

BROOKWOOD BAPTIST MEDICAL CENTER
POLICY AND PROCEDURE DIRECTIVE

SUBJECT: Guidance for Prevention and Control of COVID-19 in the Peri and Postpartum Settings

DATE: 7/15/20

REVISED: 8/28/20; 9/11/20; 10/7/20; 10/9/20; 10/20/20

REVIEWED:

I. This memorandum rescinds any previous publication covering the same material and is used in conjunction with BMC-N-L&D-IC-5

II. PURPOSE:

The purpose of this policy is to provide guidelines for control of COVID-19 infection in obstetric settings.

III. POLICY

A. General:

1. The following should serve as a guide for the care of the COVID positive or suspected COVID patient. There may be special situations not covered by this policy that may require individualized care/ decision making based on patient situation and circumstances. The healthcare team (physicians, RNs, etc.) are encouraged to discuss each case on an individual basis.
2. Upon admission to L&D, the pregnant woman with respiratory symptoms will be placed on Enhanced Droplet Precaution (EDP) and instructed to follow respiratory hygiene and cough etiquette. A COVID test will be obtained upon admission to L&D.
3. Asymptomatic pregnant women with exposure to a COVID-19 positive person within the last 14 days will have a diagnosis of Suspected COVID-19 with Quarantine Status. The staff will proceed with Enhanced Droplet Precautions. A COVID test will be obtained upon admission to L&D.
4. If a pregnant woman experienced exposure > 14 days prior to delivery, and remains asymptomatic, she exits the COVID protocol. (i.e. mom and baby receive Standard Obstetric and Nursery Care). No COVID test required upon admission to L&D.
5. Enhanced Droplet Precaution PPE includes gown, gloves, mask and Face Shield or tight-fitting Goggles.
 - a. Eye protection for EDP may take the form of Face Shield with N95 mask or in the absence of a Face Shield, true goggles in combination with a N95 masks. Protective Eyewear with open areas around eyes - do not qualify for EDP.
 - b. Personal eyeglasses or contact lenses are not adequate eye protection.

6. The decision to COVID test the mother, in the presence of symptoms and or suspicion of disease, gives the mother the diagnosis of Suspected COVID-19. Enhanced Droplet Precautions will be continued for hospitalized patients with suspected or confirmed COVID-19 until:
 - a. The mother is afebrile without antipyretics for more than 24 hours. (If mom has been afebrile > 24 hours and has received antipyretics for pain control but not for fever, the requirement to be off antipyretic may be waived).
 - b. The mother has improvement in illness signs and symptoms
 - c. Negative results obtained on admission to L&D for COVID-19
 - d. **EXCEPTION:** If mom has a diagnosis of Suspected COVID-19 secondary to exposure to a COVID-19 positive person, even if mom has a negative test - Enhanced Droplet Precautions/ quarantine will be continued until mom is discharged due to mom's continued risk of developing infection. Do not discontinue quarantine until Mom has met all 14 days of Quarantine. Before discontinuing quarantine, discuss intent with nurse manager for confirmation.
 - e. If mom develops symptoms compatible with COVID infection, she should be retested.
7. Screening tests may be ordered for post-discharge purposes that do not require isolation.
8. Health care personnel entering rooms of suspected or confirmed patients with COVID-19 should adhere to Standard **and** Enhanced Droplet Precautions - **STRICTLY FOLLOW GUIDELINES FOR PUTTING ON AND REMOVING PERSONAL PROTECTIVE EQUIPMENT** – Instructions on each Isolation Cart.
9. When available, isolation rooms with negative air pressure should be used for the care of patients with confirmed COVID-19. A regular patient room with a closed door is acceptable if no negative pressure room available, per CDC. The decision to cohort these patients in another part of the Women's Hospital will be discussed on a case by case basis in the event of limited room availability in Labor and Delivery.
10. The **COVID Positive Mother** – because of the paucity of data related to the infection risk to the infant, the most conservative care would be to separate mother and baby without a support person. Mom will receive the “Guidance Letter” form for informed decision making. She will indicate her preference regarding rooming in vs. separation and support person on the form to be placed in the medical record. If mom chooses to proceed with rooming in: mother, baby and support person will all be housed in the Mother's assigned room.
See Requirements for Support Person to be allowed to room-in, in Section III.A.12.
11. The **COVID Suspect Mother** may choose to have one support person during labor and delivery and to have her baby room-in with her. Mom will receive the “Guidance Letter” form for informed decision making. She will indicate her preference regarding rooming in vs. separation and support person on the form to be placed in the medical record. If mom chooses to proceed with rooming in:

mother, baby and support person will all be housed in the Mother's assigned room.

NOTE: If mom's COVID test results as positive, mother's status changes from COVID Suspect to COVID Positive and the mother's plan of care changes and is addressed in section III. A.10.

