

Management of Labour, Birth and Postpartum Care for Patient Under Investigation (PUI) or With Confirmed COVID-19 Infection

Patient was screened in LD Triage/ED and determined to be PUI or patient transfer with confirmed COVID-19 infection:

1. LD RN receives notification of PUI admission. Ensures mask (surgical) on patient & visitor (*FBC/NICU – 1 visitor , OBT (OB Triage) – 1 visitor, WHC (Women’s Health Clinic) – 1 visitor*).
2. Initiate **Droplet/Contact Enhanced Precautions** in private/isolation room. Ensure proper signage.
3. HCP performs hand hygiene and dons PPE: Gown, procedure mask, eye protection, gloves.
4. LD RN admits patient and completes ICRAT form as required.
5. Ensure notification to the appropriate OB/MW team, IPAC and follow orders.
6. Complete swabs as ordered in private/isolation room.
7. Monitor patient for respiratory deterioration – vital signs as ordered.
8. Continuous fetal monitoring per protocol (fetal heart rate changes will occur prior to maternal signs and O2 Sat monitoring).

Obstetrical Assessment or Vaginal Delivery

- **Droplet/Contact Enhanced Precautions**
- Notify NICU/RT/Anesthesia of PUI
- Mask required for patient and visitor at all times
- Nitrous oxide use contraindicated for PUI or confirmed COVID Patient
- Only allow essential staff in room
- Make provision for resuscitation of baby in location of delivery, do not move baby to another location
- Delayed cord clamping not contraindicated
- Immediate skin-to-skin: Discuss with family
- Mom to complete hand hygiene and wear procedure mask prior to skin to skin and breastfeeding

Specimens:

- Nasopharyngeal swab for PCR COVID-19 (call CPM for resource)
- Placenta to pathology

C-section

- **COVID-19 is not an indication for C-Section**
- **Droplet/Contact Enhanced Precaution**
- **Airborne/Droplet/Contact Precautions** in case of aerosol generating procedure (i.e. intubation)
- Notify Pediatrician/respiratory therapist/Anesthesia of PUI *Depend on STAT Urgent booked
- Only allow essential staff in room
- Resuscitation of baby in location of delivery, do not move baby to another location
- After delivery move to private/isolation room for recovery
- Delayed cord clamping not contraindicated
- Immediate skin-to-skin: Discuss with family
- Mom to complete hand hygiene and wear procedure mask prior to skin to skin and breastfeeding

**Mother
COVID-19
NEGATIVE**

Discontinue
Precautions
as per
Infection
Control

**ROUTINE
CARE**

**Mother
COVID-19
POSITIVE OR
PUI**

Post Partum Care

- Maintain Droplet/Contact Enhanced Precautions
- Monitor patient for respiratory deterioration – vital signs as ordered
- Patient and visitor to maintain procedure mask
- After recovery - transfer mother and partner, wearing procedure masks to private/isolation room
- Transfer baby in isolette (*Refer to Neonatal Management Guidelines*)

**Mother
COVID-19
NEGATIVE**

Discontinue
Precautions as
per Infection
Control;
Patient can
recover in
recovery room

ROUTINE CARE