VDH Guidance for Inpatient Obstetric Care for Persons with Confirmed or Suspected COVID-19

Revised November 5, 2020

Revisions were made on November 5, 2020 to reflect the following:

- Added information about the risk for severe illness among pregnant women with COVID-19.
- Updated the timing of infant testing, mother-infant rooming guidance, and mask use by healthy caregivers feeding an infant whose mother has COVID-19.
- Added patient discharge information.
- Updated guidance regarding discontinuation of precautions taken at home.
- Updated the Resources section.

Revisions were made on May 4, 2020 to reflect the following:

- Updated guidance regarding discontinuation of precautions taken at home (minimum of 10 days) if using a symptom-based or time-based strategy.

General Infection Control and Personal Protective Equipment (PPE)

- In general, infection control recommendations are the same for an obstetric patient with confirmed or suspected COVID-19 as for other patients in the hospital.
- The facility should identify space to isolate laboring and postpartum patients, provide training to staff on infection control practices, and ensure PPE and supplies needed for hand hygiene and environmental cleaning and disinfection are available and positioned for use. Staff caring for a patient with confirmed or suspected COVID-19 should wear an N95 respirator or mask, eye protection, gloves, and a gown.
- A patient with confirmed or suspected COVID-19 should be in a private room, with a separate bathroom, and the door to the hallway should remain closed. If the number of infected patients increases, they should be placed in designated units with designated staff.
- Detailed infection control guidance can be found in the following resources:
    - The Centers for Disease Control and Prevention (CDC) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings (www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html).
    - CDC Interim Considerations for Infection Prevention and Control of Coronavirus Disease 2019 (COVID-19) in Inpatient Obstetric Healthcare Settings (www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html). The American College of Obstetricians and Gynecologists (ACOG) and the Virginia Department of Health (VDH) have adopted these guidelines.
- VDH recommendations for releasing cases and contacts from isolation and quarantine are available at www.vdh.virginia.gov/content/uploads/sites/182/2020/04/Home-IsolationQuarantine-Release-Graphic_FINAL.pdf.

Challenges and Special Considerations in Labor and Delivery and the Postpartum Period

- Risk of Severe Illness
  - Pregnant women are at increased risk for severe illness associated with COVID-19 compared with non-pregnant women. Pregnant women are at increased risk for admission to the intensive care unit (ICU), receiving invasive ventilation, extracorporeal membrane oxygenation, and death.
  - Healthcare providers need to be aware of these risks and follow the most updated protocols for the care of pregnant women with COVID-19.

- Visitors
  - Visitors should be limited to those essential to the pregnant individual's well-being and care. The facility may institute a limit of one visitor per patient if transmission is ongoing in the community. This limitation does not mean one visitor at a time, but rather, the same visitor for the duration of the hospital stay.
  - Each visitor should be screened for illness and denied entry if COVID-19 symptoms are present. Visitors who enter the facility must practice good hand and respiratory hygiene (i.e., frequent hand washing, sneezing into a tissue or their elbow, wearing a mask). Those visitors present during labor and delivery should wear PPE in accordance with current facility policy.
  - Visitors should be made aware that they can only visit the patient's room while they are in the hospital. Visitors should not be allowed to go to other areas of the hospital, including the nursery.

- Masking of the Patient with Confirmed or Suspected COVID-19
  - Although a person with suspected or confirmed COVID-19 would normally be instructed to wear a mask, the feasibility of this should be given special consideration for women in labor. According to ACOG, "active pushing while wearing a surgical mask may be difficult and forceful exhalation may significantly reduce the effectiveness of a mask in preventing the spread of the virus by respiratory droplets." (COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics, see Resources listed at the end of the document).
  - Because requiring a woman in labor to wear a mask is potentially impractical and ineffective, it is very important for healthcare providers who are in the labor and delivery room with a patient suspected or confirmed to have COVID-19 to wear N95 respirators and proper PPE, to follow proper donning and doffing procedures, and to diligently practice all recommended infection control guidance.

- Laboratory Testing for SARS-CoV-2
  - Pregnant individuals with symptoms of COVID-19 who present for inpatient care should be prioritized for testing.
  - An infant born to a mother with recently confirmed or suspected COVID-19 should be tested, regardless of whether the infant has symptoms of COVID-19. Infants should be tested at approximately 24 hours of age. If the initial test is negative, newborns should be retested at 48 hours of age. For infants who will be discharged before 48 hours of age, one test specimen can be collected between 24-48 hours of age. Currently, the

optimal timing of newborn testing is unknown, but testing too soon after delivery might increase the risk of both false positives and false negatives.

- Testing can assist with making patient management decisions. If the infant tests positive, separation of mother and baby as a measure to reduce transmission risk might not be necessary. See Infant Isolation Considerations for more information.

- Hospitals may elect to conduct testing in-house or through a commercial laboratory, depending on testing availability and hospital policy. Some are conducting universal screening and using those results to inform clinical management (See NEJM reference in Resources listed at the end of the document).

