

Interim Guidance for Suspected and Confirmed COVID-19 for Obstetrical Services: Labor & Delivery, Post-partum Units, Well-Baby Nurseries, Antepartum Units, and Ambulatory Care June 24, 2020 (replaces Interim Guidance published on May 26, 2020)

RATIONALE

This updated guidance is for the New York-Presbyterian Obstetrical Services including Labor & Delivery, Antepartum and Post-partum Units, Well Baby Nurseries, and Ambulatory Care Settings. It is based on current information from the Centers for Disease Control and Prevention, New York State Department of Health, New York City Department of Health and Mental Hygiene, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists (ACOG) and integrates current NYP guidance.

KEY CHANGES

1. **Table 1** provides guidance for SARS-CoV-2 PCR and serology testing of mothers based on past history of COVID-like illness or duration of time since previously positive SARS-CoV-2 PCR test.
2. **Table 2** provides guidance for Transmission-Based Precautions for mothers and newborns in Labor & Delivery based on timing of mother's first positive SARS-CoV-2 test.
3. **Table 4** provides guidance for Transmission-Based Precautions for mothers and newborns on Postpartum Units based on timing of mother's first positive SARS-CoV-2 test.
4. Staff should wear eye protection during the care of ALL patients.
<https://inonet.nyp.org/EPI/Covid19Documents/EDHospitalizedPPERequirements.pdf>
5. Visitors to antepartum patients are permitted as per guidance for adult patients.
https://inonet.nyp.org/Attach/COVID19_VisitationGuidelines.pdf

LABOR & DELIVERY AREAS

Prescreening prior to arrival to L&D

- Prior to arrival to L&D areas, prescreen all patients for symptoms (subjective or measured fever $\geq 100^{\circ}$ F, cough, shortness of breath, sore throat, fatigue, myalgia, nasal congestion, diarrhea, chills/shaking chills, headache, or loss of taste or smell).
- Patients with symptoms should be instructed to avoid public transportation, don a surgical face mask when they enter the hospital, self-identify immediately at presentation to L&D, and be placed in a single room with the door closed, if available. **See below for PPE recommendations.**

Screening upon arrival to L&D

- Upon arrival, screen ALL patients for symptoms (subjective or measured fever, cough, shortness of breath, sore throat, fatigue, myalgia, nasal congestion, diarrhea, chills/shaking chills, headache, or loss of taste or smell).
- Provide a surgical face mask to ALL patients in L&D, *regardless of symptoms.*
- All patients should wear a surgical face mask throughout their L&D admission.
- Place symptomatic patients immediately in a single room with the door closed. **See below for PPE.**
- Provide patients with *Letter for L&D Patients and Postpartum Mothers* that explains COVID-19 Policies including Visitor Guidelines:
https://inonet.nyp.org/EPI/Documents/NYPLabor_Delivery_PostPartumLetterforFamilies.pdf

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SARS-CoV-2 testing

- Obstetrical patients being admitted to NYP, including to L&D and antepartum units, should be tested for SARS-CoV-2 by sending a nasopharyngeal swab for PCR for SARS-CoV-2 testing. This includes asymptomatic patients.
- As the symptoms of COVID-19 overlap with those of influenza, if evaluating a pregnant woman for COVID-19, consider influenza as well, if the seasonal epidemiology supports influenza. Prescribing antiviral treatment for influenza without testing and/or over the phone is acceptable to help reduce the spread of disease in the outpatient setting as long as a plan for follow-up via telephone is conducted within 24-48 hours.
- PCR testing and potential serologic testing take into account past history of COVID-like illness or previous positive SARS-CoV-2 testing and maternal symptoms.

Table 1. Obtaining PCR and Serology Testing for SARS-CoV-2 in Mothers Admitted to L&D

Mother’s History	Mother’s Symptoms on L&D	Timing of SARS-CoV-2 PCR Test	SARS-CoV-2 Serology Test
No previous COVID-like illness	Yes	Upon presentation	Not applicable
No previous COVID-like illness	No	Upon presentation	If SARS-CoV-2-positive, consider serology testing ¹
Yes, had previous COVID-like illness regardless of timing or PCR testing	No	Upon presentation	Consider serology testing ¹
Yes, had previous PCR SARS-CoV-2 Positive < 4 weeks ago	No	Upon presentation	See Table 2 below for further management
Yes, had previous PCR SARS-CoV-2 Positive ≥ 4 weeks	No	No testing required, mother considered “COVID-recovered”	
Yes, had previous PCR SARS-CoV-2 Positive ≥ 4 weeks	Yes	Repeat testing indicated	

¹ Infants born to women who are positive for SARS-CoV-2 should be considered PUI and tested at HOL 24 (See **Table 4** for further newborn management).

