OBSTETRIC COVID-19 TESTING GUIDELINES

April 2022—Version 15.0

COVID-19 status will be assessed via verbal symptomatic screening and PCR screening testing for all OB patients admitted for delivery. Below are exclusions to testing on admission:

- Asymptomatic patients with a negative result within the last 5 days from an approved lab.
  - List of approved labs: Pre-Procedural_Testing_Guidance_02-09-2022_v15.pdf (northmemorial.com)
- Patients with a positive test result within the last 90 days. Refer to OB PPE Guidelines for use of full barrier precautions.
- Patient does not consent to testing.

Other Guidance:

- COVID testing in OB triage may be performed and should be ordered in accordance with the workflow in the "COVID-19 test" order panel. Indications for testing include, but are not limited to 1) Anticipated admission in a patient with early labor discharging home or 2) Symptomatic patients with mild disease who do not have interest in outpatient therapy (ex. Paxlovid or sotrovimab). Counseling for use of Paxlovid for OB triage patients should be between the patient and the provider.
- Effective 4/12/2022, Rapid PCR (Cepheid instrument) will be utilized for all COVID testing on labor and delivery. Preadmission testing should continue for patients with planned/scheduled delivery (Cesarean and labor induction).
- If a patient is **symptomatic**, it is OK to retest even if negative test was obtained within the last 5 days. PUIs should have transmission precautions in place per current NMH protocol.
- Vaccination status does not impact this testing strategy.

COVID testing is obtained as a part of the normal obstetric admission process (like prenatal HIV testing or obstetric admission syphilis testing). Patients who decline COVID testing will be assessed for symptoms and the care for symptomatic patients will be the same as patients who are COVID test positive. Asymptomatic patients will be managed as PUI status.

An informed discussion and shared decision making process will occur between the care team and the family. Discussion points should include:

- Importance/purpose of COVID testing.
- Requirements for healthy visitor(s) to wear a mask.
- Overview of options around distancing of visitors and baby from a COVID positive mother in the room based on symptoms and test results.
- Desire to feed at the breast - implications and recommended processes (NMH handout available).

Management of Mother/Baby Dyad

	Maternal COVID symptoms absent (-)	Maternal COVID symptoms present (+)
COVID test negative (-) within 5 days **OR** **COVID test positive (+) ≥10 days** AND no COVID symptoms**	Mother not a PUI Baby not a PUI	Mother a PUI until proven otherwise through risk assessment and re-testing algorithm Baby may be a PUI* depending on Mother's risk assessment See "Re-Testing Guideline" and "Discontinuation of Full Barrier Precautions" document under Clinical Management section on the Provider Information for COVID-19 site for further information.
COVID test positive (+) within 10 days** **OR declines testing**	Mother managed as COVID positive Baby a PUI* until testing returns **Note:** Infection Prevention may continue precautions between 11-20 days if the patient had severe to critical illness or severely immunocompromised.	Mother managed as COVID positive Baby a PUI* until testing returns **Note:** Infection Prevention may continue precautions between 11-20 days if the patient had severe to critical illness or severely immunocompromised.
COVID test pending	Mother not a PUI. Patient to wear mask in the room until test returns.	Mother a PUI until testing returns Baby a PUI* until testing returns

*Baby PUI evaluation = testing at 48 hours of age if still hospitalized (at discretion of baby's physician)
See "Diagnostic Algorithm – NICU" document on the Provider Information for COVID-19 site for further information.

**If the patient is severely immunocompromised or has severe illness, continue FULL BARRIER PRECAUTIONS for 20 days after symptom onset rather than 10 days.

Definitions
Immunocompromised includes but is not limited to the following conditions:

- Stem cell or organ transplant
- Untreated HIV (i.e. CD4 <200)
- Prednisone >20mg/day for >14 days
- Combined primary immunodeficiency disorder

Severe Illness[1]: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

Link to Provider Information for COVID-19 site: https://northmemorial.com/healthcare-providers-coronavirus-covid-19/

References:

1. CDC SARS-CoV-2 Illness Severity Criteria—adapted from the NIH COVID-19 Treatment Guidelines (August 10, 2020). https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html#definitions.

COVID-19 WORKGROUP FOR THE OB/GYN CLINICAL PRACTICE COUNCIL

This team represents expertise in Obstetrics. If you would like further information, please contact the OB/GYN Clinical Practice Council Lead, Todd Stanhope, MD — Todd.Stanhope@NorthMemorial.com

MEMBERS:

Todd Stanhope, MD—Clinician Lead, OB/Gyn CPC

Lora Princ, MD—Chair, Section of OB/Gyn, NMHH

Faith Zwirchitz RN—Director, MGH FBC

Leslee Jaeger, MD—Chair, Department of OB/Gyn, MGH

Cathy Anderson, RN—Director, NMHH FBC

Cameron Berg, MD— Clinician Lead, Acute Medicine CPC

Paul Krogh, PharmD—Director, Sys Pharmacy

If you would like further information about Clinical Programs and Integration, please contact the Medical Director of Quality:

Jeffrey Vespa, MD — Jeffrey.Vespa@NorthMemorial.com or Anna Rees, Manager—Anna.Rees@NorthMemorial.com

Revision History

This document is active and further recommendations are forthcoming. It will be updated as additions develop.

Revision	Description of Changes	Approvals	Date
5.0	Specified timing of COVID tests in table on page 2; Adjusted formatting	OB/GYN Clinical Practice Council	10-27-2020
5.1	Changed title; Removed visitor content; updated postpartum verbiage (pg. 3)	OB/GYN Clinical Practice Council	11-17-2020
6.0	Edited content on page 2 for clarity.	OB/GYN Clinical Practice Council	11-20-2020
7.0	Re-testing clarification. Removed postpartum care content and moved into a new standalone document.	OB/GYN Clinical Practice Council	12-15-2020
8.0	Removed outpatient testing guidance and reinstated rapid PCR testing for all OB patients. Added CPC contact information.	OB/GYN COVID-19 Workgroup	04-27-2021
9.0	Asymptomatic mothers who decline testing are now considered PUI status.	OB/GYN COVID-19 Workgroup	08-24-2021
10.0	Added info: changes from Cepheid to Cobas testing. Updated table pg 2. Removed verbiage on pg1. Updated PPE for 'declines.' Renamed table on pg.2.	OB/GYN COVID-19 Workgroup	10-14-2021
11.0	Now allow pre-admission Covid tests within 5 days of admission from approved labs (previously was 7 days)	OB/GYN COVID-19 Workgroup	11-05-2021
12.0	Updated antepartum screening testing to occur at least once every 7 days	OB/GYN COVID-19 Workgroup	01-18-2022
13.0	Added OB triage testing guidance; updated pre-procedure testing guidance to v15 (page 1)	OB/GYN COVID-19 Workgroup	02-22-2022
14.0	Removed antepartum screening testing every 7 days guidance	OB/GYN Clinical Practice Council	03-04-2022
15.0	Changed from Cobas to Cepheid testing for all screening patients. Updated 7 day guidance to 5 days in the management chart.	OB/GYN COVID-19 Workgroup	04-12-2022