Maternal Care Workflow

Single Point of Entry for ALL OBSTERIC ADMISSIONS per Facility Guidelines

Health care providers w ith patient contact should be provided with eye protection (e.g., face shield or goggles) and masks (surgical **or** N95) based on local resources utilizing facility specific conservation guidelines *(see Conserve PPE Reuse Guide)*[1]

OB TRIAGE and LABOR AND DELIVERY

- All patients and their support partner should be masked and maintained throughout their stay including the second stage of labor
- **Review for Symptoms** (fever, cough, shortness of breath, sore throat, fatigue, myalgia, congestion/ runny nose, or diarrhea)
- When available rapid COVID testing for all maternal patients[2]

SYMPTOMATIC

- Dyspnea or shortness of breath
- New pain or chest pain with cough
- Unable to tolerate fluids
- Signs of dehydration e.g. dizziness altered mental status (e.g., confusion)

PATIENT CARE ASSESSMENT

Depending on location (ED/L&D) of assessment

- Notify Obstetric & Neonatal Providers
- Notify ED and/or Critical Care providers

- Achieve consensus amoung physicians in patient placement
- Transfer to Higher Level of Care if appropriate

TRANSPORT TO ALTERNATE FACILITY

If necessary: Transfer to another facility for higher level of care or if necessary due to hospital capacity

Notify Transport Team and Receiving Facility ASAP

ICU /CCU ADMISSION

Antenatal /Labor

Assign L&D RN (1-1) to ICU/CCU

Delivery Location: based on local resources

- Delivery in ICU/CCU
- Delivery in OR
- Establish checklist specific to delivery location
- Refer to: Newborn Workflow

After Delivery

- Assign Obstetric RN to ICU /CCU for postnatal assessments
- Continue to Co-manage with OB provider

STABLE Condition

DEVELOPS SYMPTOMS

Clinical assessment for respiratory compromise includes physical examination and tests such as pulse oximetry, chest X-ray, or ABG

OPERATING ROOM

Follow C-section Workflow and Newborn Workflow

- Limit to essential support staff only
- Notify CC Team as needed

ASYMPTOMATIC

Review for comorbidities due to increased risk of decompensation

If confirmed COVID-19 or PUI admit to private / isolation room

OB ADMISSION

ANTENATAL / LABOR and DELIVERY

- Use one room for entire length of stay whenever possible. Ambulation outside of room must be avoided
- Initiate and maintain droplet and contact isolation precautions with eye protection[3]
- 1:1 care as clinically needed
- RN will perform bedside interventions (e.g. blood draws) whenever possible
- Whenever possible minimize donning and doffing of PPE e.g. assign a runner to bring supplies to room, collect medications, specimens etc.
- Regular and frequent multidisciplinary team update
- Perform routine antenatal, intrapartum and postpartum care
- Unless maternal hypoxia (O2 saturation <95%) use of nasal cannula O2 should be avoided.
- Inhaled nitrious oxide for pain relief should not be used

Delivery

- Limited to essential hospital support staff
- Refer to Newborn Workflow

After Delivery

- Direct breastfeeding is not recommended
- Provide designated breast pump
- Follow infection prevention precautions for breastmilk storage and handling (e.g. PPE, store in separate fridge)
- Monitor closely for signs of deterioration. If symptomatic refer to the "symptomatic" flow

OB DISCHARGE

The decision to send the patient home should be made in consultation with the patient's clinical care team and local department of health recommendations.

[1] Conserve PPE Reuse Guide DIGNITY HEALTH / CHI HYPERLINKS

[2] Availability of rapid testing to be determined at each site

[3] According to the CDC, a N95 should be worn during aerosolizing procedures (e.g., intubation/ extubation, CPR, open oral suctioning, breathing treatment, bronchoscopy)

Questions? Contact your local perinatal leader, Divisional Dyad leader, or Catherine Klein / Dr. Laurence Shields at the Women's and Infants Clinical Institute at **catherine.klein@DignityHealth.org, laurence.shields@dignityhealth.org**

CommonSpirit

DISCLAIMER: COVID-19 information is rapidly changing and documents will be updated accordingly.
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