COVID-19 PRECAUTIONS ON L&D FOR MOTHERS AND NEWBORNS

Clearing mothers and their newborns from Transmission-Based Precautions for COVID-19 (“COVID-19 Precautions”) takes into account how much time has elapsed since the mother’s first test and newborn status as PUI.

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Table 2. COVID-19 Precautions for Mothers and Newborns in L&D based on timing since Mother’s First Positive SARS-CoV-2 Test or Serology Testing

Time since <u>Mother’s</u> first positive SARS-CoV-2 PCR Test	<u>Mother</u> COVID-19 Precautions	<u>Newborn</u> COVID-19 PUI Precautions
First positive PCR <10 days	Contact/Droplet ¹	Contact/Droplet/Airborne ¹ if resuscitation anticipated
First positive PCR ≥10 days to <4 weeks	Contact/Droplet ¹	
First positive PCR ≥ 4 weeks	If NO symptoms , none needed until <u>delivery imminent</u> <ul style="list-style-type: none"> • Contact/Droplet during <u>delivery</u> If symptomatic , <ul style="list-style-type: none"> • Contact/ Droplet during <u>labor</u>² • Contact/Droplet during <u>delivery</u>³ 	
No history of positive PCR AND Positive serology	If NO symptoms , none needed until <u>delivery imminent</u> <ul style="list-style-type: none"> • Contact/Droplet during <u>delivery</u> If symptomatic , <ul style="list-style-type: none"> • Contact/ Droplet during <u>labor</u>² • Contact/Droplet during <u>delivery</u>³ 	

¹ Airborne Isolation if aerosol-generating procedure will be performed.

² Evaluate for alternative etiology of symptoms

³ As newborn will be on Contact/Droplet until PUI status is resolved, place mother on Contact/Droplet

- Discuss potential clearance with IP&C.
https://infonet.nyp.org/EPI/Covid19Documents/Discontinuing_Hospital_Isolation_COVID-19_Patients.pdf

Visitor Guidelines for L&D

- Only one consistent support person and/or a trained doula is allowed for each pregnant woman admitted for anticipated delivery in labor, scheduled cesarean-section, or induction of labor.
<https://infonet.nyp.org/EPI/Documents/OBVisitorGuidance.pdf>
- All support persons (as described above) must be screened for symptoms consistent with COVID-19 (subjective or measured fever, cough, shortness of breath, sore throat, fatigue, myalgia, nasal congestion, diarrhea, chills/shaking chills, headache, or loss of taste or smell).
- Each shift, the support persons will be screened for symptoms and fever. The support persons’ temperature will be taken at the time of patient admission and at each shift.
- If the support person develops symptoms or temperature ≥100° F, they must leave.
- Support persons with symptoms will not be permitted to serve as a support person. They may be replaced by another support person who will then be screened.
- Support persons to patients with confirmed or suspected COVID-19 should wear a gown, gloves, a surgical face mask and eye protection which should be provided to them.
https://infonet.nyp.org/EPI/Documents/InterimGuidelines_SurgicalMaskUseatNYPbyPatientsVisitorsHCP.pdf

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- When the patient is ready for transfer to postpartum unit, the support person will perform hand hygiene and remove their gowns, gloves and eye protection (if applicable), while continuing to wear a surgical face mask.
- The designated, consistent, support persons described above will be allowed to accompany the patient to the postpartum unit for the duration of the patient's stay.
- Provide support persons with *Letter for L&D Patients and Postpartum Mothers* that explains COVID-19 Policies including Visitor Guidelines:
https://infonet.nyp.org/EPI/Documents/NYPLabor_Delivery_PostPartumLetterforFamilies.pdf

Categories of COVID-19 Risk

At present, local epidemiology supports categorizing women into three groups:

- **Group 1-** Confirmed SARS-CoV-2 positive or indeterminate. NOTE: Indeterminate result for RT-PCR test for SARS-CoV-2 is considered a POSITIVE result and does not need to be repeated.
- **Group 2-** COVID-19 suspect PUI: patient positive for symptoms including fever, cough, shortness of breath, sore throat, muscle aches, nasal congestion, diarrhea, chills/shaking chills, headache, or loss of taste or smell.
- **Group 3-** Low suspicion for COVID-19: asymptomatic and neither of the above.

