Interim Guidelines for Suspected and Confirmed COVID-19 for Obstetrical Services: Labor & Delivery, Post-partum Units, Well-Baby Nurseries, Antepartum Units, and Ambulatory Care)
April 20, 2020 (replaces Interim Guidance April 3, 2020)

RATIONALE

The COVID-19 pandemic is widespread throughout the United States, including New York City. This updated guidance is for the NYP Obstetrical Services including Labor and Delivery Areas, Antepartum and Post-partum Units, Well Baby Nurseries, and Ambulatory Care Settings. It is based on current information and resources available from the Centers for Disease Control and Prevention, New York Health Departments, and the American College of Obstetricians and Gynecologists (ACOG).

Pregnant women may be at increased risk of severe disease from COVID-19, but the precise risk is unknown. Miscarriages, still births, and preterm labor have been reported. Vertical transmission has not been conclusively documented. Studies have detected IgM in newborns, but the sensitivity and specificity of these tests are unknown and only a small number of infected newborns have been reported. Infants have been described with pneumonia associated with detection of SARS-CoV-2. So far, SARS-CoV-1 and SARS-COV-2 have not been detected in breast milk.

Symptoms of COVID-19 can mimic symptoms observed during L&D including shortness of breath, fatigue, and diarrhea, which make it critical to have a heightened index of suspicion in this population. Increasing reports are demonstrating transmission from asymptomatic individuals, which further challenges control of the COVID-19 pandemic.

COVID-19 TESTING

- All obstetrical patients being admitted to NYP, including to L&D Units, should be tested for SARS-C0V-2 by sending a nasopharyngeal swab for SARS-CoV-2. This includes asymptomatic patients. Patients who were previously positive for SARS-CoV-2 should be retested at the time of admission to antepartum or to L&D. ***See COVID-19 Testing Instructions***.

- 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 over the phone is acceptable to help reduce the spread of disease in the outpatient setting with a plan for telephone follow-up within 24-48 hours.

- At present, COVID-19 testing should not be performed for mildly ill, ambulatory patients.

LABOR & DELIVERY AREAS

Prescreening <u>prior</u> to arrival to L&D

- Prior to arrival to L&D areas, when feasible, prescreen all patients for symptoms (subjective or measured fever $\geq 100^0$, cough, shortness of breath, sore throat, fatigue, myalgia, congestion/runny nose, diarrhea, or loss of taste or smell).
- Patients with symptoms should be instructed to avoid public transportation, don a surgical face mask at the security desk, 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, congestion/ runny nose, diarrhea, or loss of taste or smell).
- Provide a surgical face mask to ALL patients in L&D, *regardless of symptoms*.
- All patients should wear surgical face masks 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 Explaining COVID-19 Policies***

Visitor Guidelines for L&D

- One support person is allowed for each pregnant woman admitted for anticipated delivery in labor, scheduled cesarean-section, or induction of labor. See ***Interim Guidance for Visitors to Labor and Delivery Unit updated April 14, 2020***
- All support persons must be screened for symptoms consistent with COVID-19 including fever, cough, shortness of breath, sore throat, congestion/runny nose, muscle aches, fatigue, diarrhea, or loss of taste or smell.
- Each shift, the support person will be screened for symptoms and fever. The support person's temperature will be taken at the time of patient admission and at each shift. If the support person develops symptoms or temperature >=100^0, they must leave.
- Support persons with symptoms will not be permitted to serve as a support person.
- Support persons with symptoms can be replaced by another support person who will then be screened.
- When the patient is ready for transfer to postpartum unit, the support person will perform hand hygiene, continue to wear a surgical face mask, and leave the facility.

