

## OBSTETRIC COVID-19 TESTING GUIDELINES

January 2023—Version 16.0

Patient admitted to the labor unit will be assessed via verbal symptom screening for viral respiratory illness, and PCR testing is recommended for those with symptoms. Testing can be ordered via the OB admission order sets or by ordering COVID testing separately. Admission testing will include influenza and RSV testing (Quadplex) during the corresponding season as defined by NMH Clinical Leadership Committee. Below are exclusions to testing on admission:

- Asymptomatic patients.
- If patient is presenting with respiratory symptoms, they will be re-tested at the clinician's discretion.
- 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. Counseling for use of Paxlovid for OB triage patients should be between the patient and the provider.
- Rapid PCR (Cepheid instrument) will be utilized for all COVID PUI testing on labor and delivery.
- PUIs should have transmission precautions in place per current NMH protocol.
- Vaccination status does not impact this testing strategy.
- **Symptomatic** patients who decline COVID testing will be managed as presumed positive.

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

- Importance/purpose of testing for viral respiratory disease.
- Current visitor and masking requirements.
- Overview of options around distancing of visitors and baby from a COVID positive mother in the room.
- Desire to feed at the breast - implications and recommended processes (NMH handout available).



**Management of Mother/Baby Dyad**

Although we are not testing asymptomatic patients, they may arrive with recent tests. Use the table below as appropriate.

	Maternal COVID symptoms absent (-)	Maternal COVID symptoms present (+)
<p><b>COVID test negative (-) within 5 days</b></p> <p><b>OR</b></p> <p><b>COVID test positive (+) ≥10 days** AND no COVID symptoms</b></p>	<p>Mother not a PUI Baby not a PUI</p>	<p>Mother a PUI until proven otherwise through risk assessment and re-testing algorithm</p> <p>Baby may be a PUI* depending on Mother’s risk assessment</p> <p>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.</p>
<p><b>COVID test positive (+) within 10 days**</b></p> <p><b>OR declines testing</b></p>	<p>Mother managed as COVID positive Baby a PUI* until testing returns</p> <p><b>Note:</b> Infection Prevention may continue precautions between 11-20 days if the patient had severe to critical illness or severely immunocompromised.</p>	<p>Mother managed as COVID positive Baby a PUI* until testing returns</p> <p><b>Note:</b> Infection Prevention may continue precautions between 11-20 days if the patient had severe to critical illness or severely immunocompromised.</p>
<p><b>COVID test pending</b></p>	<p>Mother not a PUI. Patient to wear mask in the room until test returns.</p>	<p>Mother a PUI until testing returns Baby a PUI* until testing returns</p>

\*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” website 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<sup>1</sup>: 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**

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**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
16.0	Removed asymptomatic testing guidance	OB/GYN COVID-19 Workgroup	01-03-2023