Obstetric Triage & Admission of Confirmed or Presumed COVID-19 Patient

**SCREENING**
- Ask pt & support person: 1- Is anyone you live with in isolation for COVID? 2- Do you have fever, sore throat, loss of smell or taste, shortness of breath, cough, runny nose or muscle aches? 3- Have you been in close contact with a COVID pt in the last 2 weeks? 4- Have you had COVID or been tested for it in the last 2 weeks?

**Triage**
- Immediately escort pt to designated isolated area
- Ask pt if they have a fever, cough, or other COVID-like symptoms. If yes, direct to isolation.
- All healthcare staff use PPE & Respiratory Droplet Precautions (including N95 mask)
- Perform Obstetrical Triage. Management & interventions should be based on maternal and fetal indications
- All pts should receive respectful maternity care, being treated with dignity & compassion and given right to consent or refuse treatment

**Labor**
- Designated isolated area
- If isolated area is not on or near maternity unit, then area MUST:
  - be equipped with meds & supplies for birth & neonatal resuscitation
  - Have designated maternal health attendant (midwife/OB/GYN)
- Labor management & interventions should be based on maternal & fetal indications
- All healthcare staff use PPE & Respiratory Droplet Precautions.
- Monitor maternal vitals, fetal heart and labor progress per protocols
- **COVID-19 Danger Signs** (see below) should be assessed q4hrs
- Oxygen is not recommended for intraterine resuscitation purposes only but may be indicated based on maternal status
- Offer pain management as desired by pt but avoid nitrous oxide

**Delivery & Immediate Postpartum**
- All staff use PPE & Respiratory Droplet Precautions.
- Only essential staff should be in room for delivery. Consider a designated person outside door for any needed meds or supplies
- Timing & mode of delivery is based on maternal & fetal indications. If pt's status deteriorates, consider c-section if it assists in maternal resuscitation efforts.
- Operative vaginal delivery is not contraindicated
- Delayed cord clamping is NOT contraindicated
- Skin-to-skin recommended
- Active management of 3rd stage with pitocin
- If neonatal resuscitation is indicated based on clinical presentation, it should be done in an isolated area and staff should wear PPE

**Postpartum**
- All healthcare staff use PPE & Respiratory Droplet Precautions.
- Infant is presumed COVID positive and should be kept isolated WITH mother if both are stable
- Timing of discharge should be dependent on pt's status and mode of delivery
- Breastfeeding is recommended. Mother should wash hands before feeding and wear mask
- COVID-19 Danger Signs assessed daily
- Routine postpartum pain management.
- NSAIDs are NOT contraindicated.
- Mechanical or pharmacologic prophylaxis for thromboembolism should be considered
- Skin-to-skin & kangaroo care is recommended

**Discharge**
- Timing of discharge should be dependent on pt's status and mode of delivery
- Breastfeeding is recommended. Mother should wash hands before feeding and wear mask
- COVID-19 Danger Signs assessed daily
- Routine postpartum pain management.
- NSAIDs are NOT contraindicated.
- Mechanical or pharmacologic prophylaxis for thromboembolism should be considered
- Skin-to-skin & kangaroo care is recommended

**COVID-19 Danger Signs**
- Difficulty breathing or shortness of breath?
- Coughing up blood?
- Pain or pressure in chest when NOT coughing?
- Gasping for air when speaking?
- Dizziness when standing?
- Altered mental status or severe sleepiness?
- Inability to eat/drink or walk?
- Bluish lips or extremities?

*If YES, requires urgent evaluation and expand care team to include anesthesia and medicine*

**Once a Patient is Confirmed or Presumed Positive:**
- All care should occur in a designated isolated area with door or curtain and if not available, pts should be cohorted with other COVID pts. This area should include handwashing station, trash bin, designated toilet, PPE, all meds, supplies, equipment for delivery and neonatal resuscitation.
- Patient should be masked the entire hospital stay
- Consider offering mental health/social work services to pt if available
- Depending on facility protocols, a support person who screens negative can remain present. They must be masked and stay with the pt the entire hospital stay. If a support person screens positive, they should not be allowed into maternity and be encouraged to seek medical evaluation.