Staffing and Personal Protective Equipment (PPE)

- Limit staff caring for patients with COVID-19 to as few individuals as possible who can safely care for the patient until mother and newborn are cleared from COVID-19 Precautions.
- Ancillary care providers such as nutrition and social work should interact with patients via telephone or other remote technology until mother is cleared from COVID-19 Precautions.
<https://infonet.nyp.org/EPI/Covid19Documents/EDHospitalizedPPERequirements.pdf>
- N95 respirators are required during aerosol-generating procedures such as intubation, suctioning, or administering aerosolized medications. Metered dose inhalers should be used whenever possible.
- N95 respirators can be used when providing direct patient care to patients with confirmed or suspected COVID-19.
- A negative pressure room is preferred, but if unavailable, aerosol-generating procedures can be done in a single room with the door closed.
<https://infonet.nyp.org/EPI/Documents/InterimGuidancePerformingAGPonPtswithCOVID-19Non-NegativePressureEnvironment.pdf>

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Table 3: Patient Care Practices and Appropriate PPE

Situation	Known COVID-19-positive patient <i>OR</i> PUI with symptoms	Low suspicion patient
During initial evaluation	Gowns and gloves Surgical face mask or N95 Eye protection ^{1, 2}	Surgical face mask ³ Eye protection ^{1, 2}
Obtaining NP swab	As above, merge with other patient care activities to conserve PPE	Gowns and gloves Surgical face mask Eye protection ^{1, 2}
Providing intrapartum care, e.g., adjusting fetal monitors and during vaginal exams	Gowns and gloves Surgical face mask or N95 Eye protection ^{1, 2}	Gowns and gloves Surgical face mask Eye protection ^{1, 2}
During vaginal delivery	Fluid resistant gown Sterile gloves Surgical face mask or N95 Eye protection ^{1, 2}	Fluid resistant gown Sterile gloves Surgical face mask Eye protection ^{1, 2}
During Cesarean Section	Sterile fluid resistant gown Sterile gloves Eye protection ^{1, 2} N95 respirator ³	Sterile fluid resistant gown Sterile gloves Surgical face mask Eye protection ^{1, 2}

¹ Eye protection, e.g., goggles, face shield, or welder mask

² Disinfect face shield or goggles (with PDI wipe) to conserve PPE

³ If fever or COVID-19 symptoms develop prior to test result, initiate contact and droplet precautions

⁴ Cover N95 with a surgical mask or face shield to conserve N95 for reuse including care of multiple patients.

<https://infonet.nyp.org/EPI/Documents/ConservePPEandOtherSupplies.pdf>

Guidance for Operating Room

- Clear other patients and visitors from hallway outside the OR
- Limit staff in the ORs to as few individuals as possible who can safely care for the patient.
https://infonet.nyp.org/EPI/Documents/NYPGuidelines_RespiratorySupport_Suspected_Confirmed_COVID-19PtNon-invasiveVent.pdf

Timing to Perform Terminal Cleaning

- Regular patient room – as per standard practice at patient discharge
- Non-negative pressure room AND patient was on airborne isolation and/or if aerosol-generating procedure was performed within one hour before patient discharge – wait-to-clean time 60 minutes after patient discharge
- Negative pressure room – wait-to-clean time 30 minutes after patient discharge
- Operating room – wait-to-clean time 30 minutes after patient discharge

Local teams should contact EVS to coordinate cleaning of rooms.

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Transport of Patients from L&D to Operating Room or to Post-partum unit

<https://infonet.nyp.org/EPI/Documents/InterimGuidanceforTransportofCOVID-19Patients.pdf>

POSTPARTUM UNITS AND WELL-BABY NURSERIES

Staffing and Personal Protective Equipment (PPE)

- Limit staff caring for patients with confirmed or suspected COVID-19 to as few individuals as possible who can safely care for the patient until mother and newborn are cleared from COVID-19 Precautions.
- Ancillary care providers such as nutrition and social work should interact with patients via telephone or other remote technology until mother and newborn are cleared from COVID-19 Precautions.
- Staff should don a gown, gloves, a surgical face mask or N-95 respirator, and eye protection for COVID-19-positive patients or PUIs.
 - N95 respirators are required while administering aerosolized medications. Metered dose inhalers should be used whenever possible. A negative pressure room is preferred while administering aerosolized medications.
- For SARS-CoV-2-negative patients or patients cleared from COVID-19 Precautions, staff wear surgical face mask, and eye protection while caring for patients.

Precautions for Mother-Newborn Dyads on Postpartum Units based on SARS-CoV-2 Test Results

This section describes different management scenarios for Mother-Infant dyads based on timing of SARS-CoV-2 test results for mothers.

- Infants born to SARS-CoV-2-positive mothers, mothers with indeterminate results, or mother whose test is pending, are considered PUIs.
- If mother is unable to care for newborn or newborn needs nursery care, place newborn in isolette in nursery on Contact/Droplet Precautions.

