



TITLE	Recommendations for Management of Obstetric Patients during COVID-19 Pandemic
TODAY'S DATE	April 28, 2020
SECTION	<input type="checkbox"/> Organization Wide <input type="checkbox"/> Emergency Department <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Ambulatory <input checked="" type="checkbox"/> Nursing <input checked="" type="checkbox"/> Medical staff [physicians and advance care practitioners]

APPLICABLE LOCATIONS	<input type="checkbox"/> All Bozeman Health locations <input checked="" type="checkbox"/> Bozeman Health Deaconess Hospital <input type="checkbox"/> Big Sky Medical Center	<input type="checkbox"/> Belgrade Clinic + UrgentCare <input type="checkbox"/> Hillcrest Senior Living <input type="checkbox"/> b2 UrgentCare <input type="checkbox"/> b2 MicroCare
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APPROVED BY	Incident Command
APPROVAL DATE	April 29, 2020

**PURPOSE:**

The purpose of this policy is to provide broad guidance for management of obstetric patients throughout the COVID-19 pandemic, including the period of reopening of the Bozeman Health ambulatory clinics and surgical services to non-essential/non-emergent services, in a safe thoughtful manner.

**POLICY/PROTOCOL:**

PATIENT STATUS	LOCATION	PPE for OB STAFF (Nursery and anesthesia staff to follow own protocols)	PPE for PATIENT
<b>OB Patient in the Family Birth Center</b>			
NO symptoms  and  NEGATIVE COVID-19 test per pre-admission protocol or at admission	Family Birth Center (FBC)	*Surgical mask at all times *Eye protection during second stage (face shield not required) *Gown or jacket when in direct contact with blood or body fluids *Gloves as needed	Mask or face covering on the patient while others are in the room, if tolerated, while the Universal Mask/Face Covering Policy is in effect
PUI for COVID-19 (patient is symptomatic or has known exposure)  or  POSITIVE COVID-19 test per pre-admission protocol or at admission  or	Designated location *First choice: room 218/219 *Second choice: Labor room with door closed *Third choice: case by case basis	*Surgical mask at all times *Eye protection at all times *N95 if available during second stage *Face shield during second stage *Gown when in the room *Gloves when in the room	Surgical mask on the patient at all times



Known COVID+ without full recovery			
UNKNOWN COVID-19 status, presumed negative (patient is asymptomatic with no known exposure)  and  Pre-admission or admission test is pending or incomplete	Family Birth Center (FBC)	*Surgical mask at all times *Eye protection at all times *Face shield during second stage *Gown or jacket when in direct contact with blood or body fluids *Gloves as needed	Mask or face covering on the patient while others are in the room, if tolerated, while the Universal Mask/Face Covering Policy is in effect

PATIENT STATUS	LOCATION	PPE for OB STAFF (Nursery and anesthesia staff to follow own protocols)	PPE for PATIENT
<b>OB Patient in the OR</b>			
(SPINAL/EPIDURAL/GENERAL ANESTHESIA) NO symptoms  and  NEGATIVE COVID-19 test per pre-admission protocol or at admission	*OR1 *FBC staff to scrub/circulate the case	*Surgical mask *Eye protection *Gown or jacket when in direct contact with blood or body fluids *Gloves as needed	Mask or face covering on the patient while others are in the room, if tolerated, while the Universal Mask/Face Covering Policy is in effect
(SPINAL/EPIDURAL/GENERAL ANESTHESIA) PUI for COVID-19 (patient is symptomatic or has known exposure)  or  POSITIVE COVID-19 test per pre-admission protocol or at admission  or  Known COVID+ without full recovery	*OR7 if available (negative pressure) *FBC staff who have been fit tested to circulate the case *FBC Circulator to use PAPR if they have not been fit tested *FBC scrub techs have been fit tested  *If not in a negative pressure OR, wait 15 minutes before opening the door following an aerosol generating procedure on these patients. This should not delay care and the door may be opened sooner if needed for patient care.	*N95 or PAPR *Eye protection with face shield *Gown *Gloves  *Above PPE is required presumptively for all PUI/+ patients in the OR in case the anesthetic converts from regional to general	Surgical mask on the patient until intubation



<p>UNKNOWN COVID-19 status presumed negative (patient is asymptomatic with no known exposure)</p> <p>and</p> <p>Pre-admission or admission test is pending or incomplete</p>	<p>*OR1</p> <p>*FBC staff to scrub/circulate the case</p> <p>*If general anesthesia is required, FBC Circulator to use PAPR if they have not been fit tested</p> <p>*FBC scrub techs have been fit tested</p>	<p>(SPINAL/EPIDURAL)</p> <p>*Surgical mask</p> <p>*Eye protection</p> <p>*Gown or jacket when in direct contact with blood or body fluids</p> <p>*Gloves as needed</p> <p>(GENERAL ANESTHESIA)</p> <p>*N95</p> <p>*Eye protection with face shield</p> <p>*Gown</p> <p>*Gloves</p>	<p>Mask or face covering on the patient while others are in the room, if tolerated, while the Universal Mask/Face Covering Policy is in effect</p>
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**NOTES:**

- Keep room doors closed at all times
- Minimize staff in and out of labor rooms and in OR. No extra staff helping in OR or unnecessary training in the OR.
- For confirmed or suspected COVID-19 patients, ideally only a single nurse would enter the labor room for each shift.
- OR should be cleaned per current protocol.
- Confirmed or suspected patients with COVID-19 should be encouraged to receive early epidural anesthesia in order to minimize the risk of C-section under general anesthesia. This risk cannot be mitigated entirely as these cases can convert to general anesthesia even when an epidural is in place.
- Nursery staff should use PPE relevant to suctioning and possibly intubating a newborn in the delivery room and in the OR in alignment with current nursery protocols. If nursery staff are wearing PAPRs in the OR setting, they should remain a distance from the surgical field as able and the infant should be brought to them by the OB to minimize PAPR airflow near the incision.
- If a circulator is wearing a PAPR in the OR setting they should remain a distance from the surgical field as able to minimize PAPR airflow near the incision.
- C-section and operative vaginal delivery are indicated for the usual clinical indications. Confirmed or suspected COVID-19 status is not of itself an indication for C-section.

**OTHER POLICIES/PROTOCOLS TO REFERENCE:**

**SCOPE:**

This policy applies to operations during the COVID-19 pandemic and is therefore temporary and we reserve the right to revise or discontinue this policy with or without notice depending on the current understanding and/or business needs of Bozeman Health relating to COVID-19.