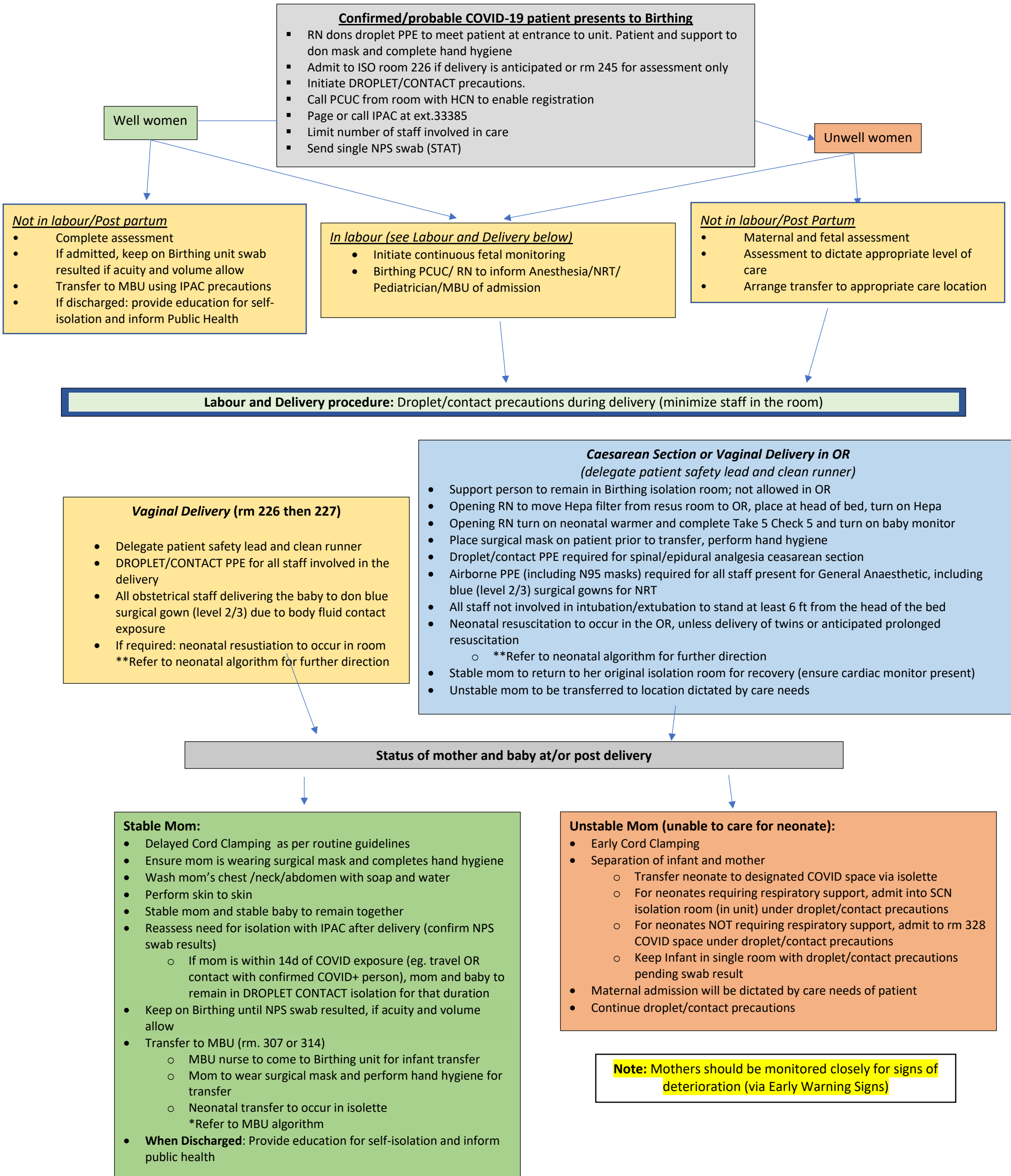


Birthing algorithm for management of confirmed/probable COVID-19 patients

All COVID positive/probable pregnant women will be followed by the obstetrical service

- Pregnant women with COVID infection will be asked to call before coming to hospital where possible, so Birthing can be prepared for arrival
- During screening hours, if patient fails screening the screeners will direct patient to don mask, clean hands, call the Birthing Unit (x.33251) and direct patient to wait outside Birthing unit doors for further instruction
- After hours, the Birthing staff will conduct screening over the phone, ask patient to proceed to Birthing unit doors and pick up phone to call-in for further instruction



Droplet Contact precautions: surgical mask with face shield or surgical mask with visor, gown (blue level 3) and gloves for delivery staff

NPS: Nasopharyngeal swab: send only 1 NPS swab for routine viral resp panel (it includes COVID19) → scroll into the final test result (result should be up in 4-6h if sent STAT) – we recommend sending test STAT if patient being admitted to reduce the unnecessary use of isolation beds/equipment if deemed not necessary

Airborne precautions – N95 respirator with face shield, gown and gloves, used with HEPA filter (if available).