1- Mother SARS-CoV-2 PCR positive \geq 4 weeks prior to delivery, do NOT test for SARS-CoV-2 on admission for delivery. Mother is considered “COVID-recovered”

- Place mother and newborn in single room on Contact/Droplet Precautions.
- Mother wears mask throughout hospitalization, including in patient room.
- Mother should remain at least 6 feet from newborn, unless breastfeeding.
- Place newborn in isolette and test at HOL 24 for SARS-CoV-2 to assess for *in utero* transmission.
- Newborn should remain in isolette unless being changed or fed.
- If newborn SARS-CoV-2 PCR is negative at HOL 24, newborn no longer PUI.
- Discontinue Contact/Droplet Precautions for mother and newborn.

2- Mother SARS-CoV-2 PCR positive between 10 days and less than 4 weeks before delivery, SARS-CoV-2 PCR negative at admission for delivery

- Place mother and newborn in single room on Contact/Droplet Precautions.
- Mother wears mask throughout hospitalization, including in patient room.
- Mother should remain at least 6 feet from newborn, unless breastfeeding.
- Place newborn in isolette and test at HOL 24 for SARS-CoV-2 to assess for *in utero* transmission.
- Newborn should remain in isolette unless being changed or fed.

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- Retest mother 24 hours after the first SARS-CoV-2 PCR negative test.
 - If mother SARS-CoV-2 negative on both tests and newborn SARS-CoV-2 negative at HOL 24, newborn no longer PUI.
 - Discontinue Contact/Droplet Precautions for mother and newborn.
- 3- Mother SARS-CoV-2 PCR positive less than 10 days prior to delivery, regardless of SARS-CoV-2 test at admission for delivery**
- Place mother and newborn in single room on Contact/Droplet Precautions.
 - Mother wears mask throughout hospitalization, including in patient room.
 - Mother should remain at least 6 feet from newborn, unless breastfeeding.
 - Place newborn in isolette and test at HOL 24 for SARS-CoV-2 to assess for *in utero* transmission.
 - Newborn should remain in isolette unless being changed or fed.
 - Maintain Contact/Droplet Precautions throughout hospitalization for mother and newborn.
- 4- Mother SARS-CoV-2 PCR positive or indeterminate at admission for delivery or SARS-CoV-2 test pending**
- Place mother and newborn in a single room on Contact/Droplet Precautions.
 - Mother wears mask throughout hospitalization, including in patient room.
 - Mother should remain at least 6 feet from newborn, unless breastfeeding.
 - Place newborn in isolette and test at HOL 24 for SARS-CoV-2 to assess for *in utero* transmission.
 - Newborn should remain in isolette unless being changed or fed.
 - If pending test is positive, continue above precautions.
 - If pending test is negative, **follow precautions for Mother SARS-CoV-2 PCR negative at delivery (below)**.
 - At discharge, provide SARS-CoV-2 positive mother with *Discharge Instructions for Postpartum Patients*: https://infonyet.nyp.org/EPI/Documents/POST-PARTUMCOVID-19PATIENT_DischargeInstructions.pdf
- 5- Mother SARS-CoV-2 PCR negative and serology positive at admission for delivery**
- Place mother and newborn in single room on Contact/Droplet Precautions.
 - Mother wears mask throughout hospitalization, including in patient room.
 - Place newborn in isolette and test at HOL 24 hours for SARS-CoV-2 to assess for *in utero* transmission.
 - If newborn SARS-CoV-2 is negative at HOL 24, newborn no longer PUI.
 - Discontinue Contact and Droplet Precautions for mother and newborn.
- 6- Mother SARS-CoV-2 PCR negative at delivery and has no history of positive PCR test and/or no history of positive serology test**
- Mother can be cohorted with another COVID-19-negative mother.
 - Mother wears mask throughout hospitalization, even in patient room.
 - Standard precautions for mother and newborn.
 - Newborn should preferentially room in, but can return to general nursery in a bassinette.
 - Privacy curtain should be pulled closed throughout the hospital stay.
 - If mother develops symptoms, place on Contact/Droplet Precautions and retest for SARS-CoV-2.