12. **REQUIREMENTS FOR MATERNAL SUPPORT PERSON:** Support person visitation for each COVID Suspect/Positive Laboring Patient will be reviewed on a case by case basis - staff should check with the L&D Manager and the OB for verification of the support person's status.

In order for the support person to be allowed to stay beyond the 2 hour recovery period, the support person must be able to

- Be screened for symptoms of COVID-19
- Wear a mask throughout the hospital stay
- Be the same person throughout the hospitalization and must be willing to stay in the room with mom and not leave mom's room until discharge.
- If the support person leaves the room (to go home, to get food, to walk around, etc.) they will not be allowed to return to the mother's room.

13. **REQUIREMENTS FOR INFANT SUPPORT PERSON FOR THE COVID SUSPECT INFANT,** if separated from Mom. Support person visitation for each COVID Suspect/Positive Infant will be reviewed on a case by case basis. This does not apply to infants where the infant is in room with Mom.

- Mom can choose ONE infant Support Person as the infants well care taker throughout the hospitalization. The Infant's Support Person cannot be the same Support Person for Mom. Mom will indicate her preferences on the Guidance Letter.
- The Infant Support Person cannot have been exposed to the COVID Suspect or COVID Positive Mother or Maternal Support Person.
- This person will have to be asymptomatic and be screened daily for symptoms of COVID-19.
- For Infants in the Well Baby Nursery, the Infant's Support Person will wear a mask throughout the stay and use good hand hygiene.
- For Infants in the NICU, the NICU's Support Person will wear a mask, gloves, and gown throughout their stay.
- If the Infant Support person leaves the room, they will not be allowed to return until the next day.

14. Newborns are at risk of infection from a symptomatic mother's respiratory secretions after birth, regardless of delivery mode.

B. **Pre-Delivery:**

1. Prior to Delivery, the pregnant woman will be placed on Enhanced Droplet Precautions and isolation, and instructed to follow respiratory hygiene and cough etiquette. While the pregnant woman is in her room, she will wear a mask. The patient will remain in her room at all times, and will wear facemask if transferring to another area of the facility.
2. The OB Team and L&D staff should discuss Plan of Care for mom/infant, if time permits, including risk benefits of rooming in vs separation of mother and infant immediately after delivery for “Shared Decision Making”. These mothers will receive guidance based on AAP, ACOG and CDC guidelines.

C. **During Delivery**

1. Patient to wear a surgical mask during labor and delivery, if tolerated, in order to decrease exposure of the newborn, healthcare personnel and other labor and delivery patients to potentially infectious respiratory secretions.
2. All persons who come in contact with the patient should don Enhanced Droplet Precaution PPE, including N95 mask.
3. Procedures for transport of the patient on isolation should be followed. The patient should wear a surgical mask to contain secretions when outside of the patient room and should be encouraged to follow respiratory hygiene/cough etiquette practices.

D. **After Delivery**

1. If the mother has a diagnosis of Suspected or Confirmed COVID-19 - and has NOT MET all the conditions to exit the COVID Policy, listed in III.A.4.a.b.c.d, the mother is continued on Enhanced Droplet Precautions. AAP recommends that the COVID positive or COVID suspect - mom can room-in with her baby, i.e. not be separated and to follow the usual practices of the Birth Center. The CDC and ACOG recommend Shared Decision Making for rooming-in.
2. This P&P will provide guidance for both choices: when the mother chooses to room-in with her baby or when the baby will be cared for separate from the mother.
3. The L&D staff involved in the care of the mother will don Enhanced Droplet Precaution (EDP) - PPE.
4. Post-delivery, usual care practices will be allowed for the mother/baby couplet – such as skin to skin, delayed cord clamping with mother masked but allowed to hold the baby.
5. For a Vaginal delivery, the mother and baby will remain in the mother’s room. Following instructions given below, for care in mother’s room.
6. For a C/S delivery, infant will be transported to mother’s room in an open crib draped with a blanket or incubator. See **Delivery Room COVID CARE Guidelines**.
7. If the plan is to separate mom and baby, based on shared decision making, the infant will immediately be taken from the Delivery Room to a separate patient room reserved for the infant. Follow the steps outlined in the **Delivery**

Room COVID CARE Guidelines.

