nova scotia health authority

Women & Children's health program

Detailed Guidance - for COVID positive maternity patient (who presents in labour)

as of June 3, 2020

Daily phone calls, kick counts, etc.

Labouring at home

Call LDR to advise coming in

Arrive at hospital, call Unit to advise have arrived

Staff meet patient outside in car

Partner has to remain outside in car

Mom wears mask and washes hands on hospital entry

Staff PPE for droplet contact precautions

Wheelchair to Unit

DON'T TOUCH elevator buttons / surface, use elbow if possible

Notify physician/OB

Use staff elevator, notify shift supervisor immediately who will lock elevator to be cleaned.

Patient Room (room #) (If assessment required, otherwise straight to LDR)

Patient will go back to room (room #) postpartum

Staff PPE for droplet /contact precautions

Mom transfers via wheelchair wearing a mask and a clean patient gown. Gowns and blankets located 2 meters away from patient are considered clean.

All staff wearing appropriate droplet/contact PPE (N95 not required)

COVID +VE LDR

BABY

- Mom leaves gown on while pushing, remove gown prior to skin-to-skin.
- Mom washes hands and puts surgical mask on and then skin-to-skin and breastfeeding, clean blanket can be placed over them.
- If baby vigorous delayed cord clamping.

Mom may remove mask during labour (staff will have PPE on at all times)

SVD

Continuous EFM
No Entonox

Encourage an early epidural

Epidural cart stays out of room, have Anesthetist gather required equipment to take in room for procedure.

Anesthesia early call

Let RT know of labouring Mom
If Mom requires O2, consult RT, can have up to 5 L by nasal prongs, if requiring more O2 need to use rebreather with filter.

Progress to C-section

- Notify OR, shift supervisor (anesthesia and OB if not already aware)
- Only transfer patient to OR when all staff are ready and in PPE (they will notify when they are ready)
- Surgeon, Anesthetist, MD assist, Scrub nurse and Circulating Nurse to wear N95 with PPE. Others only require N95 if mom requires intubation (AGMP-aerosol generating medical procedure) and will have time to leave and change PPE to include N95.
- Baby should be removed from OR asap after birth if there has been an AGMP. If stable baby can be taken back to room (room #). If unstable or needing resuscitation can be taken back to LDR.
- For extubation of mom post op only required staff should be in the room, recovery nurse should be in room prior to extubation and wear an N95
- If there has been a AGMP every effort should be made to avoid opening the door to the OR as much as possible until air exchanges are complete (25 minutes for SSRH OR)

- Baby needs resuscitation
- Consider Mother's COVID clinical presentation as newborn maybe positive and N95 mask is required
- Change gloves if going from mom to babe.

Documentation

- Take only required papers for documentation in the room.
- Do not take chart in the room.
- All charting papers should be 2 meters from the patient.
- FHS strip will be placed in a plastic bag before leaving the LDR.
- If mom needs to sign any papers have her wash hands prior to signing.

Notes

- Each specimen should be placed in separate plastic bag.
- Follow regular cleaning procedure for droplet/contact precautions for instruments that have been used.
- A runner should be available if possible.