

COVID-19 SCREENING AND MANAGEMENT OF OBSTETRICAL PATIENTS AND ESSENTIAL SUPPORT PERSONS

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This document contains the following topics:

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General Guidance:

- Family/support persons to obstetrical care areas should follow [Novel Coronavirus \(COVID-19\) Information for People Visiting Residents & Patients](#) and [COVID-19 Essential Visitor and Designated Family/Support Guidance](#). This states that patients may identify two Designated Family/Support Persons while admitted in an inpatient unit in an acute care facility. Additionally, in consultation with the Unit Manager/Charge Nurse on a case-by-case basis, other support persons (e.g. surrogate parent or Doula) may be permitted in addition to the two Designated Family/Support Persons. Visitors to an obstetrical unit must be 14 years of age or older.
- Refer to the AHS [Interim IPC Recommendations COVID-19](#).
- An [exemption](#) to the Public Health Act, CMOH Order 05-2020 has been provided for designated family and support persons for obstetrical patients which comes into effect after June 10, 2020. According to the order: “a person who is a close contact, as defined in Section 5 of the Order, of an obstetrical patient who has a confirmed case of COVID-19 and has been requested by an obstetrical patient to attend to hospital or other medical facility with the obstetrical patient as an essential support person so long as the hospital or medical facility is aware of the fact that the essential support person is in Isolation or Quarantine and still able to safely provide care.”

A. Health Care Providers Screening

1. All health care providers working in obstetrical care areas will undergo screening as per site and unit processes and based on the AHS [Daily Fit for Work or Essential Visitor Screening Questionnaire](#).

B. Initial Screening: Patients and Their Family/Support Persons

1. Designated Family/Support Persons arriving to the hospital will undergo screening upon entering the hospital each time they enter, as per site and unit processes and based on the AHS [Daily Fit for Work or Essential Visitor Screening Questionnaire](#).
2. 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](#).

3. Upon arrival to obstetrical care areas, admitted patients are screened using the [AHS Communicable Disease \(Respiratory\) Initial Screening](#) tool and following the [AHS Acute Care COVID-19 Expanded Testing Algorithm](#) according to site and Zone guidance. The following [F.A.Q.](#) may help health care workers implementing this Algorithm.
4. AHS [Maternity Care Pathway](#) should be used to guide practice.
5. Family/Support Person(s) screening should follow site/zone guidance and be noted, once completed, in patient's progress notes. It should state that screening was completed, and the outcome (safe to stay or asked to leave).

The family/support person's full assessment is not to be documented on the patient's health record.

6. If a Family/Support Person has a positive COVID-19 / ILI screen, advise the support person to leave the hospital immediately and use the AHS [Online Self-Assessment Tool for Albertans](#) or call Health Link at 811. This does not apply to those exempted to the Public Health Act, CMOH Order 05-2020 as described in the General Guidance.
7. If the patient has a pending or positive COVID-19 swab identified prior to (within 14 days), after admission, or is still symptomatic from confirmed COVID-19 illness (whichever is longer):
 - a) If the Family/Support Person is a close contact and asymptomatic, they have been exempted from isolation requirements of the Chief Medical Officer of Health (CMOH) Order 05-2020 as described in General Guidance above.
 - b) The Family/Support Person may remain as a dyad with the obstetrical patient in the hospital or medical facility with both persons under Contact and Droplet precautions. This will include the facility providing access to bathroom facilities and food. AHS will not be responsible for any costs associated with food provision and the process will be determined locally.
 - c) During the time the Family/Support Person is on the facility premises that person must wear a mask at all times, engage in regular hand hygiene, remain in the patient's room, and agree to be screened by the facility staff every four hours for COVID-19; and
 - d) Where the Family/Support Person leaves the patient room where the obstetrical patient has been admitted, the Family/Support Person will not be allowed to re-enter the room and must leave the facility.
 - e) If the support person becomes symptomatic, advise the support person to leave the hospital immediately and use the AHS Online Self-Assessment Tool for Albertans or call Health Link at 811.

8. Contact site IPC for guidance and practice support should any questions arise.

C. Ongoing Screening: Patients and Their Essential Support Person

1. All maternal 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.
2. If a patient has a positive screen, the [AHS Communicable Disease \(Respiratory\) Initial Screening](#) form should be used to determine next actions and the AHS [Maternity Care Pathway](#) should be used to guide practice.
3. Family/support person(s) should be screened for development of symptoms regularly, a minimum of once per shift or every 12 hours as per site/zone guidance. If an essential support person has a positive COVID-19 / ILI screen (other than exposure to the COVID-19 positive maternity patient), advise the essential support person to leave the hospital immediately and use the AHS [Online Self-Assessment Tool for Albertans](#) or call Health Link at 811. Completion of the family/support person screen should be documented in the patient's progress notes.
4. If a Family/Support Person(s) develops signs and symptoms or has a positive COVID-19 / ILI screen, an alternate Family/Support Person(s) may attend to the patient.
5. Contact site IPC for guidance and practice support should any questions arise.

D. Management of Fever in Obstetrical Patients

1. When an admitted patient develops a new fever (greater than or equal to \geq 37.8 °C) at any point throughout their hospital stay the [AHS Communicable Disease \(Respiratory\) Initial Screening](#) form should be used to determine next actions including MRHP consultation and IPC consultations if available. If COVID-19 is deemed a possible cause, initiate Contact and Droplet precautions and testing according to the tool's guidance. Testing should be done in accordance with the AHS [Novel Coronavirus \(COVID-19\) Nasopharyngeal and Throat Swab Collection Directive](#).
2. The use of [Discontinuation of Contact and Droplet Precautions for Suspected or Confirmed COVID-19](#) (paper tool or electronically in SCM or Connect Care) will guide the MRHP in making decisions about Contact and Droplet precautions for patients.
3. Obstetrical Care Area Specific Actions:
 - a) A consult with an Obstetrician (OB) should be pursued if patient is not under OB care.
 - b) Notification of the Anesthesiologist and Neonatal Intensive Care Unit (NICU) (as available at the site).

- c) Provide instruction to the patient and their essential support person(s) regarding infection control practices (such as hand hygiene, continuous mask wearing, cough etiquette, and self-monitoring for any new symptoms) and the need for their continuation throughout admission.
 - d) Contact and Droplet precautions may be discontinued by the MRHP using the [Discontinuation of Contact and Droplet Precautions for Suspected or Confirmed COVID-19 paper or electronic form](#). Follow site/zone IPC guidance for informing the care team and IPC accordingly.
4. Recommendations to avoid fever in labour:
- a) Fever in labour is commonly associated with intra-amniotic infection (chorioamnionitis) although it is usually a presumptive diagnosis based on risk factors (group B streptococcus [GBS], prolonged labour, frequent examinations, premature rupture of membranes [PROM], intrauterine instrumentation, intrauterine pressure catheter [IUPC]).
 - b) Fever is also a common sign/symptom associated with COVID-19.
 - c) Strategies to Reduce the Diagnostic Dilemma:
 - (i) Provide antibiotic prophylaxis for GBS positive patients.
 - (ii) Early induction of term spontaneous rupture of membranes (SROM) over expectant management.
 - (iii) Avoid any repeat and unnecessary vaginal examinations in labour.
 - (iv) Review the need for IUPCs.
 - (v) Delay artificial rupture of membranes (ARM) if labour is progressing appropriately.
 - (vi) Initiate oxytocin augmentation if contractions are less frequent than every three minutes in the second stage and descent is slow.