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Table 4: Implementing and Clearing COVID-19 Precautions for Mothers and Newborns on Postpartum Unit

Time since Mother's first positive SARS-CoV-2 PCR Test	Mother COVID-19 Precautions	Mother Clearance from COVID-19 Precautions	Newborn COVID-19 Precautions	Newborn Testing and Duration of PUI Status
<10 days	Contact/Droplet ¹	Not applicable	Contact/Droplet	<ul style="list-style-type: none"> • Test HOL 24 • Maintain as PUI for 14 days
10 days to <4 weeks	Contact/Droplet ¹	<p><u>Can discontinue Contact/Droplet if:</u></p> <ul style="list-style-type: none"> • At least 10 days have passed • At least 72 hours afebrile • Marked improvement in symptoms • Two negative PCR NP tests 24 hours apart² <p align="center">AND</p> <ul style="list-style-type: none"> • Newborn SARS-CoV-2 PCR is <u>negative</u> at HOL 24 	<ul style="list-style-type: none"> • Contact/Droplet • See criteria to discontinue Contact/Droplet for <u>Mother</u> clearance 	<ul style="list-style-type: none"> • Test HOL 24 • <u>Can discontinue PUI status if:</u> <u>Newborn SARS-CoV-2 PCR <u>negative</u></u>
≥4 weeks	Contact/Droplet ³	<p><u>Can discontinue Contact/Droplet if:</u></p> <ul style="list-style-type: none"> • <u>Newborn SARS-CoV-2 PCR is <u>negative</u> at HOL 24</u> 		
Positive serology, no history of positive PCR	Contact/Droplet ³			

¹ Airborne Isolation if aerosol-generating procedure will be performed.

² Can include initial test at presentation to L&D.

³ As newborn will be on Contact/Droplet until PUI status is resolved, place mother on Contact/Droplet if newborn is rooming in with mother.

Breastfeeding

Risks and benefits of breastfeeding should be discussed with COVID-19-positive mothers who are considering breastfeeding. Options include:

- Mothers who request direct breastfeeding should wear a mask, perform hand hygiene, and clean their breasts with soap and water.
- Mother can express breast milk after performing appropriate breast and hand hygiene. Caregivers who are asymptomatic and not known to have had COVID-19 may feed the breast milk to the infant. The breast pump and components must be cleaned between pumping sessions as per hospital protocol.

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Bathing newborns

- The risks and benefits of early bathing for newborns born to SARS-CoV-2 positive mothers are unknown. Newborns born to SARS-CoV-2 positive women with respiratory symptoms should be bathed as soon as reasonably possible after birth to remove virus potentially present on the newborn's skin.
- Bathing of infants born to women who are SARS-CoV-2 negative or SARS-CoV-2 positive without respiratory symptoms can be performed as per usual WBN practices and parental preference.

Testing and Follow-up of Infants in the WBN born to SARS-CoV-2-Positive Mothers

- All infants born to SARS-CoV-2 positive mothers should have an NP swab specimen for SARS-CoV-2 obtained at 24 hours of age, regardless of when in pregnancy mother was diagnosed with COVID-19. See **Table 4**.
- Infants born to SARS-CoV-2 positive mother can be discharged home as per usual WBN practices.
- Infants do not have to wait for SARS-CoV-2 test results if pending when infant and mother are ready for discharge.
- All infants born to SARS-CoV-2 positive mothers should have close outpatient follow-up.
- When infant comes to clinic, implement Contact/Droplet Precautions until DOL 14 if initial testing is negative and infant remains well.
- For infants with positive SARS-CoV-2 test, discontinuation of Contact/Droplet Precautions will be decided on a case-by-case basis.
- Repeat testing guidance is provided below and should be performed on a case-by-case basis according to local testing resources and parental preference.

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Table 5: Follow-up Testing and PUI Clearance for Infants born to SARS-CoV-2-Positive Mothers

Result at 24 hours of age ¹	Symptoms develop within 14-days of birth	Follow-up and Testing
Negative	NO	- PUI status cleared at DOL 14 days, if infant remains asymptomatic. ³ - Repeat testing should be performed on a case-by-case basis according to local testing resources, e.g., ~ DOL 5 and DOL 14.
Negative	YES ²	- Evaluated in Clinic: assess symptoms as per usual newborn care. Perform repeat testing, according to local testing resources. - Evaluated in Emergency Department: alert ED that infant is PUI so Transmission-Based precautions can be implemented and SARS-CoV-2 testing performed. - Discontinuation of Transmission-Based precautions will be decided in consultation with IP&C on a case-by-case basis, taking into consideration testing results.
Positive	NO	- Repeat testing and duration of Transmission-Based precautions determined on a case-by-case basis according to testing resources, e.g., DOL 14.
Positive	YES ²	- Evaluated in Clinic: assess symptoms as per usual newborn care. Perform repeat testing at presentation, according to local testing resources. - Evaluated in Emergency Department: alert ED that patient is COVID-19 positive so appropriate Transmission-Based precautions can be implemented. - Discontinuation of Transmission-Based precautions will be decided in consultation with IP&C on a case-by-case basis, taking into consideration testing results.

