UW Medicine
Influenza Like Illness (ILI) & COVID-19 Screening Guidelines for PREGNANT patients
Incoming Phone Calls

Screen for Active Pregnancy Symptoms/Concerns

POSITIVE for pregnancy concern that requires evaluation

Instruct patient to seek evaluation
Location: L&D vs Emergency Department
Location of evaluation to be determined by clinical considerations and site OB triage guidelines

Candidate for Outpatient evaluation from PREGNANCY perspective?

No

Yes

Influenza Like Illness (ILI) and/or COVID19 Screen:
ANY of the following?
• Fever
• New cough
• New shortness of breath

Screen Positive

1. Assess Symptoms
2. Maternal co-Morbidities

MILD Symptoms & NO Maternal Co-Morbidities

• Keep routine/scheduled appointment
• Review King County Public Health Recommendations

MILD Symptoms & YES Maternal Co-Morbidities

• Consider starting empiric Oseltamivir/Tamiflu
• Evaluate Pregnancy Concern (if present) in Outpatient Setting
• Provide Patient Education for Home Isolation Guidance

Seek outpatient evaluation for pregnancy concern (if present) & Influenza & COVID-19 Testing
Ambulatory location for testing: _______TBD_______

SEVERE SYMPTOMS regardless of co-morbidities
Instruct patient to seek evaluation
Location: L&D vs Emergency Department
Location of evaluation to be determined by clinical considerations and site OB triage guidelines

Screen Negative

Outpatient evaluation per site OB triage guidelines / clinical considerations

Version 3/8/20
Maternal Co-Morbidities

- Immuno-compromised/suppressed
  - Transplant
  - Inflammatory Bowel Disease or Rheumatologic Disease
  - Active treatment with biologics
  - Prednisone >20mg/d
- Class III Obesity
- Insulin Dependent or Poorly Controlled Diabetes
- Maternal Cardiac Disease
- Hypertension disease in pregnancy requiring medical therapy
- Renal insufficiency
- Moderate/Severe Respiratory Disease: i.e. Asthma requiring treatment, CF
- Neurologic Disease (Parkinson’s, ALS, spinal cord injury, seizure, CVA)
- Active cancer

This is not an exhaustive list. Use clinical judgment and err on the side of evaluation if uncertain.
COVID-19 Positive (CONFIRMED) and Admission to Perinatal Unit

- Initiate OB Sepsis Protocol if Indicated
- Alert Infection Prevention

Scheduled Antepartum Procedure +/- Elective IOL / Cesarean Delivery with NO Acute Maternal or Fetal Concern

- Postpone if possible

Antepartum Admission

- Consider off-floor location if clinically appropriate

Precautions: Droplet and Contact*

Delivery on L&D

If HIGH Risk Maternal/Fetal Co-morbidities:

- Attempt to deliver in Negative Pressure LDR
- Otherwise: Routine LDR

Intended/Anticipated Vaginal Delivery

Precautions: Droplet and Contact*

Delivery location based on Patient acuity & Unit considerations in coordination with OB Anesthesia, OB and ID

Acute Cesarean Delivery

Precautions: Droplet and Contact*

* PPE Exception: Aerosol Generating Procedures
Airborne/Respirator, Contact/Eye Shield (PAPR/N95, eye shield, gown, gloves)
Trained observer for donning and doffing
Room: Negative pressure (if available)
Inpatient Antepartum, Labor and Delivery Guidelines

COVID-19 SUSPECTED (High Suspicion but Not Yet Confirmed) and Admission to Perinatal Unit
-Initiate OB Sepsis Protocol if Indicated
-Alert Infection Prevention

Scheduled Antepartum Procedure +/- Elective IOL / Cesarean Delivery with NO Acute Maternal or Fetal Concern

Follow UW Pregnant Patient Testing Protocol

- Postpone if possible

Antepartum Admission

Follow UW Pregnant Patient Testing Protocol

Consider off-floor location if clinically appropriate

Precautions: Droplet and Contact*

Delivery on L&D

If HIGH Risk Maternal/Fetal Co-morbidities:
- Attempt to deliver in Negative Pressure LDR

Otherwise: Routine LDR

Intended/Anticipated Vaginal Delivery

Follow UW Pregnant Patient Testing Protocol

Precautions: Droplet and Contact*

Delivery location based on Patient acuity & Unit considerations in coordination with OB Anesthesia, OB and ID

Acute Cesarean Delivery

Follow UW Pregnant Patient Testing Protocol

Precautions: Droplet and Contact*

* PPE Exception: Aerosol Generating Procedures
Airborne/Respirator, Contact/Eye Shield (PAPR/N95, eye shield, gown, gloves)
Trained observer for donning and doffing Room: Negative pressure (if available)
1. We will counsel regarding risks and benefits of colocation vs separation based on guidance prepared by medical directors (see attached handout).