8. Follow the **Delivery Room COVID CARE Guidelines** for transporting via a Giraffe Incubator (not a crib):
 - If the infant is to be transported to the NICU from L&D or to the Mother Baby Unit.
 - If later a diagnosis of COVID Suspect is made while on the Mother Baby Unit and the infant needs to be transported back to the L&D area for COVID Isolation
9. Regardless of location of care, the infant has a diagnosis of Suspected COVID-19 thus requiring that the staff caring for the infant will wear EDP - PPE.
10. Infant will be bathed as soon as is reasonably possible after birth.
11. **Infant Testing:**
 - a. Asymptomatic infants born to mothers with Suspected COVID-19, will not be tested unless the mother's COVID test is positive.
 - b. If mother's test is COVID positive, baby will be tested at greater than 24 hours of age, following the latest CDC guidelines by the NICU RT. (Both nares will be swabbed with one swab and placed in the appropriate COVID testing container).
 - c. The NRN nurse will be responsible to obtain the testing kit and paper work from the lab and then process, and send to the lab.
 - d. Refer to recent CDC guideless for the timing of infant testing.
12. If mother meets the above criteria (III. A.6.), Enhanced Droplet Precautions would be discontinued and infant can room in with the mother, on the FCN unit. If mother is asymptomatic or has mild respiratory symptoms with negative Flu and negative COVID tests, mom and baby can room-in and FCN Standards of Care are followed. Mom will remain on Droplet Precautions until discharge. Mom needs to wear a mask while caring for infant, while using good hand and respiratory hygiene is continued.
13. If mother's respiratory symptoms significantly worsen and she cannot control her cough/sneeze/respiratory secretions, AAP and CDC recommend consideration that it might be best care to separate the mother and baby. A physician assessment would be indicated to determine if it is safe for mother and infant to continue to room in or be separated.

E. **Newborn Separated from Mother who meets – CDC Guidelines for Suspected or Confirmed COVID-19:**

The Health Care Team and the mother, in shared decision making, will weigh the risks of separation vs the risk of exposure/infection in their discussion of Care Choices. These mothers will receive guidance based on AAP, ACOG and CDC guidelines.

1. When the mother and infant need to be separated, the infant will be cared for in a separate room by a hospital nurse.
2. The infant automatically has the diagnosis of Suspected COVID-19 because the infant was born to a mom with Suspected or Confirmed COVID-19. The infant is

- placed on Enhanced Droplet Precautions throughout the hospital stay or until medical decision is made to discontinue Enhanced Droplet Precautions.
3. The nurse caring for the infant will follow guidelines for Enhanced Droplet Precautions, including EDP – PPE.
 4. All infant security precautions will be observed.
 5. An infant on Enhanced Droplet Precautions may **not** be placed in the Well-Baby Nursery for any procedure. All procedures will be done in infants designated room or delayed until infant is off Enhanced Droplet Precautions.
 - ~~6. Visitation: The baby will not be allowed Visitors while on Enhanced Droplet Precautions.~~
 7. The infant will be monitored per FCN Standard Protocol. Symptoms related to COVID-19 infection in newborns have not been delineated. Therefore, the infant's nurse will promptly notify the pediatrician for any clinical change or concern in the infant's status.

F. **Newborn Rooming in Per Mother's request- Mother is Suspected or Confirmed COVID-19.**

1. Hospital policy is to follow AAP, ACOG and CDC recommendations for separation/rooming-in for mother and infant.
2. If after discussion with mom from Hospital Care Personnel regarding the unknown but potential risk of infection transmission, if mom chooses for the infant to stay in the room with her:
 - a. The infant will be in the room with the mother.
 - b. When the infant is in the room with the mother, Enhanced Droplet Precautions are continued for the mother AND the infant.
 - c. When the infant is in mother's room, mother must wear a mask at all times.
 - d. Mother will be given one mask to wear continuously, for the duration of her hospitalization.
 - e. Mother's mask will only be replaced when it is no longer structurally intact or visibly contaminated.
 - f. Mother will choose to allow the nurse/support person to care for the baby and feed the baby or Mother will choose to provide hands on care for her baby and breast feed.
3. If mom chooses to provide hands on care for the infant, the mother will:
 - a. Wear a mask.
 - b. Adhere to strict hand hygiene and cough etiquette.
 - c. Goal is that infant is at least 6 feet away from mother when mother is not providing infant care or feeding the baby.
 - d. See Infant Feeding Section III. G.