¹ Perform testing to assess if vertical transmission of SARS-CoV-2 occurred, **regardless of when in pregnancy mother diagnosed with COVID-19**

² Common symptoms in older children and adults include fever, cough, shortness of breath, sore throat, fatigue, myalgia, nasal congestion, diarrhea, headache, or chills/ shaking chills. The presentation of COVID-19 in newborns is not fully described.

³ PUI status clearance in exposed asymptomatic patients has generally been the incubation period of 14 days, *but this is unknown for infants.*

Visitors to Postpartum Units

- Only consistent support person(s) described above are allowed for each pregnant woman on Postpartum units. See *Interim Guidance for Visitors to Labor & Delivery Units and Postpartum Units*: <https://infony.nyp.org/EPI/Documents/OBVisitorGuidance.pdf>
- Each shift, support persons must be screened for symptoms consistent with COVID-19 including fever, cough, shortness of breath, sore throat, nasal congestion, muscle aches, fatigue, diarrhea, chills/shaking chills, headache, or loss of taste or smell. If the support person develops symptoms or temperature $\geq 100^{\circ}\text{F}$, they must leave.

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- Support persons with symptoms will not be permitted to serve as a support person, but they can be replaced by another support person who will then be screened.
- Support persons must remain in the patient's room unless they are leaving the hospital due to fever, symptoms, personal reasons, or patient discharge.
- Provide support persons with *Letter for L&D Patients and Postpartum Mothers* that explains COVID-19 Policies including Visitor Guidelines:
https://infonet.nyp.org/EPI/Documents/NYPLabor_Delivery_PostPartumLetterforFamilies.pdf
- No support persons will be allowed to accompany the SARS-CoV-2-negative mothers to the NICU as only one designated consistent visitor is permitted in the NICU.
- No support persons will be allowed in the well-baby nurseries.

Patient is SARS-CoV-2 positive or indeterminate or test is pending:

- Support persons must remain in the patient's room and wear a mask, gown, gloves and provided eye protection throughout patient's stay.
https://infonet.nyp.org/EPI/Documents/InterimGuidelines_SurgicalMaskUseatNYPbyPatientsVisitorsHCP.pdf
- Before and after handling the newborn, support persons must take off their gloves, perform hand hygiene, and don new gloves. They should not remove their mask to kiss or nuzzle the newborn.
- Prior to using the bathroom in the patient's room, support persons must remove their gloves and perform hand hygiene. After using the bathroom, they must perform hand hygiene and don new gloves.
- At patient discharge, support persons must remove their gowns, gloves and eye protection within the patient's room, perform hand hygiene and continue to wear their mask while in the hospital. They should not touch any environmental surfaces outside of the patient's room.

Patient is SARS-CoV-2-negative:

- Support persons must remain in the patient's room and wear a mask throughout the patient's stay and practice appropriate hand hygiene.
- Before and after handling the newborn, support persons must perform hand hygiene. They should not remove their mask to kiss or nuzzle the newborn.
- Before and after using the bathroom, support persons must perform hand hygiene.
- At patient discharge, support persons must perform hand hygiene and continue to wear their mask while in the hospital.

Discharging COVID-19-positive Mothers

- Patients with confirmed COVID-19 can be discharged as per routine postpartum parameters for discharge readiness, but must remain on home quarantine. See *Discharge Instructions for Post-partum Patients*:
https://infonet.nyp.org/EPI/Documents/POST-PARTUMCOVID-19PATIENT_DischargeInstructions.pdf
- Patients should only remain hospitalized if hospitalization is indicated for other clinical reasons such as respiratory distress.

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Discontinuing Home Isolation for COVID-19

- Inform COVID-19-positive mother that she cannot discontinue home quarantine and cannot accompany the infant to well-baby care visits until the following criteria are met

Criteria for Discontinuing Home Isolation:

1. **At least 10 days** have passed since symptoms started or since date of first SARS-CoV-2 test.
2. **At least 72 hours** (3 full days) without fever and without taking medicines that treat fever, e.g., Tylenol, ibuprofen, or aspirin.
3. **Marked improvement** in other symptoms such as cough, shortness of breath

https://infonet.nyp.org/EPI/Covid19Documents/Discontinuing_Home_Ambulatory_Isolation_COVID-19.pdf

Caring for Infants at Home

- Efforts should be made to support mother and baby in the home and reduce the risk of transmission to the infant and other family members.
https://infonet.nyp.org/EPI/Documents/POST-PARTUMCOVID-19PATIENT_DischargeInstructions.pdf
- If the baby needs medical care within the first 14 days of life, e.g., well baby care or pediatric emergency room for urgent medical issue, the mother should call in advance and explain that she was diagnosed with COVID-19 and that her baby was exposed to COVID-19 so that appropriate isolation precautions can be arranged.

