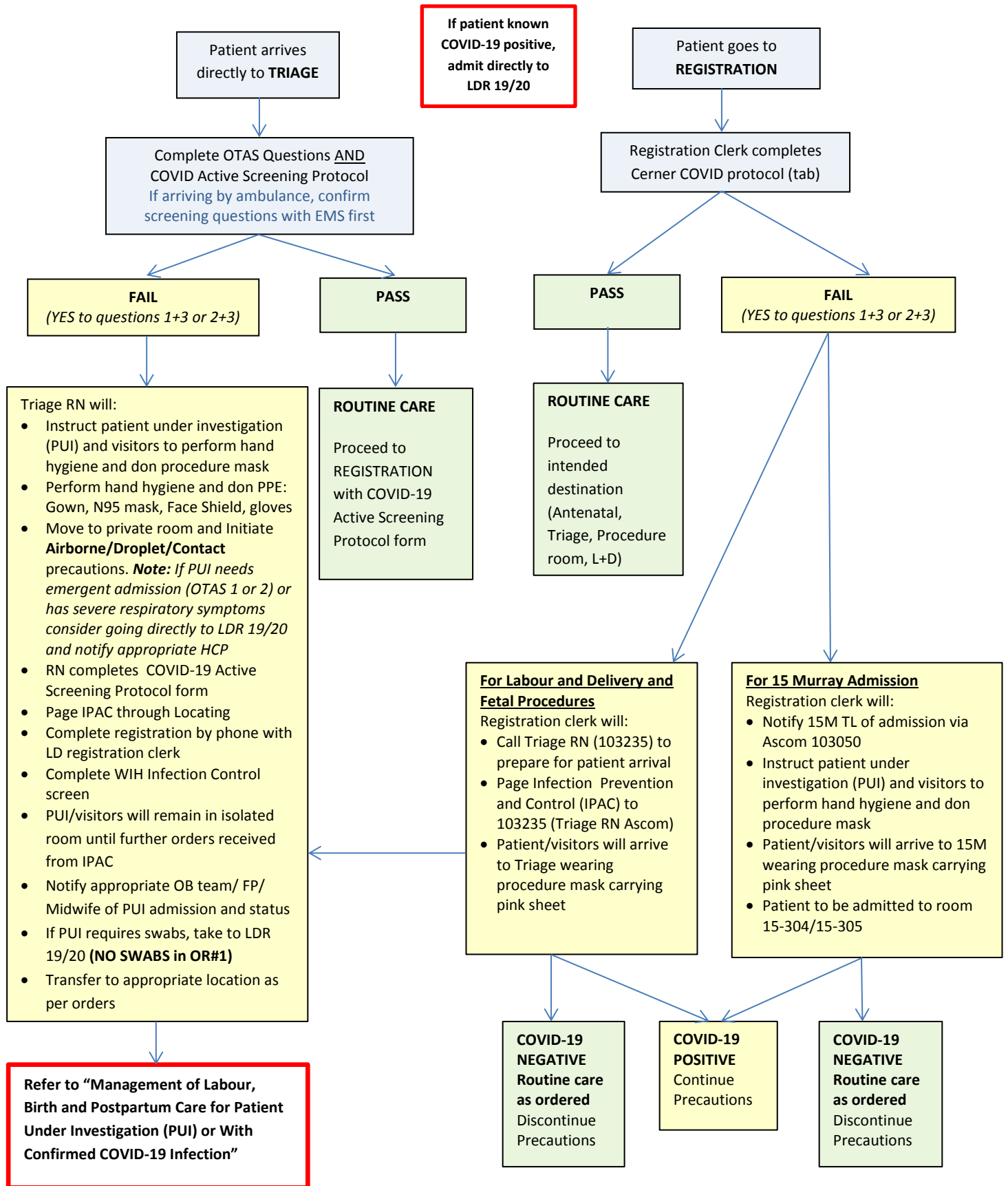


Obstetrical Triage RN Guidelines for 2019 Coronavirus Infection (COVID-19)



Practice Points:

