Patient and Designated Family/Support Person(s) arrive at site
Designated Family/Support Persons arriving to the hospital will undergo screening upon entering the hospital upon each entry as per site and unit processes and based on the AHS Daily Fit for Work or Essential Visitor Screening Questionnaire.
All patients and their Family/Support Person(s) should be taught hand hygiene and given a mask to wear according to guidance on visitor requirements available in the COVID-19 Essential Visitor and Designated Family/Support Guidance.

Patient presents for Maternity Care: Triage staff to wear IPC-guided PPE
Ask all patient and support persons to perform hand hygiene, then proceed with screening.
All patients and their Family/Support Person(s), are screened according to site and Zone guidance. Admitted patient screening should use the AHS Acute Care COVID-19 Expanded Testing Algorithm and be documented in the AHS Communicable Disease (Respiratory) Initial Screening tool.
The following F.A.Q. may help health care workers implementing this Algorithm. Screening of Family/Support Person(s) should follow site/zone guidance and be noted in patient’s chart.

Patient has a negative screen:
- OTAS and triage as usual

Maternal or Fetal indications for admission?
- Yes
- No

Patient screens positive on the Communicable Disease (Respiratory) Initial Screening tool:
- Follow the screening tool’s ‘Actions Required’ according to the patient’s symptoms
- As quickly as possible – Place patient in a single room with hard walls a door and a designated toilet, or, if not possible, a designated area at least 2m away from others
- Implement IPC precautions according to symptoms and screening tool results. Contact & Droplet Precautions for COVID-19 symptoms.
- Notify the Charge Nurse, the MRHP, and IP&C
- Order nasopharyngeal or throat swab to test for COVID-19 if symptomatic and according to screening tool

To Antepartum, L&D or Medical Unit
- Maintain Contact & Droplet isolation
- Asymptomatic Family/Support Person(s) must continuously mask, engage in hand hygiene, and remain in patient room. Other PPE requirements as per site IPC guidance.
- Patients should be screened for new or changed symptoms using the COVID-19 Symptom Identification and Monitoring Tool throughout the length of stay at least one time per shift or every 12 hours according to up-to-date site, Zone, and AHS guidance

Refer to algorithm: Delivery Room Neonatal Management for COVID-19
- Baby

Hospitalization in Level 2 or 3 centre required
- Maternal Surveillance
  - T P BP RR SpO₂ QID
  - Chest imaging (high resolution CT-scan or x-ray)
- Fetal Surveillance
  - FHR assessment q shift
  - Consider Betamethasone for gestational age

ICU consult if any of the following:
- Airway threatened
- Respiratory rate <8 or >25,SpO₂ <98% on 5L/min O₂
- HR<40 or >140, SBP <90 or >120 mmHg
- Sudden decreased LOC, seizures
- Urine output <50mL/4 hours

Isolation at home for 14 days, self monitoring
If swab negative and symptoms persist – retest

COVID – 19 Positive

Symptomatic
- Illness Severity Assessment
  - Shortness of breath
  - Difficulty speaking without gasping or during walking
  - Coughing blood >1tsp
  - Pain/pressure in chest (other than coughing)
  - Vomiting
  - Signs of dehydration/dizziness when standing
  - Less responsive/confusion

Transfer not required

Maternal or Fetal indications for admission?
- Yes
- No

Asymptomatic
- Manage patient on contact and droplet isolation for 14 days since COVID risk exposure.
- Consult OB/Gyn
- If symptoms develop complete illness severity assessment and follow symptomatic path
- If discharged instruct to continue home isolation for same 14 day period

Increase prenatal surveillance, U/S fetal surveillance Growth & Doppler q4 weeks

Maternity Care Pathway
Last Updated: 07/03/20 0800h
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