VCMC Inpatient Antepartum and Labor Admission for PUI/COVID+

General Care Principles for working with COVID+/PUI patients

- Minimize risk of emergency procedures with early intervention
- Emphasize use of early analgesia to decrease risk of high-risk aerosolization scenarios (i.e. Urgent intubation). Early epidural encouraged.
- Decrease number of personnel interacting with patient (without diminishing high-value care)
- Decrease health care personnel coming in and out of rooms
- *All providers in LDR of COVID patient should be in PPE (N95 mask, eye protection, gown and gloves."
- *Patient’s support person should be in surgical mask and goggles at all times, with gown and gloves when in direct contact with patient

COVID Labor Admission CheckList

*Initiate this checklist as soon as PUI or COVID patient is known to be admitted*

- Complete COVID/PU VCMC Inpatient Checklist
- Respiratory Precautions (de-identified COVID sign) on door
- PPE cart set up outside labor room with PPE trash can and bucket for goggles
- Trash can for discarded PPE in room and in hallway
- Ensure cords are not bunched or tangled
- Hallways are clear of impediments
- Forceps and Vacuum in Room
- Disposable stethoscopes
- Sterile half sheet (closed)
- Surgical mask for patient to wear in transport
- Table in preop/PACU area for sub-sterile prep in case of c-section
- PPE set up outside OR in case of c-section
- If COVID/PUI patient is in labor, L&D OR should be held for COVID patient. Other CS’s should go to main OR.

COVID Labor Protocol

Patient attire/location

- Patient to wear clean gown and surgical mask (unless on supplemental O2)
- Stays in the room at all times
- Goal to use room LDR 1 or LDR 2
- Antepartums to Ante1

Support/caregiver
• NOT allowed in hospital if screen + for COVID
• Protective gear: Surgical mask and goggles at all times with gown and gloves for direct care
• Must stay in the room.
• Uses patient bathroom
• Single support person for entire Labor and Delivery

Anesthesia
• Strongly encourage early epidural use to avoid intubation in case emergency CS required
• Prioritize nasal cannula use when able
• Supplemental O2 should be limited to 4 liters or less to minimize risk or aerosolization

Additional Supplies
• Have forceps and vacuum in the room to avoid in-and-outs
• If ultrasound used, needs to be sterilized
• Use only disposable stethoscopes

Delivery personnel
• One MD only (“COVID MD”). OB attending will assign “COVID MD” after discussing with on-call physicians
• At least two attending MD providers on the unit when COVID in labor
• Bedside nurse (COVID nurse)
• Resource nurse
• Pediatrics team (essential members only)

Delivery team donning and doffing
• Need to wear PPE (N95, eyeshield or goggles, gown and gloves)
• Don PPE outside LDR
• Remove gown/gloves in LDR. Place in PPE trash can.
• Remove mask, eye covering outside LDR. Place disposables in PPE trash can. Place reusable eyewear in the bucket for washing.
• If patient must be transported to OR, COVID M.D. and COVID nurse may transport patient to L&D OR without doffing PPE

Delivery positioning/Logistics
• Recommend pt in stirrups to have control of delivery and avoid sitting on bed to minimize fluid exposure
• No skin to skin at delivery
• Delayed cord clamping ok.

Pediatrics team
• Limited personnel / essential members only
• All must be in PPE (N95, eye protection, gown, gloves) including provider to receive baby
• If resuscitation is required, stays in LDR, then transfer baby out
• If need for NICU is certain, NICU personnel enter LDR in PPE. If need for NICU uncertain but possible, NICU team to assemble outside LDR with PPE readily available in case they are needed.
Post-delivery management

- Encourage Debrief with delivery team
- Dispo to stay in LDR vs PP1 (iso), PP8, PP11
- LDR to be CLOSED until appropriate high cleaning completed