- The Triage nurse will carry the ASCOM phone (ext. 103235) - to be prioritized for calls to UC, IPAC or Team Leader.
- If patient checked in at registration and if patient fails COVID screening questions, patient will be provided with a disposable pink sheet to signal to Triage and 15 Murray RN that patient requires immediate isolation and further screening.
- Triage G is the most ideal for isolating patient due to location however, any room in Triage can be an isolation room if the door is closed and a stop sign is posted. Triage M is also a good option for isolating patients when the Triage unit is busy.
- As part of admission of any patient, use the paper COVID-19 Active Screening Protocol form if patient has not gone to Registration first. If patient answers "no" then she is to be admitted into Cerner using the Ad-hoc forms and review all of the Infection Control questions. Ensure paper document is labelled and stays with the patient chart.
- Place patient in private room to minimize exposure to staff.
- Negative Pressure Rooms are LDR 19/20, 15-304/305 and OR #1 (with doors closed).
- If patient is a PUI, limit support people and direct visitors to remain in patient room. Note: Visitors of PUI must don procedure mask when outside of patient room.
- If chest X-ray required:
 - a. MD must indicate "IPAC" in the order notes.
 - b. Portable X-ray machine to be cleaned with Virox wipes.
- After PUI has been discharged from the room they occupied, the stop sign poster must be posted to door indicating 2-hour wait time followed by a two terminal cleans by support services.
- **ALL laboratory specimens from patients with suspect (PUI) or confirmed COVID-19, regardless as to whether they are being sent for COVID-19 testing or other testing, should be handled as follows:**
 - Place specimen in two sealed clean biosafety bags
 - Label with "suspect COVID-19" or "confirmed COVID-19" on the outside of the second bag
 - Transport by porters (**do not** use the pneumatic tube system)
 - Swabs will not be resulted for 12-24 hours

**Management of Labour, Birth and Postpartum Care for Patient Under Investigation (PUI)
or With Confirmed COVID-19 Infection**

Patient was assessed in LD Triage and determined to be PUI or patient transfer with confirmed COVID-19 infection:

1. LD RN receives notification of PUI admission.
2. Initiate **Airborne/Droplet/Contact precautions** in LDR 19 or 20 (if rooms not available, use private room with door closed). Ensure proper signage
3. HCP performs hand hygiene and dons PPE: Gown, N95 mask, Face Shield, gloves
4. LD RN receives handover from Triage RN.
5. LD RN admits patient and completes WIH Infection Control form as required.
6. Limit visitors
7. Ensure notification to the appropriate OB/GP/MW team, ICP and follow orders
8. Complete swabs as ordered. All swabs must be completed in a negative pressure room (LDR 19 or 20)
9. If patient known COVID-19 positive, admit directly to LDR 19/20

Obstetrical Assessment or Vaginal Delivery

- Notify NICU/RT/Anesthesia of PUI
- Mask not required for patient and visitor if admitted to LDR 19/20. Mask is required outside of LDR 19/20 AND at any transfer points
- Routine contraindications for epidural apply
- Essential staff only – restrict students/volunteers AND do not call 2nd RN to attend birth.
- Resuscitation of baby in location of delivery, do not move baby to resuscitation room
- NICU to discuss with family re: infant feeding options as soon as possible

C-section

- Preferably use OR #1
- **Airborne/Droplet/Contact** precautions: ensure signage is placed at the door
- Obtain air scrubber from hallway
- Notify NICU/RT/Anesthesia of PUI
- Essential staff only – restrict students/volunteers.
- Resuscitation of baby in location of delivery, do not move baby to resuscitation room
- NO SWABS to be completed in any Operating Room
- After delivery move to LDR 19/20 for recovery, swabs can only be completed here (Do not transfer to PACU)

Mother COVID-19 NEGATIVE

Mother COVID-19 POSITIVE OR PUI

Mother COVID-19 NEGATIVE

Discontinue Precautions as per Infection Control
ROUTINE CARE

Baby Born + Mother Well

- Maintain Airborne/Droplet/Contact precautions
- Patient and visitor to maintain mask, if they are not in LDR 19/20, while breastfeeding, and at any transfer points
- Do NOT recover patients in PACU Recovery to occur in LDR 19/20 or any LDR with door closed
- After recovery - transfer mother + partner, wearing masks, to negative pressure room on MBU
- Transfer baby in incubator with mother (Refer to Neonatal Management Guidelines)

