COVID-19 Universal Screening for Labor and Delivery 3/29/2020

UW Medicine has recently mandated universal screening of asymptomatic preoperative patients for COVID-19. We recommend the following universal screening algorithm for all Labor and Delivery, Antepartum and Postpartum admissions, recognizing that approximately 50% of L&D patients will have a surgical procedure and that it is not possible to predict in advance who may require general anesthesia (aerosol risk).

The context differs from other surgical patients in several respects:

- About 50% of L&D patients are unscheduled and cannot be screened as outpatients
- Procedures (deliveries) cannot always be delayed until results return
- Maternal test status affects care plans for infants

For COVID screen pending, asymptomatic (CSP-A) patients; we recommend standard management (no additional PPE, except during procedures with potential for aerosolization (e.g. cesarean delivery in case of emergent intubation) while awaiting test results. The asymptomatic, unscreened L&D population would benefit from rapid COVID screening when available. This would shorten time between screening and return of test results and would substantially decrease the likelihood of delivery before return of results. The test procedure of collecting deep nasopharyngeal swabs often induces patient coughing. Therefore, during the test the tester must be in droplet/contact PPE, even if the patient is asymptomatic.

1. Screen all scheduled admissions via outpatient testing 48-72 hours prior to procedure, whenever feasible. MICC will do for week of 3/30. Primary OB provider will be responsible as of 4/6. See FAQ for process.
   a. Scheduled labor induction
   b. Scheduled Cesarean, external version, other procedure

2. Screen for COVID-19 symptoms at admission
   a. If symptomatic, COVID-19 test and manage as PUI
   b. If asymptomatic and no recent test (<72 hours), COVID-19 standard screen and provide standard care. Tester to wear Droplet/contact precautions for sample collection only. **Standard precautions for all other patient care because these patients are asymptomatic.**
      c. We may have access to COVID rapid screen. When available, process may include paging COVID-ID Physician on call to approve the test

3. Further management of CSP-A group if delivery occurs prior to return of results:
   a. **Enhanced precautions required for delivery only**
      i. Vaginal delivery – special droplet/contact*
      ii. Cesarean delivery (due to potential risk of intubation, an aerosolizing procedure) – airborne + special droplet/contact* precautions for all HCW in the delivery room
   b. Partners may stay with mother, unless she requires intubation. **Partner precautions: Mask and gloves (no N-95, PAPR, eye shield required for partner).**

4. Management after delivery of a healthy term/late preterm infant of CSP-A group:
   a. Mother continues standard management
   b. Partner/support person stays with mother
   c. Infant stays with mother and allowed to breastfeed
   d. If COVID comes back positive or inconclusive
      i. Mother goes into droplet/contact precautions
      ii. Infant management as per Pediatrics guidelines: counsel re infant separation vs co-location
We anticipate with Universal Screening of asymptomatic L&D patients, that some patients will return COVID-19 positive. We are working on protocols for this situation, but for now they should be dealt with on a case-to-case basis with involvement from the COVID ID physician on call.

* special droplet/contact includes trained observer for donning and doffing of PPE