COVID-19 Universal Screening for Labor and Delivery

APPLICATION

All Samaritan Health Services OB/GYN and Labor and Delivery Departments.

POLICY

SHS has recently mandated universal screening of asymptomatic preoperative patients for COVID-19 and recommends a universal screening algorithm for all Labor and Delivery (L&D), Antepartum and Postpartum admissions, recognizing that many L&D patients will have a surgical procedure and that it is not possible to predict in advance who may require general anesthesia (potential for aerosolization).

The context differs from other surgical patients in several respects:
A. Many L&D patients are unscheduled, and timing of delivery cannot be accurately predicted
B. Procedures (deliveries) cannot always be delayed until results return
C. Maternal test status affects care plans for infants

PROCEDURE

DEFINITIONS:

1. Special Contact/Droplet Precaution: A term we are using specifically for COVID and COVID PUIs. In this context Special Droplet/Contact = procedural mask + eye protection + gloves + gowns. If an aerosolized generating procedure is performed, airborne protection (N95 mask or PAPR) is recommended in addition to eye protection + gloves + gowns.

IMPLEMENTATION:

1. COVID-19 Screening Procedure Prior to Admission
   A. Scheduled labor induction, scheduled cesarean sections, planned external cephalic versions, etc.
      1) Screen all scheduled admissions via outpatient testing greater than 72 hours prior to procedure, whenever feasible, following the SHS Guideline for OR during COVID-19.
   B. Unscheduled, spontaneous labor
      1) Given the average delivery time for SHS is 39.5 weeks, initiate weekly testing at 38 weeks of all OB patients in anticipation of admission in the next few weeks.
      2) Ideally these tests will be collected at the drive through centers in Waldport, Lebanon, Albany, Corvallis and Depoe Bay. If necessary, testing can be performed in the provider’s office using a procedure mask, eye protection (goggles), gown and gloves (N95 not required for asymptomatic patient).
      3) All OB patients will be counseled to quarantine as much as possible in the 2-3 weeks prior to anticipated delivery.
      4) Starting at 38 weeks, patients will self-report COVID symptoms using the Epic workflow and receive regular calls from the monitoring groups to ensure they are symptom free.

If printed, this document is current for this date only: May 6, 2020
Current Policy and Procedures can be found on the SHS intranet.
5) When a patient is admitted to the Labor unit for delivery, she can be considered COVID negative if testing is negative within 7 days, she has had no sick contacts, and remains asymptomatic.

2. COVID-19 Screening Pending (testing done as an outpatient prior to admission), asymptomatic (CSP-A) patients admitted to L&D
   A. Refer to the PPE grids for appropriate PPE use for CSP-A patients when admitted to Labor units, and postpartum care
   B. Further management of CSP-A group if delivery occurs prior to return of results:
      1) **Enhanced precautions required for delivery only**
         a. Vaginal delivery – Special Droplet/Contact Precautions (Refer to: PPE Grid for Vaginal Delivery)
         b. Cesarean delivery (due to potential risk of intubation, an aerosolizing procedure) – airborne, plus Special Droplet/Contact Precautions for all Health Care Workers (HCW) in the delivery room (Refer to: PPE Grid for Cesarean Delivery)
   C. Partners may stay with mother, unless she requires intubation.
      1) Partner precautions include mask and gloves. N-95, PAPR, or eye shield are not required for partner.
   D. Management after delivery of a healthy term/late preterm infant of CSP-A group:
      1) Mother continues standard management
      2) Partner/support person stays with mother
      3) Infant stays with mother and allowed to breastfeed
   E. If COVID-19 comes back positive or inconclusive
      1) Mother goes into special droplet/contact precautions
      2) Infant management as per Pediatrics guidelines which includes consultation regarding infant separation versus co-location

3. **COVID-19 Unscreened, Asymptomatic**
   A. If available, Rapid COVID-19 screening testing (results < 1 hour) should be performed. If not available, routine COVID-19 testing upon arrival.

4. **COVID-19 Unscreened, Symptomatic**

REFERENCES
- April 1 SHS Guideline for OR During COVID-19

**REVIEW/REVISION HISTORY**

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<tr>
<th>Date of Revision</th>
<th>Revision #</th>
<th>Revision / Review</th>
<th>Revision Description</th>
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<td>Update to PPE Grids</td>
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<td>Updated for unscheduled, spontaneous labor</td>
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