Baby born + Mother Unwell

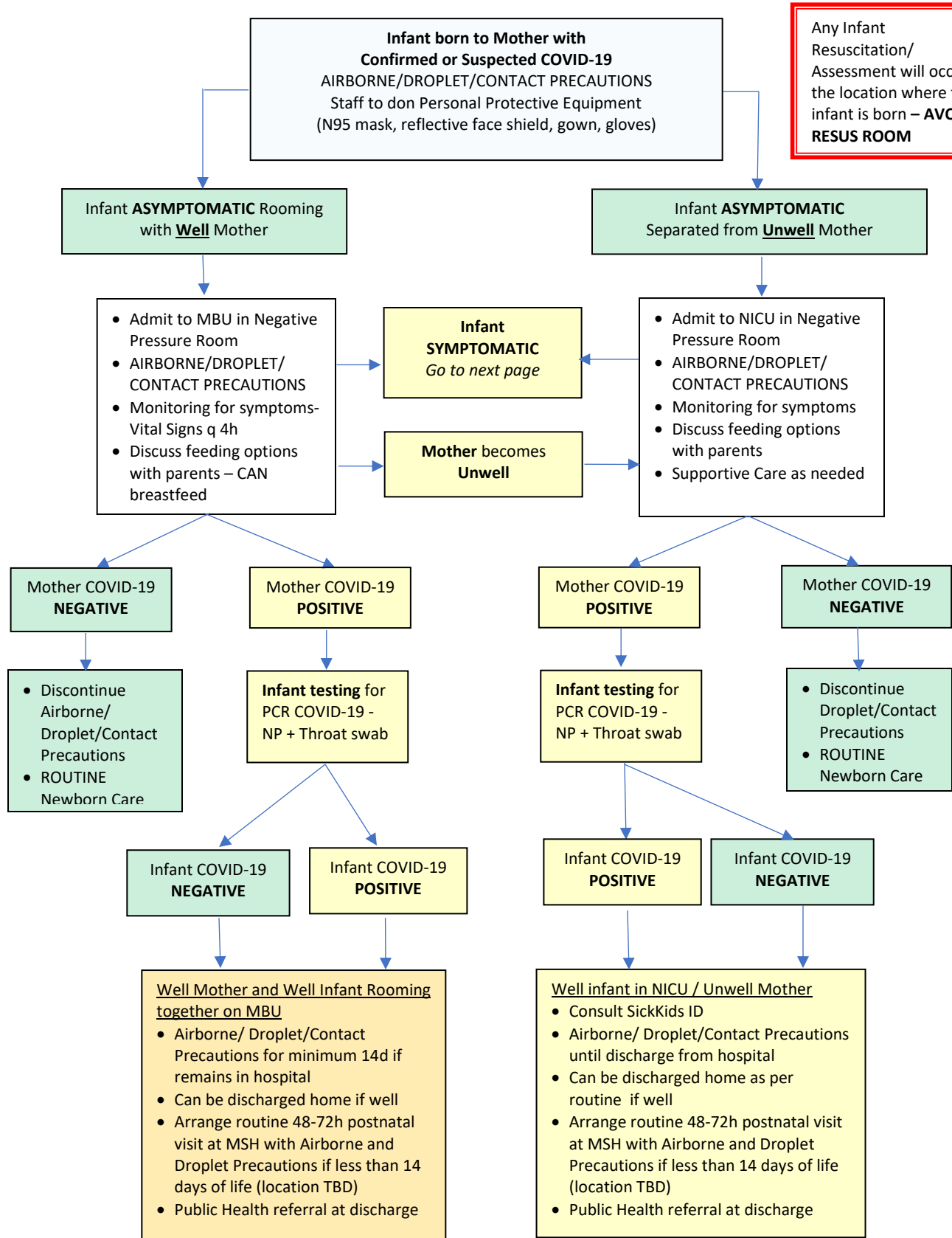
- Maintain Airborne/Droplet/Contact precautions
- Patient and visitor to maintain mask, if they are not in LDR 19/20, and at any transfer points
- Do NOT recover patients in PACU Recovery to occur in LDR 19/20 or any LDR with door closed
- After recovery - transfer mother and partner, wearing masks to negative pressure room on MBU or ICU
- Transfer baby to NICU in incubator (Refer to Neonatal Management Guidelines)

Discontinue Precautions as per Infection Control, Patient can recover in PACU
ROUTINE CARE

Practice Information:

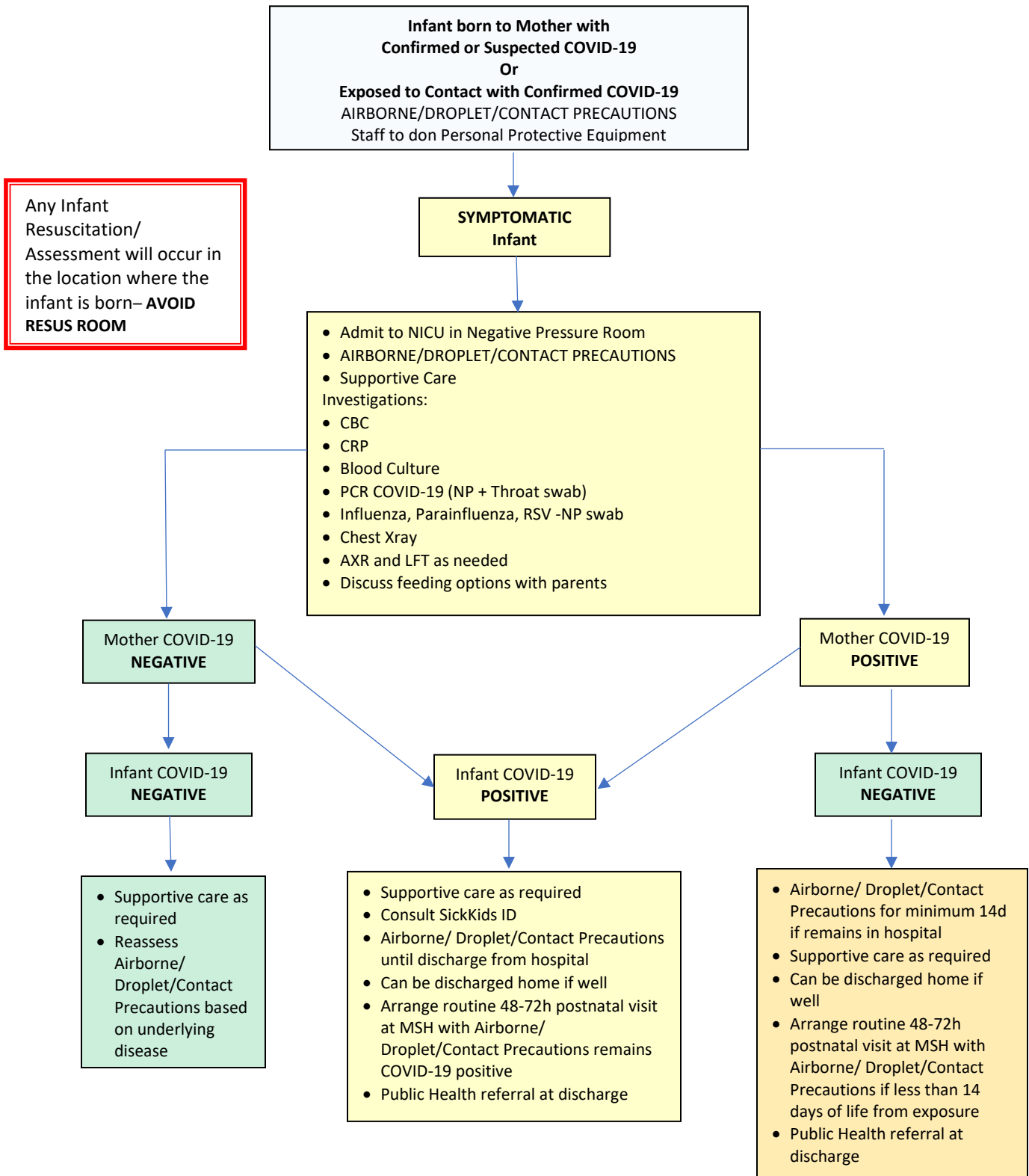
- PUI must be confirmed by IPAC and MRP.
- Swabs must be ordered and must be completed in a negative pressure room.
- ALL laboratory specimens from patients with suspect (PUI) or confirmed COVID-19, regardless as to whether they are being sent for COVID-19 testing or other testing, should be handled as follows:
 - Place specimen in two sealed clean biosafety bags
 - Label with "suspect COVID-19" or "confirmed COVID-19" on the outside of the second bag
 - Transport by porters (**DO NOT** use the pneumatic tube system)
 - Swabs will not be resulted for 12-24 hours
- Visitors/family who have symptoms and travel history (PUI) and are accompanying a pregnant person (PUI) should wear a procedure mask and go to Emergency as soon as possible to be assessed for care.
- Once patient/PUI is in LDR 19/20, ensure sign for Airborne/droplet/contact precautions and protective code blue is hung outside door and that doffing and donning sign is inside the anteroom.
- If L & D negative pressure rooms are both occupied, then an alternate L&D room must be used as holding with doors closed. Patient to be moved to negative pressure rooms 19 or 20 as soon as it becomes available.
- Air scrubber, stored in the OR hallway to be placed in Operating Room during surgery/procedures of PUI or COVID 19 patients.
- If patient is unwell, consult ID, OB Medicine and/or ACCESS depending on severity of symptoms (for assistance in care).
- Routine contraindications for epidural apply.
- If chest X-ray required:
 - MD must indicate "IPAC" in the order notes.
 - Portable X-ray machine to be cleaned with Virox wipes.
- Essential staff only: students and volunteers are restricted. Do NOT call a second RN to attend a birth...NICU and RT are required for specific orders for infant.
- Postpartum, priority is to admit to Floors 16 or 17 (Antenatal PUI or COVID 19 to use 15 Murray).
- Patient and partner to wear procedure mask during any transport. Use the small elevator (#23) in the link between L & D and 15 Murray . Transfer baby in incubator.
- Incubator and stretcher used for transport to be cleaned as per normal process and can be left in hallway.
- Room cleaning requires waiting for 2 hours after patient discharge, followed by two terminal cleans (T2).
- Refer to Neonatal Management Algorithms for Asymptomatic and Symptomatic Newborns as well as Feeding Infants born to Mother with Confirmed or Suspected COVID-19 Infection and Contact with Newborn for Pregnant Woman with Suspected or Confirmed COVID-19 Infection. *Note: NICU will stock resus equipment in LDR 19 and 20 and OR 1 for resuscitation purposes (Neonatal Resuscitation Room will not be used).*