MBU Unit- Mother Baby Unit

Procedures NOT considered to be AGMP: collection of a Nasopharyngeal swab using droplet PPE

Neonatal/ Special Care Nursery Algorithm

- Imminent delivery of woman with confirmed/probable COVID-19 ***
- All COVID deliveries require attendance of pediatrician and NRT
 - NRT and Pediatrician to attend delivery, wait outside of the room until deemed necessary
 - If need for NRT identified, nurse and RT to enter room for assessment, pediatrician to remain outside the room until needed
 - Airborne PPE (including blue surgical gown (level 2/3)) **only** necessary for NRP staff who are present during intubation/ extubation of mom (don N95 prior to entering OR for intubated mothers)
 - Manage as per standard NRP guidelines. Intubation, CPAP, suctioning or CPR during NRP is not considered an AGMP in the delivery room
 - Doff gloves and gown and perform hand hygiene before leaving delivery room; doff shield, mask & cap outside of delivery room and perform hand hygiene
 - Transport infant in isolette
 - **Inform IPAC about newborn delivery and admission as soon as possible.**

- Well baby with unwell mother**
- Send NPS on infant
 - DROPLET CONTACT isolation in designated COVID room (rm. 328)
 - Infant to remain in incubator pending NPS results
 - If baby cannot be with mother, review with IPAC if well support person can care for baby
 - If NPS result negative and caregiver available- baby to be transitioned to MBU
 - If NPS result negative and no caregiver available, admit to SCN as border baby
 - When appropriate, may be discharged home
 - Consult with IPAC for discharge protocol
 - **When Discharged:** Provide education for self-isolation and inform public health

- Unwell baby needing SCN care**
- Transport neonate to SCN COVID designated area in isolette
- Baby requires respiratory support:
- Admit to SCN isolation room in front room D334 (in unit)
- Baby does NOT require respiratory support:
- Admit to rm. 328
- Send NPS on infant STAT
 - *Keep in DROPLET CONTACT until NPS back*

- When NPS is negative** baby can be transferred to SCN general population as appropriate for ongoing care
- visitors in home or hospital isolation are not to visit SCN

- **If NPS is positive** for COVID19, baby to stay in droplet/contact isolation until able to be with mom or d/c home
- AIRBORNE ISOLATION (HEPA FILTER if available, N95) for any COVID19 NPS POSITIVE infants with AGMP (HFNC, NIV)
- Visitation to be discussed with IPAC

- Special Considerations**
- For any baby who develops respiratory symptoms:
1. Send NPS
 2. Initiate droplet/contact precautions
 3. For baby requiring AGMP, initiate Airborne precautions

- Nursing Considerations**
- Clean nurse required to hand in required equipment and supplies to COVID nurse
 - See list of required equipment
 - COVID SCN nurse to care for COVID patients ONLY
 - SCN CN to check in on Covid nurse q30 min
 - Consider: for well baby, can be cared for by MBU nurse in rm 328 as staffing allows

- **When Discharged:** Provide education for self-isolation and inform public health
- Any followup visits with mom or baby should be in DROPLET CONTACT precaution until out of home isolation (minimum 14d from last exposure eg. return from travel or known exposure to COVID19, for those who have swabbed positive -removal from isolation requires 2 negative swabs more than 24h apart as per PH and Infection Control policy)

Droplet Contact precautions: surgical mask with face shield or goggles or surgical mask with visor, gown
IPAC: Infection Prevention & Control
NPS: Nasopharyngeal swab: send only 1 NPS swab (it includes COVID19) → send STAT
Airborne Precautions – N95 respirator with face shield/visor, gown and gloves, used with HEPA filter (if available)

Aerosol-Generating Medical Procedures (AGMP) are defined as:

Ongoing Risk of AGMP	Transient AGMP	Low risk AGMP
<ul style="list-style-type: none"> • Respiratory support: High Flow nasal cannula, CPAP, BiPAP, High Frequency Oscillatory or Jet Ventilation (HFOV, HFJV) 	<ul style="list-style-type: none"> • Intubation or extubation, once ETT in place and connected - no ongoing risk • Cardiopulmonary Resuscitation • Open airway (ETT or tracheostomy) suctioning 	<ul style="list-style-type: none"> • nebulized therapy (lower risk of aerosolization) • AGMP through closed incubator

Procedures NOT considered to be AGMP: collection of a Nasopharyngeal swab; care of a stably intubated patient on conventional ventilation when tube is connected

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