BOZEMAN HEALTH

Frequently Asked Questions: CARE OF OBSTETRIC PATIENTS AT BOZEMAN HEALTH DURING COVID-19

April 29, 2020

Q: Do patients with COVID-19 need C-section delivery?

A: No. COVID-19 itself is not an indication for C-section. Many COVID-19 positive patients do end up with C-section delivery for other indications including cardiopulmonary compromise. Some COVID-19 positive patients experience rapid cardiopulmonary compromise and do not tolerate labor well. So far, an estimated 89% of the COVID-19 positive pregnant cohort has been delivered by C-section. Prepare early for possible C-section delivery in these patients.

Q: Can we use Nitrous Oxide for labor analgesia?

A: No. Do not use Nitrous Oxide at this time for any obstetric patient due to risk of contamination of the circuit.

Q: Can COVID-19 positive/PUI patients breastfeed?

A: They can pump and a healthy caregiver can give breast milk to the baby in accordance with recommendations to isolate the newborn at delivery. If a patient decides to breastfeed directly after relevant counseling otherwise, the mother should wear a mask while feeding and wash her hands and breast with soap and water before feeding the baby. COVID-19 has not yet been identified in breast milk and transmission to the baby is thought to be through respiratory droplets from the mother during contact with the baby.

Q: Are visitors allowed to be with pregnant women in labor?

A: Yes, one healthy adult caregiver is allowed to accompany the patient while she is in the Family Birth Center and postpartum. The same caregiver must follow the patient from labor and delivery through to postpartum. The caregiver is not allowed in the OR. If the patient is COVID-19 positive, no visitors are allowed to be with the patient. If the patient is COVID-19 positive, the newborn would ideally be separated from the mother at birth and a single healthy adult caregiver would be allowed to provide care for the newborn.

Q: At birth, is the baby routinely separated from a COVID-19 positive/PUI mother?

A: Yes, separation is the preferred management strategy of the newborn. If the mother does not agree to separation after appropriate counseling OR if there is no physical room in the facility to keep the baby

in a separate room, then the baby can room-in 6 feet away behind a barrier. Isolation of the newborn is preferred if possible.

Q: Should a COVID19 positive/PUI patient wear a mask?

A: Yes, COVID-19 positive/PUI pregnant patients should wear a surgical mask at all times in the outpatient and inpatient care setting if possible.

Q: When should nurses or other staff wear a surgical mask and eye protection?

A: All caregivers should wear a surgical mask and eye protection when within six feet of any other person or patient.

Q: When should nurses or other staff wear a gown?

A: Wear a removable gown or jacket when in contact with any patient where you might come in contact with body fluids, blood, sputum, amniotic fluid, etc. Examples would be when prepping patients in the OR, when turning or positioning a labor patient in bed, or during pushing and delivery.

Q: Can COVID-19 positive/PUI patients use birthing tubs or positioning aids such as the "peanut ball?"

A: Avoid use of tubs and positioning aids in these patients to avoid risk of contamination.

Q: Where are twins delivered?

A: If the pregnant patient is *not* a PUI/COVID-19 positive, twins deliver in OR1 as usual.

If the pregnant patient is a PUI/COVID-19 positive, twins deliver in OR7 because it has negative pressure.

Q**: Which OR do COVID-19 positive/PUI patients go to for C-section or other obstetric procedures?**

A: These patients go to OR7 if it is available because it has negative pressure.

Q: Who do I notify when a COVID-19 positive/PUI patient is admitted to Family Birth Center?

A: Notify the attending physician, the OR staff, the nursery staff, and the anesthesiologist on call at a minimum. Also consider notifying Katy O, house supervisor, and Melissa Wolf (406) 548-1032 for additional support.

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Q: Can we give steroids for fetal lung maturity in patients who are PUI/COVID-19 positive?

A: Yes, steroids are still indicated for fetal lung maturity without restrictions.

Q: How should we treat patients who develop fever, cough, or other symptoms during admission for obstetric indications?

A: Any patient who develops a confirmed fever of 38 (100.4) or other concerning symptoms during labor/admission should be treated as a PUI/presumed COVID-19 positive. The patients who have fever and suspected chorio, pyelo, or other source should be treated as such with additional treatment of the patient as a PUI in terms of PPE choice, utilization of OR7 if C-section, newborn management, etc. If the patient develops a fever or other concerning symptoms during labor/postpartum, she should remain in her current labor/postpartum room with the door closed and not be transferred to 218/219. In case reports from New York and those described by Dr. Haeri, some of the most compromised pregnant patients were those who were treated for presumed chorio/pyelo when they developed fever and subsequently were identified as COVID-19 positive. We are advised to have a high level of suspicion in these cases. Be sure the fever is confirmed and not a random reading prior to proceeding down this pathway to minimize the number of mother-baby separations. Designation of the patient as a PUI on the basis of fever or other symptoms should be made by the attending physician/midwife and not by nursing staff. Nursing staff should contact the attending physician if they note a temperature reading of 38.0 or higher or if the patient develops concerning symptoms. A patient with fever can be removed from the PUI pathway if they have a negative COVID-19 test or if the fever resolves and an alternate diagnosis is documented in the chart by the attending provider.