2. Infants born to patients with confirmed COVID-19 should be considered PUIs (persons under investigation).

3. Location of infant care should be based on routine protocol with ID precautions as per unit protocol.

4. At present time, UWMC-Montlake does not plan to automatically mandate separation of term, otherwise well infants from COVID-19 postpartum patients. If a postpartum patient is too ill or requests to be separated per CDC policy, we will accommodate the separation.

5. Postpartum patients will be encouraged to wear a facemask and practice hand hygiene before each feeding or other close contact with infant(s). While not breastfeeding, infants should be kept ≥ 6 feet away within room per CDC guidance. *Note, this requires that another non-infected caregiver helps care for the infant. We understand and accept this may not be possible for every postpartum patient and infant pair.

6. Postpartum patients who are pumping will follow CDC guidelines on equipment use and feeding (washing hands before use and cleaning equipment before and after use).

7. Infants will be tested for COVID-19 before discharge from the hospital.

8. Discharge requires a provider-to-clinic call to discuss management of the infant.

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NEWBORN ISOLATION – UWMC Northwest

1. Same as Montlake

NEWBORN ISOLATION – Valley Medical Center

1. Same as CDC?
UW Medicine DRAFT
Inpatient and Outpatient Testing Protocol for
Influenza Like Illness (ILI) & COVID-19 Guidelines for PREGNANT patients SEEKING IN PERSON Evaluation

Influenza Like Illness (ILI) and/or COVID19 Screen:
ANY of the following?
• Fever
• New cough
• New shortness of breath

POSITIVE SCREEN and PREGNANT (any gestational age)

ASSESS
Illness Severity
Maternal co-Morbidities

MOD/SEVERE SYMPTOMS
regardless of co-morbidities

Influenza/RSV Testing

POSITIVE
Influenza/RSV

COVID-19 Testing

NO COVID-19 Testing
Unless it will change management/placement

MILD Symptoms

YES Maternal Co-Morbidities

Influenza/RSV Testing

Negative
Influenza/RSV

No
COVID-19 Testing

MILD Symptoms
NO Maternal Co-Morbidities

Influenza/RSV Testing

Positive
Influenza/RSV

Start Oseltamivir/Tamiflu
Discharge to home (if meeting d/c goals) with strict precautions
Provide Patient Education for Home Isolation Guidance

Start Oseltamivir/Tamiflu
Discharge to home (if meeting d/c goals) with strict precautions
Provide Patient Education for Home Isolation Guidance

All pregnant patients discharged home will receive a follow-up phone call from RN within 24 hours to review results and assess patient symptoms
If POSITIVE COVID-19 and remains an appropriate candidate for home management, pt will receive DAILY call from RN for 7 days

Throughout Visit/Evaluation
Precautions: Droplet and Contact*

Screen for Active Pregnancy Symptoms/Concerns

Location of evaluation to be determined by clinical considerations & site OB triage guidelines
Visitor Restrictions for ALL UW Medicine Perinatal/Newborn Units
This is for Unit Awareness; NOT FOR POSTING

- No visitors (besides patient) experiencing cough, fever, runny nose, or shortness of breath will be allowed in the Perinatal/Newborn Units
- Only one person and one certified birth support personnel in the unit per day
  - These designated individuals should remain the same for the day
  - An infant that is not a patient (e.g. infant present with readmit postpartum patient) is considered an essential visitor and is not included in count
  - Exceptions will be made on case-by-case basis
  - Assessing credentials of the birth support personnel is not mandatory. As much as possible we want to limit additional non-essential people on the unit. The definition of essential is subject to interpretation and we must balance patient safety and compassionate care
- No visitors less than the age of 16
- The sign says “No in-and-out”
  - The intent is to GREATLY LIMIT the frequency in-and-out but recognize there will be exceptions, (i.e. the partner may need to go to the car to get the car seat).
  - This is a hospital policy. All patients and visitors have the LEGAL RIGHT to move out of the unit. Visitors may or may not be permitted to re-enter the unit.
  - Concerns about movement in-and-out should be addressed with patient and visitor by healthcare team present.