Congregate Events and Vendors

- These events should be canceled until further notice.
- Vendors are not permitted in the hospital.

ANTEPARTUM UNITS

Prescreening prior to arrival to Antepartum Units

- Prior to admission to Antepartum units, prescreen all patients for symptoms (subjective or measured fever $\geq 100^{\circ}$ F, cough, shortness of breath, sore throat, fatigue, myalgia, nasal congestion, diarrhea, chills/shaking chills, headache, or loss of taste or smell).
- Patients with symptoms should be instructed to avoid public transportation, don a surgical face mask upon entry to the hospital, self-identify immediately at presentation, and admitted to a single room on Contact/Droplet precautions with the door closed.

Screening upon admission to Antepartum Units

- Upon admission, screen ALL patients for symptoms (subjective or measured fever, cough, shortness of breath, sore throat, fatigue, myalgia, nasal congestion, diarrhea, chills/shaking chills, headache, or loss of taste or smell).
- Provide a surgical face mask to ALL patients on Antepartum Units
- All patients should wear a surgical face mask throughout their antepartum admission when in close contact with another person, including healthcare personnel.

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https://infonet.nyp.org/EPI/Documents/InterimGuidelines_SurgicalMaskUseatNYPbyPatientsVisitorsHCP.pdf

- Admit symptomatic patients to a single room on Contact/Droplet Precautions with the door closed.

Test all patients admitted to Antepartum Units for SARS-CoV-2

- All patients being admitted to NYP should be tested for SARS-CoV-2 by sending a nasopharyngeal swab for SARS-CoV-2 PCR. This includes asymptomatic patients. <https://infonet.nyp.org/EPI/Documents/COVID-19TestingInstructions.pdf>
- Asymptomatic patients with no history of being SARS-CoV-2 PCR positive who are transferred from antepartum to L&D:
 - If hospitalization less than one week, do NOT retest for SARS-CoV-2 on L&D
 - If hospitalization one week or more, retest for SARS-CoV-2 on transfer to L&D

Staffing and Personal Protective Equipment (PPE)

- Limit staff caring for patients with confirmed or suspected COVID-19 to as few individuals as possible who can safely care for the patient.
- When feasible, ancillary care providers such as nutrition and social work should interact with patients via telephone.
- Staff should don a gown, gloves, a surgical face mask or N95 respirator, and eye protection.
- N95 respirators should be used during aerosol-generating procedures such as intubation of either the mother or the newborn, open suctioning, or administering aerosolized medications. Metered dose inhalers should be used whenever possible. A negative pressure room is preferred, when available.

Discontinuing COVID-19 Precautions on Antepartum Unit for Patients who tested SARS-CoV-2 Positive

- In consultation with IP&C, discontinuing Transmission-Based precautions for immunocompetent, symptomatic patients with COVID-19 may be considered for patients who fulfill the following criteria:
 - **At least 10 days** have passed since the date of the first positive COVID-19 diagnostic test, **AND**
 - **At least 72 hours** without fever without use of antipyretics, **AND**
 - **Marked improvement** in symptoms (e.g., cough, shortness of breath), **AND**
 - **Negative results** of a molecular assay (PCR) for SARS-CoV-2 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart
 - In consultation with IP&C, discontinuing Transmission-Based precautions for immunocompetent patients who remained asymptomatic for COVID-19 may be considered for patients who fulfill the following criteria:
 - **At least 10 days** have passed since the date of the first positive COVID-19 diagnostic test, **AND**
 - No subsequent illness or symptoms of COVID-19
- https://infonet.nyp.org/EPI/Covid19Documents/Discontinuing_Hospital_Isolation_COVID-19_Patients.pdf

Transport of Patients from Antepartum Unit to Other Sites, including L&D

- See *Interim Guidance for Transport of Suspected or Confirmed COVID-19 Patients*:
<https://infonet.nyp.org/EPI/Documents/InterimGuidanceforTransportofCOVID-19Patients.pdf>

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Visitors

- See interim guidance *General Visitation Guidelines* for adult patients:
https://infonet.nyp.org/Attach/COVID19_VisitationGuidelines.pdf

Discharge

- Patients with suspect or confirmed COVID-19 can be discharged home as per usual obstetric practices; patients should only remain hospitalized if hospitalization is indicated for other clinical reasons.
- See *Discharge Instructions for Adult Patients with Suspect or Confirmed COVID-19*:
<https://infonet.nyp.org/EPI/Documents/GuidelinesforDischargingInpatientswithCOVID19.pdf>
- See *Caregiver Discharge Instructions for Suspected or Confirmed COVID-19*:
https://infonet.nyp.org/PatientED/HMMatters/Covid19_CaregiverInstructionsAdultConfirmedCovid19.pdf

Congregate Events and Vendors

- These events should be canceled until further notice.
- Vendors are not permitted in the hospital.

