

Case Study: Positive COVID-19 screening at Bluewater Health

A 30-year-old G1 000 mother presented to Hospital with spontaneous rupture of membranes at 38 weeks. She was initially screened at the Hospital entrance and reported productive cough and fever. A surgical mask was immediately placed on the patient and the maternity floor was contacted by the screener to let them know that the patient was being transferred to the floor.

The mother was brought to the unit and was immediately placed in a designated triage room for Covid-19 suspect patients. Her nurse donned a level II surgical mask with shield, gloves, and a non-waterproof yellow isolation gown. After consultation with the physician, the nurse performed a Covid-19 nasopharyngeal swab.

The mother was transferred to a Covid-19 designated birthing room wearing her surgical mask. That particular birthing room had been designated given that it had the best air exchanges and was one of the larger rooms in the unit. While she labored in the room, she was managed as a Covid-19 suspect mother with droplet/contact precautions (level II surgical mask with shield, gloves, and non-waterproof yellow isolation gown).

After 14 hours of labor, a decision was made to proceed to C-section for failure to progress. The C-section was performed in our Covid-19 designated operating room (OR 3). This is an operating room in our main OR that has been made neutral pressure, rather than our usual positive pressure C-section room. The entire operating room team wore N95 masks with sterile operating room gowns. In the adjacent operating room (a newly designated Covid-19 resuscitation room), the infant resuscitation team was ready wearing N95 masks, white nonsterile waterproof gowns, and gloves.

When the child was delivered, the baby was transferred without any blankets to the second operating room where he was resuscitated. Aerosolizing procedures were not required. The child did quite well. The baby was swabbed for Covid-19 with a nasopharyngeal swab following the algorithm that was in place on that day.

An informed discussion with mother occurred to decide where the child would be managed prior to the C-section occurring. It was recommended that the child be placed in a Covid-19 designated nursery with no contact between the parents and the child. However, mother opted to have the child remain in her birthing room (where she was recovered) while maintaining a six-foot distance. The child was moved there in a designated COVID isolette that we keep in our hallway to move these infants to prevent contamination of the environment. For breast-feeding, mother wore a mask and performed hand hygiene and breast washing prior to each feed. Care was provided in the postoperative period with nurses wearing level II surgical mask with shield, gloves, and non-waterproof yellow isolation gown).

Approximately 30 hours after the initial swab, results were obtained that the mother was Covid-19 negative. After discussion with infection control, usual droplet/contact precautions continued given the afebrile, productive cough since this could represent other infectious agents (typical precautions for anyone with a febrile respiratory illness).

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