Cabell Huntington Hospital

Maternity Services Operational Plan- Covid 19

1. Intended/Anticipated Vaginal Delivery-

 Precautions: Extended Contact and Airborne

 Covid + or suspected Covid patients for delivery will be 1:1.

 Full PPE to include: Level 3 gown, double gloves, n95 face mask, face shield, double bouffant and shoe covers.

 Preference to deliver in 3924 if possible- If unavailable deliver in 3922 or 3923.

 NICU will attend delivery.

2. Cesarean Delivery- If on LDR will deliver in OR 16 (1st preference) or OR 15 (reference the OB OR plan for Covid pts)

 Precautions: Extended Contact and Airborne

 Before the case, take everything out of the room that is not needed.

 Transport Covid + or presumptive Covid patients to OR 16 leaving your N95 mask and face shield on. For transport, the patient should wear a facemask to contain secretions and be covered with a clean sheet or may ambulate to OR.

 PPE Includes: N95 with a face shield, Level 3 gown, double gloves, double bouffant and shoe covers.

 NICU will attend the delivery.

 For cleaning of the room reference the OB OR plan for Covid pts.

1. Delivered patients will remain on Labor and Delivery throughout the remainder of their stay if medically stable.
2. After delivery a Mother Baby nurse will assume care of the couplet if mother and baby stable and remain 1:1. Plan on for infants not needing NICU care depends on whether mother chooses to room in.

Pediatrician will care for all wellborn infants.

Maintain 6 ft of space between mother and baby while in room. For infant care, mother or caregiver must wear proper PPE for breastfeeding or providing care.

If mother is too ill to care for the infant and there is no caregiver/support person in the room with the mother the infant will need to be placed in a private room on MBUB or other designated room under Extended Droplet and Contact Precautions. Mother baby staff or NTU staff will care for infant. ADON will help to determine staffing guidelines.

If infant is in need of medical treatment NICU providers will determine placement of the infant.

Mothers who are suspected or confirmed Covid patients may not visit either the NICU or the NTU.

1. Presumptive Covid patients- Will follow same procedures as positive patients and delivered mothers will stay on LDR until cleared of the COVID-19 or until discharge. Communicate any results received or discharges to the ADON.
2. Antepartum Admission: If a pregnant patient is to be direct admitted and they do not have a pregnancy complication they are not to be admitted to the 3rd floor. The ADON will direct the admission location.
3. If a patient requires ventilation/ICU care (regardless of pregnancy delivery status) they will be transferred to ICU. Fetal monitoring can be performed remotely if in 4917 or 4969.
4. Visitors- will be restricted to one support person.

Any visitor who is with a symptomatic or exposed patient is advised to not put themselves at risk. They will be instructed to go home. However if they insist on staying they will be placed in the room with the patient, given appropriate PPE to wear at all times and instructed to not leave the room. Any of their needs are to be met by staff bringing items to them. This includes means for toileting, food, etc.

1. If suspected or confirmed covid patient is admitted notify the following:

 ADON, x2253

 Dr. Govindaswami, NICU Medical Director, (669) 216-7118

 Patient’s Attending Provider

 Infection Control Dept.

 Infectious Disease Physician

 (Coordinate with ADON)

 Maternity Services Leadership On Call

1. Patient care assignments will be made based on current guidelines (which may change). Pregnancy and immunocompromised should be last to care for these patients.

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