G. **Infant Feedings:**

1. Breast milk feedings should be protected and supported at all times.
2. If mom **chooses to pump to provide breast milk**. Mother will be encouraged and assisted to express her breastmilk to be placed in a bottle and fed to her infant by the hospital nurse or support person.
3. Prior to pumping, the mother will perform hand hygiene with hand sanitizer that is located on the wall or wash hands. Mother will wash her breasts with warm water using washcloth. Mother will wash breasts with soap and water once daily.
4. Breast pumps and components should be thoroughly cleaned in between pumping sessions using standard policies (clean pump with antiseptic wipes; clean pump attachments with hot soapy water).
5. If mom and infant are separated, pumped breast milk bottles will be closed with cap and wiped down with Sani Wipes, labeled, and quickly taken to the infant's room (**do not** leave in mom's room). In the infant's room, the bottles will be wiped down again with Sani Wipes and left to dry. When dry, rinse off with water and dry with a paper towel. Pumped breastmilk bottles are to be left in infant's room for next feed.
6. For the mother who **chooses to breastfeed**:
 - a. Change to a clean hospital gown for each breastfeeding session.
 - b. Adhere to strict hand hygiene and cough etiquette.
 - c. Prior to breastfeeding the infant, the mother will perform hand hygiene with hand sanitizer located on the wall or wash hands. Mother will wash her breasts with warm water using washcloth. Mother will wash breasts with soap and water once daily.
 - d. The mother may place the infant skin to skin for breastfeeding, if the mother wishes. The mother should not continue to hold the infant when the feeding has ended. The infant may not remain in mother's bed. The infant should be returned to the crib or held by hospital nurse.
 - e. Goal is that infant is at least 6 feet away from mother when mother is not providing care or feeding the baby.

H. Discharge Instructions

1. If mother's COVID-19 test is negative, the infant will not be tested.
2. For the mom/infant whose tests are **NEGATIVE** and does not require Enhanced Droplet Precautions at discharge – The infant will be discharged home when medically appropriate. Mom can resume normal well baby care. If mom has mild respiratory symptoms, she can use good hand hygiene, respiratory hygiene and cough etiquette.
Exception: if mom has the diagnosis of Suspected COVID-19 secondary to Exposure to a COVID-19 positive person, even if mom test negative for COVID-19 during hospitalization, this mom will be discharged home on Home Isolation/Precautions and will follow H. 4. for mom and infant care.
3. If mom is COVID-19 **POSITIVE** prior to discharge, the infant will be tested for COVID-19 in the hospital, prior to discharge.

- a. If infant test negative for COVID-19, the infant may be discharged when otherwise medically indicated with appropriate precautions and plans for outpatient follow-up. Infant to be discharged to a designated healthy caretaker who is not under observation for COVID-19.
- b. If infant test positive for COVID-19, but with no symptoms of COVID-19, the infant may be discharged home on a case-by-case basis. Appropriate precautions and plans for frequent outpatient follow-up will be made (either by phone, telemedicine, or in-office visits) and should occur through 14 days after birth. Caretakers will be instructed regarding the risk of infection from the baby and on the use of masks, gloves and hand hygiene.

At home, the mother that is discharged while still on EDP, will be discharged with Isolation/Precautions as delineated in the CDC Guidelines:

- ***Caring For Someone At Home***
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/care-for-someone.html>
 - ***What To Do If You Are Sick***
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>
 - ***Disinfecting Your Home if Someone is Sick***
<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html>
 - ***When You Can Be Around Others***
<https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/end-home-isolation.html#:~:text=You%20can%20be%20around%20others%20after%3A,of%20fever%2Dreducing%20medications%20and>
 - ***Quarantine And Isolation***
<https://www.cdc.gov/coronavirus/2019-ncov/downloads/COVID-19-Quarantine-vs-Isolation.pdf>
4. If the mother is discharged home on Home Isolation/Precautions, mother will continue Home Isolation/Precautions until the decision is made by her Health Care Team to discontinue Home Isolation/Precautions.
 - a. Mother should not care for her infant i.e. non-ill adults will care for the infant at home until the mother's Health Care Team allows for mom to end Home Isolation/Precautions.
 - b. If mother must have contact with her baby at home, educate the mother to follow hand hygiene and respiratory hygiene along with cough etiquette, and to wear a mask if she still has respiratory symptoms or if Mom

remains under 14 day quarantine.

5. If the mother is discharged home while still on Enhanced Droplet Precautions in the hospital, the RN is to give the Mother copies of the five CDC Guidelines listed above in H. 3. -- to help guide the mother and the infant's caretakers regarding best care of the infant at home.
6. Isolate individuals in the home who become ill in order to minimize exposure of the infant and mother.
7. **Hearing Screen:** If mother/infant are removed from Enhanced Droplet Precautions prior to discharge, the baby's Hearing Screen is to be performed prior to discharge. If mother/infant remain on Enhanced Droplet Precautions at the time of discharge, a referral for outpatient hearing screen will be made, prior to discharge for infant to have hearing screen.

If the baby has not had a Hearing Screen during this hospitalization, the baby can return to the hospital for the baby's first Hearing Screen. Baby can return to the hospital for this Hearing Screen, after 14 days post discharge.

The referral for the Outpatient Hearing Screen will be documented in the infant's chart by the Hearing Screen Team following FCN protocol for when an outpatient Hearing Screen is needed.
8. Any PUI infant secondary to maternal + COVID or maternal exposure to COVID requires observation/ quarantine for 14 day period. The only exception would be for health visits to PCP remain mandatory.