Q: Which room should a PUI/COVID-19 positive patient labor and deliver?

A: Ideally we would use 218/219; however, any room with the door closed would be acceptable.

Q: Can oxygen via face mask or nasal cannula be used for intrauterine resuscitation?

A: Yes, although judicious use of oxygen for intrauterine resuscitation is recommended at this time. Please utilize position change, IVF bolus, and discontinuation of pitocin first. Application of oxygen is not considered an “aerosolizing” procedure and airborne precautions are not necessary when administering oxygen to obstetric patients. Still, the potential concern for aerosolization exists as such so therefore judicious use is recommended.

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Q: What is the best type of pain management for COVID-19 positive/PUI in labor?

A: Any patient who is COVID-19 positive/PUI or identified to be at high risk for emergent surgery should be encouraged to receive early epidural anesthesia to reduce the possibility of surgery under general anesthesia.

Q: Should staff wear an N95 mask, PAPR, or the equivalent routinely during the second stage of labor for all patients?

A: This is not currently recommended or required. A face shield that covers your surgical mask and eye protection is required during second stage. Face shields are readily available for all staff. If the patient is COVID-19 positive/PUI and you have an N95 mask you could consider use during second stage although it is not required.

Q: Should staff wear an N95, PAPR, or the equivalent during the second stage of labor if the patient is COVID-19 positive/PUI?

A: Providers and staff are required to wear a surgical mask, eye protection, gown, and gloves (droplet + contact precautions) during care of COVID-19 positive/PUI in labor rooms. Additionally a face shield that covers your surgical mask and eye protection is required during second stage. Face shields are readily available for all staff. An N95 mask could be worn if available.

Q: What tocolytic medications should be used in COVID-19 positive/PUI with preterm labor?

A: In the context of preterm labor if tocolysis is indicated, start with nifedipine, then magnesium sulfate, lastly indomethacin.

Q: Can ibuprofen and/or Toradol be used for pain management postpartum/post op?

A: NSAIDS are still appropriate in their typical use postpartum and post operatively.

Q: What PPE should be worn during the second stage of labor?

A: The delivering provider and the labor nurse should use droplet and contact precautions (eye protection, a surgical mask, gown, and gloves) during pushing and delivery of all patients. Additionally a face shield that covers your surgical mask and eye protection is required during second stage unless the patient has a known negative COVID result on pre-admission or admission testing.

Q: If the mother is discharged and the baby is still in the nursery, who can stay as a boarding parent?

A: One healthy adult caregiver can stay as a boarder if there are rooms available. A boarding parent is encouraged to stay in the hospital, but could leave and return on a case by case basis depending on space available on postpartum, status of ill patients in the hospital, and at the discretion of the nursery team.

Q: Are we still offering postpartum tubal ligations?

A: If the TL is done at the time of C-section, yes, we are continuing with that procedure. If the patient has a vaginal birth, then we can evaluate the possibility of performing surgical postpartum tubal ligation as a separate procedure on a case by case basis.

Q: Can postpartum patients be discharged before 24 hours?

A: Occasionally this is possible; however, it is not routine practice to discharge the newborn prior to 24 hours postpartum. Staff should not promise patients that they will be able to leave prior to 24 hours. Typically we will discharge patients who had uncomplicated vaginal births at 24 hours and those who had uncomplicated C-sections at 48 hours. Modifications to this can be made on a case by case basis in collaboration with our pediatric colleagues.

Q: Can visitors accompany pregnant patients to clinic and/or ultrasound appointments?

A: No. Visitors are not allowed at outpatient appointments including ultrasound.

Q: Should pregnant patients be advised to be off work for a period of time prior to delivery?

A: We are currently advising pregnant patients to stay home for approximately two weeks prior to their anticipated delivery to reduce the possibility of being positive or symptomatic when due. Time off is advised to begin between 37-38 weeks.

Q: Where do obstetric patients recover post operatively?

A: If the patient had spinal/epidural anesthesia, the patient can now recover on L&D in the FBC. If the patient had general anesthesia, for now the patient will still recover in PACU. As the volume of patients in the hospital increases, this plan may change.

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Q: Are Billings Clinic and Women's Specialists clinic sites open for outpatient ob/gyn appointments.

A: Yes, both clinic sites are open and are seeing patients for prenatal care, clinic procedures, acute gynecologic care, and other appointments. We have increased our use of telehealth and are in frequent contact with our patients.

Q: Are labor inductions cancelled or changed during this time?

A: No, both elective and medical inductions of labor are ongoing in the usual fashion.