OBSTETRIC PATIENT FLOW PRINCIPLES

Testing of obstetric patients, coming for an elective procedure (Caesarean section or Induction) is done to ensure the patient's safety. If they test positive and their condition allows, the procedure can possibly be delayed. It also allows the facility to manage their risk for elective procedures, and the possible transmission of SARS-CoV-2. The obstetric patient is unique, in that they will require admission at some point, regardless of their testing positive or negative, or being pre-tested. The access control screening must still be performed to assess the risk at admission and manage the partners access. An obstetric patient arriving at a facility without a test result will be known as an 'unknown test status', and needs to be screened as low risk or high risk, in order to place them in the most appropriate area within the ward. High risk implies she has failed screening and is now a suspected COVID case under investigation.

All obstetric patients should still be managed in the obstetric unit with the appropriate areas for COVID, non-COVID and suspected patients being identified.
(This should not be in the COVID-19 general patient area due to scarce midwifery resources and unsafe obstetric care)
COVID-19 confirmed obstetric patients can be cohorted in isolation, but please consider spacing and the newborn baby who may not be infected

A pregnant patient who presents with COVID-19 symptoms, and is less than 24 weeks gestation, should be nursed in the designated adult COVID medical ward.
There will be three types of patients admitted to the obstetric ward—patients who have had a PCR test and have tested positive, patients who have had a PCR test and tested negative, and patients who have not had a PCR test prior to admission and will be tested on admission.
This is important to manage isolation facilities and staffing needs.
Obstetric patients who arrive for admission with a confirmed negative test result will still be required to pass through the access control point, as accurate screening remains the cornerstone of managing the patient in addition to the test result.
In addition they must complete the daily symptom screen for the days they are in hospital.
Obstetric patients who are PCR positive can be cohorted in the postnatal ward and the baby should remain with them at the bedside

Partner of the obstetric patent for delivery—Mediclinic does not require the partner to be tested but they have to be accurately screened.
Obstetric patient with a negative PCR test result— partner must be screened and if they are well and pass the access control they may be allowed access and either stay with the patient for the duration of the stay in a private room, or may visit daily for unlimited periods of time. In addition they will be required to complete the daily symptom check and/or pass through access control daily. Please see Visitor policy for additional visitors.
Obstetric patient who has a positive PCR test result or is symptomatic at access control, may be allowed a partner only for the labour and delivery, on condition that the partner is well and they screen negative at access control. Or a healthy person may be substituted for the delivery only.
Partner must always wear a mask for the duration and must stay at the bedside.

Obstetric Patient coming for outpatient procedure e.g. CTG/Steroid injection and not for admission

(NO TEST REQUIRED)

Must still be screened at access control

- Designate an area in the unit for this purpose, with essential equipment only
- Consider allowing the partner access if they screen well and depending on the test required
- Patient (and partner if applicable) to wear cloth mask, unless she has failed the access control and then will have been given a surgical mask to wear
- Staff to wear mask and visor, gown and gloves and room to be cleaned between patients

IPC Guidelines:
As the obstetric unit will be admitting both COVID-19 and non COVID-19 patients, they are deemed high risk areas, and staff should be wearing a visor in addition to a surgical mask at all times, when managing a patient.
SA IPC Guidelines (May 2020): The currently available evidence does **not** include the second stage of labour and delivery as an aerosol-generating event . In light of this, the recommended PPE for obstetric staff performing deliveries is as follows:

- Labour and deliveries of well women: PPE as indicated to reduce exposure risk to blood and bodily fluids i.e. gloves, mask, apron/gown and goggles/visor.
- Labour for women with suspected or confirmed COVID-19: PPE as indicated for the direct care of persons with COVID-19 i.e. a medical mask, gloves, apron and goggles/visor.
- Caesarean section under general anaesthetic or with regional anaesthesia and a high probability of requiring intubation: PPE as indicated for aerosol-generating procedure (AGP) due to the (possible) intubation, N95 respirator, gloves, apron/gown and goggles/visor. Limit the presence of non-essential staff in the OT.

CONFIRMED NEGATIVE MOTHER WITH HER BABY

Rooming in as much as possible
Partner can stay if facility allows **OR**
Daily unlimited visitation—Please see visitation policy for remainder of visitors allowed
Partner passes through access control and screens negative each time **OR** completes daily symptom check if staying in private room with mother
Normal post natal care
No routine PCR testing of the neonate

MOTHER SYMPTOMATIC OR CONFIRMED COVID-19 TEST (Mother able to care for baby)

Baby to be managed as a PUI but does not require routine testing unless symptomatic
If mother not ill or only mildly ill—mother and baby stay together in isolation
Mother may breastfeed with a mask on and meticulous handwashing
NO PARTNER ALLOWED IN POSTNATAL

MOTHER ILL / BABY WELL WITH NORMAL CARE

Baby isolated (incubator) and managed as a PUI and can be in corner of normal nursery
Routine PCR testing not required
Consider discharging baby to home care with a healthy family member if feasible

MOTHER ILL/BABY ILL AT BIRTH OR PREMATURE

Admit baby to NICU and follow Neonatal Guideline.
Parents denied access to NICU for 10 days and then must be asymptomatic on return.

ADDITIONAL CONSIDERATIONS:

- **The majority of obstetric units will have both COVID, Non COVID and suspected COVID patients in the same area, therefore this makes them a high risk area. All nursing staff working in the obstetric unit should wear a surgical mask and a visor for their shift, and additional PPE to be used as per procedure.**
- **Environmental cleaning and hand hygiene must be meticulous. Staff not to gather in tearooms and nursing stations.**
- **Doulas may be allowed in for non-COVID woman, depending on each individual hospital's setup, and in agreement with entire management, CPC and obstetric team. Consideration of physical distancing and amount of people in the delivery room (partner etc.) must be considered.**
- **Routine hearing screens can be considered in hospitals situated in low transmission areas. Please take note of physical distancing, PPE use, disinfection of audiologist's equipment and audiologist not moving from hospital to hospital.**
- **Principle remains as few 'non-essential' people as possible to be allowed in the maternity unit.**
- **Breast Feeding consultants and birth photographers may be allowed in at the discretion of the hospital and if all IPC principles are followed**

Complied by Aliné Hall. V8 11/12/2020.

All references can be found on the Mediclinic COVID site—MCSA COVID Obstetric Guideline