)

Boelig RC, Saccone G, Bellussi F, Berghella V, MFM Guidance for COVID-19, American Journal of  
Obstetrics & Gynecology MFM (2020). (In Press)

Boelig RC, Manuck T, Oliver EA, Di Mascio D, Saccone G, Bellussi F, Berghella V, Labor and Delivery  
Guidance for COVID-19, American Journal of Obstetrics & Gynecology MFM (2020). (In Press)

Hamel MS, Anderson BL, Rouse DJ. Oxygen for intrauterine resuscitation: of unproven benefit and  
potentially harmful. Am J Obstet Gynecol 2014; 211:124-127.

Raghuraman N, Wan L, Temming LA, et al. Effect of Oxygen vs Room Air on Intrauterine Fetal  
Resuscitation: A Randomized Noninferiority Clinical Trial. JAMA Pediatr. 2018; 172:818– 823.