MGH Obstetrics COVID-19 Inpatient Protocol

**MGH OB COVID-19 Inpatient Flowsheet v.4-3**

**Patient screened at entry: known +COVID or symptoms?**
- Symptoms: cough, sore throat, fever (subjective or documented), muscle aches, runny nose or nasal congestion, shortness of breath, loss of sense of smell
- + screen = PUI (person under investigation) or known + COVID

**Notify:**
- PCIA
- OB/CNM
- Anesthesia
- MFM
- DR1

**Routine care**

**Intrapartum fever OR new symptoms during admission**

**Delivery?**
- Planned
- Not planned but admission needed

**Cesarean**

**Vaginal delivery**

**Labor:**
- Early epidural, no nitrous
- Time of delivery:
  - N95 for providers
  - Page DR1 “COVID” if pedi team needed for routine indications

**Communicate plans early**
- Review PPE, airway concerns in huddle
- Minimize providers in OR
- Use PPE from isolation cart by OR
- N95s for all providers
- Page DR1 “COVID” for delivery

**Neonatal Care**
- Routine delayed cord clamping
- Routine blood cultures not indicated for all fever work-ups, ordered per clinician discretion
- Pumped breastmilk or formula given to baby by healthy caregiver (refer to nursing protocol)
- NO skin-to-skin
- Mother baby co-locate, separated 6 ft
- If no healthy care giver available or maternal status worsens, infant moved to nursery/NICU

**Maternal Postpartum**
- If main issues are COVID-related: COVID ward with MFM following (coordinate with Med Senior)
- If main issues are not COVID-related: postpartum floor with ID consulting
- Disposition: If uncertain of appropriate disposition: discuss with MFM

**N95 Reuse/Extended Use Guidelines:**
- If no AGP used for mom or infant, N95 can be REUSED
- If AGP used for mom or infant, N95 can be worn for EXTENDED uses (must be discarded once removed)

**AGPs (aerosolized generating procedure) commonly used on L&D for mom or infant:**
- intubation, deep suctioning, CPAP, nasal swabs for COVID testing
- Nasal cannula O₂ is NOT an AGP