Neonatal Management for 2019 Coronavirus Infection (COVID-19)
ASYMPTOMATIC NEWBORN



Neonatal Management for 2019 Coronavirus Infection (COVID-19)

SYMPTOMATIC NEWBORN



Any Infant Resuscitation/ Assessment will occur in the location where the infant is born– **AVOID RESUS ROOM**

Reference: Wang L et al. Chinese expert consensus on the perinatal and neonatal management for the prevention and control of the 2019 novel coronavirus infection (First edition). *Ann Transl Med* 2020 | <http://dx.doi.org/10.21037/atm.2020.02.20>

Contact with Newborn for Pregnant Women with Suspected or Confirmed COVID-19 Infection

Based on Infection Prevention and Control (IPAC) Considerations for Pregnant Women with Influenza

- Check household contacts that will have contact with the baby (e.g. partner) – consider whether they will be infectious at the time of delivery, and ask them to seek care accordingly
- Individuals with an acute respiratory illness should not visit
- If there are children at home, counsel caregivers re: good hand hygiene and keeping ill children away from the newborn
- Discuss risks and benefits of direct contact with baby and breastfeeding:
 - IPAC recommendation for well neonates not in the NICU:
 1. Rooming in, skin to skin contact and breast feeding as usual.
 2. Mom puts on a clean mask and cleans her hands with ABHR before each contact with baby.
 3. Bassinette is kept more than 6 feet from mom’s face if feasible at other times.
 - IPAC recommendations for neonates in the NICU:
 1. Decision to be made with parents based on particular situation.
 2. Access to infant for mothers who are COVID-19 positive and/or at risk caregivers will be assessed on a case by case basis that will take into account the clinical status of the infant and the parent.

Feeding infants born to Mother with Confirmed or Suspected COVID-19 Infection

Breast milk is the best source of nutrition for most infants. There still remains however many unknowns about COVID-19. For that reason, families should participate in the decision to use breastmilk for infant feeding with the support of the healthcare providers.

- **Well near-Term or term Infants rooming with their mother**

The feeding options are:

1. **Breastfeeding**

A symptomatic mother with confirmed or suspected infection should take all possible precautions to avoid spreading the virus to her infant, including washing her hands before touching the infant and wearing a face mask, if possible, while feeding at the breast. If a mother and newborn do room-in and the mother wishes to feed at the breast, she should put on a facemask and practice hand hygiene before each feeding.

2. **Feeding expressed breastmilk by bottle**

If expressing breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed breast milk to the infant.

3. **Feeding infant formula by bottle**

For mothers to unwell to breastfeed or to express breastmilk with a breast pump and also for mothers who have chosen formula to feed their infant.

- **Preterm infants, ill or well near-term or term infants separated from their mother**

The feeding options are:

1. **Feeding expressed breastmilk by bottle**

For near-term and term infants where the mother is well enough to express breast milk with a manual or electric breast pump, the mother should wash her hands before touching any pump or bottle parts and follow recommendations for proper pump cleaning after each use. If possible, consider having someone who is well feed the expressed breast milk to the infant.

2. **Feeding donor breastmilk**

For infants who qualify for donor breastmilk as per current NICU feeding guidelines.

3. **Feeding infant formula**

For mothers to unwell to breastfeed or to express breastmilk with a breast pump and also for mothers who have chosen formula to feed their infant.

During temporary separation, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply. If possible, a dedicated breast pump should be provided. Prior to expressing breast milk, mothers should practice hand hygiene. After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer's instructions.

Reference

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html>