Categories of COVID-19 Risk

- At present, local epidemiology supports categorizing women into three groups:
- **Group 1-** Confirmed COVID-19-positive
- **Group 2-** COVID-19 suspect PUI: patient positive for symptoms including fever, cough, shortness of breath, sore throat, fatigue, muscle aches, congestion/ runny nose, or diarrhea
- **Group 3-** Low suspicion for COVID-19: neither of the above

Staffing and Personal Protective Equipment (PPE)

- Limit staff caring for patients with confirmed COVID-19 or suspected COVID-19 (PUIs) to as few individuals as possible to safely care for the patient.
- Ancillary care providers such as nutrition and social work should interact with patients via telephone or other remote technology.
- ***See COVID-19 PPE Resources including donning and doffing video and fit check instructions***
- N95 respirators are required during aerosol-generating procedures such as intubation (***See COVID Airway Management Guidelines***), suctioning, or administering aerosolized medications. Metered dose inhalers should be used whenever possible. A negative pressure room is preferred, when available, but aerosol-generating procedures can be done in a single room with the door closed.
- N95 respirators can be used when providing direct patient care to patients with confirmed or suspected COVID-19.
- Obtaining nasopharyngeal swabs is not an aerosol-producing procedure; staff should wear a surgical mask, eye protection, and gloves when obtaining these tests.
- Table below describes the recommended PPE for different categories of patients

Patient categories and appropriate PPE

Situation	- Known COVID-19 positive *OR* - PUI with symptoms	- Low suspicion
During initial evaluation	Gowns and gloves Surgical face mask Eye protection[1, 2]	Surgical face mask[3]
When obtaining NP swab	As above, merge with other patient care activities to conserve PPE	Surgical face mask Eye protection[1, 2] Gloves
During vaginal delivery	Gloves Fluid resistant gown Surgical face mask Eye protection[1, 2]	Gloves Fluid resistant gown Surgical face mask Eye protection[1, 2]
During Cesarean Section	Sterile gloves Sterile fluid resistant gown 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. ***See Updated Recommendations for Conservation and Reuse of Personal Protective Equipment (PPE) and Other Supplies***

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 to safely care for the patient.
- See ***COVID Airway Guide***

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 1 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.

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

- ***See Interim Guidance for Transport of Suspected or Confirmed COVID-19 Patients***, updated March 20, 2020

POST-PARTUM 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 to safely care for the patient.
- Ancillary care providers such as nutrition and social work should interact with patients via telephone or other remote technology.
- Staff don PPE that includes gowns, 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.

Precautions based on Mothers' COVID-19 Test Results

Mother is COVID-19 test positive (SARS-CoV-2 positive) or PUI (test pending)

- **Infants born to COVID-19-positive mothers or infants whose mother's test is pending, are considered PUIs.**

Use following precautions:

- Place mother and newborn on Droplet/ Contact Precautions in a single room
- Place newborn in isolette
- Newborn should remain in isolette unless being changed or fed
- Mother wears mask throughout hospitalization, even in patient room
- Mother should remain 6 feet from newborn, unless breast feeding the newborn
- If mother is unable to care for newborn or newborn needs nursery care, place newborn in isolation room on Droplet/ Contact Precautions in isolette
- If PUI COVID-19 test is positive, continue precautions for **Mother is COVID-19-positive**
- If PUI test is negative, ***follow precautions for Mother is COVID-19-negative***
- At discharge, provide mother with ***Discharge Instructions for Postpartum Patients***

Mother considered Low suspicion for COVID-19 (testing pending)

- **Infants born to low suspicion mothers whose test is pending, are considered PUIs.**
- **If a mother considered low suspicion develops symptoms, treat as PUI.**

Use following precautions:

- Transfer mother and newborn to single room, if available
- Mother wears mask throughout hospitalization, even in patient room
- Staff wears mask and practices standard precautions. A gown and gloves should be worn if staff anticipate their clothes could become contaminated with secretions or excretions
- Newborn can be in bassinette or isolette
- If mother is unable to care for newborn or newborn needs nursery care, place newborn in isolation room in bassinette or in nursery >6 feet from other newborns
- If COVID-19 test is positive, ***follow precautions for 'Mother is COVID-19-positive'***
- If COVID-19 test is negative, ***follow precautions for 'Mother is COVID-19-negative'***

Mother is COVID-19-negative

Use following precautions:

- 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

Breast feeding

Studies to date have not detected the COVID-19 virus in breast milk. Risks and benefits of breast-feeding should be discussed with COVID-19-positive mothers who are considering breast feeding. 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.

Bathing newborns

The risks and benefits of early bathing for newborns born to COVID-19-positive mothers are unknown. Newborns of COVID-19-positive mothers with respiratory symptoms could be at increased risk of having SARS-CoV-2 on their skin compared to infants whose mothers are asymptomatic.