- Infant Isolation Considerations
  - Infants born to mothers with confirmed COVID-19 should be separated from other infants and managed according to CDC guidelines for persons with suspected or confirmed disease in healthcare settings.
  - Infants born to mothers with suspected or confirmed COVID-19, or in whom COVID-19 testing is pending, should be managed as if infected until COVID-19 is ruled out.
  - The decision of whether the newborn and mother will room together while in the hospital should be made after the mother and her physician discuss the risks and benefits. The mother should be actively involved in the decision-making process. Current evidence suggests the risk of transmission of SARS-CoV-2 from a mother to infant is low if precautions are taken (i.e., the mother wears a mask, uses hand hygiene); however, some mothers may feel uncomfortable with the potential risk and prefer to separate from the newborn.
    - The final decision may be based on the clinical condition of the mother and infant, laboratory test results, desire to breastfeed, facility capacity for separate housing, and other potential risks and benefits. In some situations separation will be unavoidable, such as if the mother is severely ill and needs to be cared for in a different unit of the hospital.
  - If the decision is made to separate the mother and infant, a healthy caregiver should provide care to the infant, following hand hygiene and PPE recommendations. The facility should assess the impact of separation on the mother and make mental health or social work services available as needed.
  - If the mother and infant are to be housed in the same room, risk of transmission can be reduced by placing a curtain between their beds and having the beds spaced 6 feet or more apart. If hospitals have capacity, an infant can also be placed in an incubator while in the mother's room; however, if an incubator is used, it is essential that staff, the mother, and other caregivers are trained on how to properly latch and secure the incubator door.
  - The mother should put on a mask and perform hand hygiene before any close contact with the infant. Face shields and masks should never be placed on newborns or children under the age of 2.
  - Visitors to the infant should be limited to a healthy parent or caregiver and should wear a gown, gloves, mask, and eye protection during the visit.

- Breastfeeding
    - At this time, researchers do not know whether SARS-CoV-2 can be transmitted through breast milk, but current evidence suggests this type of transmission is unlikely. The process of breastfeeding, however, increases the risk of transmission of the virus through droplets due to the close contact between the mother and the infant.
    - If mother and infant are being separated and the mother desires to breastfeed, it is recommended that the mother express the milk using a dedicated breast pump. The mother should wear a mask while expressing and wash her hands before touching the pump. After pumping, all parts of the pump should be washed and the pump disinfected. The milk should be given to the baby by a healthy caregiver. If the healthy caregiver lives with or has close contact with the mother, the individual should wear a mask while feeding the baby the entire time the mother is isolated and for 14 days after her isolation ends.
    - If the mother and infant are rooming together and the mother breastfeeds directly, she should wear a mask and perform hand hygiene before each feeding. See Pregnancy, Breastfeeding, and Caring for Newborns and Care of Breastfeeding People for more information.

- Steps to Follow at Home
    - Before discharge, patients should be informed of the emergency warning signs of COVID-19 and when to call 911. Providers should also share mental health support resources, as separation from an infant, concerns about COVID-19, and reduced support with social distancing can worsen postpartum depression symptoms.
    - At home, the mother should continue to use a mask and pay strict attention to hand hygiene before close contact with the infant until transmission-based precautions are removed. Masks should never be placed on newborns or children under the age of 2.
    - Transmission-based precautions can be discontinued based on the scenarios described below. See Discontinuation of Home Isolation for Persons with COVID-19 for more details.
        - Most asymptomatic patients or patients experiencing mild or moderate symptoms can discontinue precautions using the symptom-based strategy below.
            - Ten days have passed since symptoms began (or for asymptomatic patients, ten days have passed since the first positive test) **and**
            - The patient has not had a fever for at least 24 hours (without using fever-reducing medication) **and**
            - Symptoms have improved (Note: loss of taste or smell can persist for weeks or months and should not delay the end of precautions)
        - Individuals with severe symptoms may need to continue precautions for up to 20 days after symptom onset.
        - The test-based strategy for discontinuing precautions is only recommended in certain circumstances (e.g., individuals who are severely immunocompromised).
            - Unless other conditions or medications severely weaken their immune systems, pregnant individuals would not be considered severely immunocompromised.

- Communication with Outpatient Pediatrician
    - The obstetrician and newborn nursery providers should ensure that all information about the mother and infant's COVID-19 status and the level of contact between the infant and mother are communicated to the outpatient pediatrician who will be caring for the newborn.

Resources for Additional Detail

Centers for Disease Control and Prevention:

Considerations for Inpatient Obstetric Healthcare Settings
www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html

Evaluation and Management Considerations for Neonates at Risk for COVID-19
www.cdc.gov/coronavirus/2019-ncov/hcp/caring-for-newborns.html

Guidance on Care for Breastfeeding People
www.cdc.gov/coronavirus/2019-ncov/hcp/care-for-breastfeeding-women.html

Pregnancy, Breastfeeding, and Caring for Newborns
www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

American Academy of Pediatrics:

FAQs: Management of Infants Born to COVID-19 Mothers
services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/faqs-management-of- infants-born-to-covid-19-mothers/

American College of Obstetricians and Gynecologists:

COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics
www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics (See Section on Staffing, Personnel, and Hospital Resources, question about PPE)

New England Journal of Medicine Letter to the Editor on Universal Screening:

Universal Screening for SARS-CoV-2 in Women Admitted for Delivery, Sutton D, Fuchs K, D'Alton M, Goffman D, (Columbia University Irving Medical Center, New York, NY), April 13, 2020
www.nejm.org/doi/full/10.1056/NEJMc2009316