Patient presents for Maternity Care: Triage staff to wear PPE that includes procedure mask, face shield and gown, or behind solid barrier

Have you experienced any:
- fever, cough, sore throat, dyspnea, difficulty breathing, myalgia or new fatigue?

In the last 14 days, did any of the following occur?
- Travel anywhere outside of Canada
- Had close contact with a confirmed or probable case of COVID-19
- Had close contact with a person with acute respiratory illness who has travelled anywhere outside of Canada in the past 14 days
- Had laboratory exposure to biological material (e.g. primary clinical specimens, virus culture isolates) known to contain COVID-19 virus

Note: if patient has negative COVID screen but has ILI symptoms they should be considered COVID positive for purposes of triage

Patient answers no:
- OTAS and triage as usual

No COVID positive, symptomatic or self-isolating support person may enter the Maternity Care Units


Patient Answers yes to any of the above:
- Instruct patient and support person to perform hand hygiene, don a mask, and preform hand hygiene again
- 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 Contact & Droplet precautions
- Notify the Charge Nurse, the MRHP and IP&C
- Nasoparyngeal swab to test for COVID-19 if symptomatic

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

Maternal or Fetal indications for admission?
- Yes
  - To Antepartum, L&D or Medical Unit
    - Maintain Contact & Droplet isolation
  - Maternal or Fetal indications
    - Maintain Contact & Droplet precautions while in hospital
    - Upon discharge instruct patient to:
      - self-isolate (including all close contacts); await swab results;
      - contact Health Link (811) and return to hospital if condition worsens.

Baby
- Symptomatic
  - (Perform 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
  - Yes
  - Immediate Referral to RAAPID
  - 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 >200 mmHg
    - Sudden decreased LOC, seizures
    - Urine output <50mL/4 hours
  - No
  - Discharge when appropriate
  - Transfer not required
  - COVID – 19 Positive
    - Isolation at home for 14 days, self monitoring if swab negative and symptoms persist – retest
  - Symptomatic
    - 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
  - Asymptomatic
    - Increase prenatal surveillance, U/S fetal surveillance Growth & Doppler q4 weeks
  - Symptomatic
    - Refer to algorithm:
      Delivery Room Neonatal Management for COVID-19

Mother
- No COVID positive, symptomatic or self-isolating support person may enter the Maternity Care Units


Mater

nity Care Pathway
Last updated: 05/06/2020 1200h
ECC approved: 05/07/2020 1832h