- Newborns born to COVID-19-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 COVID-19-negative or COVID-19-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 COVID-19-positive Mothers

- All infants born to COVID-19-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 below for subsequent tests and follow-up.
- Infants born to COVID-19-positive mother can be discharged home as per usual WBN practices.
- Infants do not have to await COVID-19 test results if pending when infant and mother are ready for discharge.
- All infants born to COVID-19-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

Follow-up Testing and PUI Clearance for Infants born to COVID-19 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 precautions can be implemented and SARS-CoV-2 testing performed Discontinuation of transmission precautions will be decided in consultation with IP&C on a case-by-case basis which considers testing results
Positive	NO	Repeat testing and duration of transmission 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 precautions can be implemented Discontinuation of transmission precautions will be decided in consultation with IP&C on a case-by-case basis which considers 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, congestion/ stuffy nose, OR diarrhea. The presentation of COVID-19 in newborns is not fully described.

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

Visitors

- No visitors, including partners or spouses, will be permitted on the Post-partum Unit.

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***
- Patients should only remain hospitalized if hospitalization is indicated for other clinical reasons such as respiratory distress.

- Mother and infant can be picked up in the hospital lobby.
- 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 ***See Interim Guidance for Discontinuing Home Isolation for COVID-19 Patients***:
    1. No fever for at least 72 hours (3 full days) without taking medicines that treat fever, e.g., Tylenol, ibuprofen, or aspirin.
    2. At least 7 days have passed since symptoms started.
    3. Other symptoms such as cough have markedly improved.
    4. The mother must wear a mask when entering the facility and throughout the care visit.

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. ***See Discharge Instructions for Postpartum Patients***

- 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

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

- All patients being admitted to NYP should be tested for SARS-C0V-2 by sending a nasopharyngeal swab for SARS-CoV-2. This includes asymptomatic patients. ***See COVID-19 Testing Resources***.
- Asymptomatic patients who are transferred from antepartum to L&D should be retested for SARS-CoV-2 on L&D and treated as low suspicion until test results return.

Staffing and Personal Protective Equipment (PPE)

- Limit staff caring for patients with confirmed or suspected COVID-19 to as few individuals as possible to safely care for the patient.
- When feasible, ancillary care providers such as nutrition and social work should interact with patients via telephone, if feasible.
- Staff don PPE that includes gowns, gloves, a mask, and eye protection.
- N95 respirators are 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 Transmission Precautions

- In consultation with IP&C, discontinuing transmission precautions for symptomatic patients with COVID-19 may be considered for patients who fulfill the following criteria:
  - At least 14 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 2 consecutive nasopharyngeal swab specimens collected > 24 hours apart)
- In consultation with IP&C, discontinuing transmission precautions for asymptomatic patients with COVID-19 may be considered for patients who fulfill the following criteria:
  - At least 14 days have passed since the date of the first positive COVID-19 diagnostic test, AND
  - No subsequent illness or symptoms of COVID-19

See Interim Guidance for Discontinuing Transmission-Based Precautions for Hospitalized Patients with Confirmed COVID-19

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

- ***See Interim Guidance for Transport of Suspected or Confirmed COVID-19 Patients*****,** updated March 20, 2020

Visitors

- No visitors, including partners, spouses, or doulas, will be permitted on the Ante-partum Unit.

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 Patients with Suspect or Confirmed COVID-19***
  - ***See Discharge Instructions for Care Givers and Household Contacts of Patients with Suspected or Confirmed COVID-19***

Congregate events and vendors

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

AMBULATORY CARE

Pre-screening

- Prior to visits, patients should be screened for symptoms such as subjective or objective fever $\geq 100^0$, cough, shortness of breath, sore throat, fatigue, myalgias, congestion/ runny nose, diarrhea, 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 such as subjective or objective fever $\geq 100^0$, cough, shortness of breath, sore throat, fatigue, myalgias, diarrhea, or loss of taste or smell.
- Provide a surgical face mask to all patients.
- 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.

Telehealth

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

Discharge

- 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 Patients with Suspect or Confirmed COVID-19
    - See Discharge Instructions for Care Givers and Household Contacts of Patients with Suspected or Confirmed COVID-19

See Ambulatory Care Testing Guidance
See Ambulatory IP&C Strategy for Outpatient Clinics and Practices

References

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