

PLAN FOR COVID -19 POSITIVE OR SUSPECTED POSITIVE PATIENT

Triage:

Prior to entering the unit, determine if the patient has an obstetrical concern in conjunction with policy PAT-1-24. If the patient does not have an obstetrical concern, send to ER and notify ER of patient coming. Alternatively if patient unable to ambulate, patient may enter and be escorted to ER following the same procedure outlined below (green).

If emergent/labour, patient must be permitted to enter. If uncertain, the obstetrician will decide whether further assessment is needed and entry required.

L&D screener notifies the unit that the patient has failed the screening. Care partners who fail the screening cannot enter.

Staff don's appropriate PPE for droplet precautions as per policy IPC-2-16. L&D screener will instruct patient to don surgical mask, wash hands and wait at a safe distance. Wheelchair will be available at all times in this area.

Entry:

Patient to don surgical mask for any movement in the unit and/or room transfers, without exception.

Place patient in appropriate room

- If in labour, negative pressure room #4
- If negative pressure room not available, place in rooms #5, 6, or 7 (in this order)
- If not in labour and needing assessment, place in rooms #5, 6, or 7 (in this order)
- Ensure door closed at all times

Minimize staff entering and exiting the room

Notify infection control of patient in hospital. Notify housekeeping to clean the screening area.

Follow droplet contact precautions and assess patient's obstetrical concern

- If patient in labour follow plan for either c-section or vaginal delivery
- If SROM and GBS negative send home and continue self-isolation, return as instructed.

Management:

Does the patient need further medical assessment?

Assess Mother for Symptoms:
Maternal Early Warning Trigger

	Yellow Alert	Red Alert
RR	<12 >25	>30
O2 Sat	90-93%	<90%
Temp	< 36	>38
Systolic	<80 >156	>160
Diastolic	< 45 >106	>110
HR	<50 >110	>130
Neuro	Altered mental status	

One red or two yellow are a trigger for being "unwell"

If the patient is unwell, notify MRP who should then consult with MET/MCTU or ICU

Maternal fever – if it is unexplained and persistent ≥ 38.0 (on two separate occasions, 30min apart) a COVID test is warranted. If uncertain of cause, consult with infection control.

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Vaginal Delivery

Patient to wear mask at all times.

For appropriate PPE guidance see policy IPC-2-16

To minimize exposure, consider having the nurse stay in the room and employing a “runner” to get things as needed.

Entonox is contraindicated, unless a biomedical filter is in place, a disposable protective sleeve is over the tubing, and an anesthetic mask is available (not the supplied mouth piece).

Jacuzzi tubs are contraindicated.

Patients that are at an increased risk of requiring a c-section are encouraged to have an early epidural.

Continuous EFM for symptomatic Covid positive or suspect positive patients.

Avoid suctioning the baby if possible.

Post Partum Care

Paediatric team supports delayed cord clamping.

Breastfeeding, skin to skin, and bonding is supported if mom is wearing a mask and performs hand and breast hygiene.

At other times baby should remain 2 meters away from mom in a bassinette.

If patient is in labour room #4 transfer to room #165 for post partum care. If 165 is not available transfer to private room starting with 166, 164, 162, 160.

If patient is in labour room # 5, 6 or 7, and expected discharge is within 24hrs, keep the patient in room and provide post partum care there (LDRP room). Otherwise transfer patient to 165 if available. If not available transfer to 166, 164, 162, or 160.

Newborn of suspected/Confirmed COVID positive mom

Prior to transferring baby to NICU, a visit with mom must be facilitated as best as possible. Reason for inability for a visit must be documented (eg. Mom and/or baby is medically unstable).

While in NICU, visits with mother must be facilitated as per mother’s wishes and a discussion with MRP.

NICU nurse to transfer baby in isolette to/from Maternal Newborn unit and NICU. Isolette is to be left outside of mother’s room during visit.

Maternal Newborn nurse is to be available to bring baby to mother in room, using a bassinette, and to remain in room as appropriate.

If baby is critically ill, consideration must be made to use NICU’s bed #15 to facilitate visit with mother and/or designated ECP. Leadership to be included in planning.

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Newborn of suspected / confirmed
COVID positive mom

- Baby needs a Covid test at
24hrs age with MRP order
- Retested at 48hrs of age

Newborn tests POSITIVE

- Notify the MRP with the
recommendation to notify a
Paediatric Infectious Disease
specialist

Newborn tests NEGATIVE at 48hrs

- Discuss with IPAC