AMBULATORY CARE FOR OBSTETRIC PATIENTS

Pre-screening

- Prior to visits, all obstetric patients should be screened for symptoms (subjective or measured fever, cough, shortness of breath, sore throat, fatigue, myalgia, nasal congestion, diarrhea, chills/shaking chills, headache, or loss of taste or smell).
- Patients with symptoms who need to be seen should be instructed to self-identify immediately at presentation to their ambulatory care setting, provided a surgical face mask, and placed in a single room with the door closed, if available.

Screening upon arrival

- Upon arrival, screen ALL patients for symptoms (subjective or measured fever, cough, shortness of breath, sore throat, fatigue, myalgia, nasal congestion, diarrhea, chills/shaking chills, headache, or loss of taste or smell).
- Provide a surgical face mask to all patients. Use of personal face covering is acceptable.
- Place symptomatic patients in a single room with the door closed, if available.
- As symptoms of COVID-19 overlap with those of influenza, influenza testing should be performed, when epidemiologically indicated and available.

Testing ambulatory symptomatic pregnant patients for SARS-CoV-2

- SARS-CoV-2 testing via nasopharyngeal swab may be considered for ambulatory obstetric patients with symptoms consistent with COVID-19 (see symptoms above).
<https://infonet.nyp.org/EPI/Covid19Documents/COVID-19AmbulatoryTestingandManagementProtocol.pdf>

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Testing ambulatory pregnant patients previously diagnosed with COVID-like illness or with COVID-19

- Serological testing of ambulatory obstetric patients may be considered for individuals who have recovered from suspected or confirmed COVID-19
- See *Interim Ambulatory COVID-19 (SARS-CoV-2) Testing Guidelines*:
https://infonet.nyp.org/EPI/Documents/PROVIDER_FAQs_SARS-CoV-2SEROLOGYTESTING.pdf
<https://infonet.nyp.org/EPI/Covid19Documents/COVID-19AmbulatoryTestingandManagementProtocol.pdf>

Testing ambulatory asymptomatic pregnant patients undergoing aerosol-generating procedures

- SARS-CoV-2 PCR screening via nasopharyngeal swab is recommended for patients undergoing procedures in which aerosols may be generated
<https://infonet.nyp.org/EPI/Documents/InterimPreproceduralCOVID-19TestingGuidelines.pdf>

Telehealth

Telehealth capacity should be maximized, when feasible, to safely care for patients.

Discontinuing Transmission-Based Precautions for SARS-CoV-2 Patients in the Ambulatory Setting

- The following table provides guidance for discontinuing patients from COVID-19 Precautions based on their immune status and symptoms at diagnosis of COVID-19.
https://infonet.nyp.org/EPI/Covid19Documents/Discontinuing_Home_Ambulatory_Isolation_COVID-19.pdf

Table 6: Criteria for Discontinuing Transmission-Based Precautions in Ambulatory Settings by Immune Status

Immune Status	Criteria
Immunocompetent	<ul style="list-style-type: none"> • At least 10 days have passed since symptoms first appeared or the first positive SARS-CoV-2 test was obtained, AND • At least 72 hours without fever without use of antipyretics, AND • Marked improvement in symptoms (e.g., cough, shortness of breath)
Immunocompromised	<ul style="list-style-type: none"> • At least 10 days have passed since symptoms first appeared or the first positive SARS-CoV-2 test was obtained, AND • At least 72 hours without fever without use of antipyretics, AND • Marked improvement in symptoms (e.g., cough, shortness of breath), AND • Two negative NP PCR tests for SARS-CoV-2 collected ≥ 24 hours apart* <p>OR</p> <ul style="list-style-type: none"> • At least 4 weeks have passed since the date of first positive COVID-19 test AND • NO subsequent COVID-19-like symptoms

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Disposition from Ambulatory Care

- Patients with suspected or confirmed COVID-19 do not require hospitalization unless hospitalization is indicated for other clinical reasons such as respiratory distress.
 - See *Discharge Instructions for Adult Patients with Suspect or Confirmed COVID-19*:
<https://infonet.nyp.org/PatientED/HMMatters/Covid19PATIENTInstructionsforSuspectedorConfirmedCOVID19ACN.pdf>
 - See *Caregiver Discharge Instructions for Suspected or Confirmed COVID-19*:
https://infonet.nyp.org/PatientED/HMMatters/Covid19_CaregiverInstructionsforAdultPatientwithSuspectedorConfirmedCOVID-19-ACN.pdf

References

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<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-prevent-spread.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html>