Confirmed or Suspected COVID-19 in the Obstetric Healthcare Setting

Upon patient’s arrival to the hospital:

• Patient will be masked, and
• Infection Prevention and Engineering will be notified.
• Engineering will set up L&D room 8 for negative pressure. Room 7 will be used for a 2nd confirmed COVID-19 patient or a PUI (person under investigation) for COVID-19.

Upon arrival to L&D

• Patient will be placed in the negative pressure room with appropriate airborne and special enteric precaution signage and a stocked isolation caddy.

During L&D hospitalization

• Limit access of visitors/support person prior to birth.

Considerations for babies

• Babies born to mothers who are PUlS or have confirmed COVID-19 will be treated as PUIs.
• Visitation will be limited to a healthy caregiver.

Mother/Baby Contact

• “Rooming in” of the newborn will be utilized, but a distance of 6 feet should remain between the mother and child. Consider a physical barrier (curtain, temporary wall, etc.) if possible.
• The decision to discontinue temporary separation of the mother from her baby should be made on a case-by-case basis in consultation with clinicians, infection prevention and control specialists, and public health officials.

Breastfeeding

• For mothers who intend on breastfeeding, a dedicated breast pump (if possible) should be provided.
• Mothers should practice hand hygiene prior to expressing breast milk.
Expressed milk should be fed to the newborn by a healthy caregiver.

After each pumping session, all parts that come in contact with the breast milk should be thoroughly washed and the entire pump should be disinfected per the manufacturer’s guidelines.

Disposition

- Patients may be discharged whenever clinically indicated.
- Isolation should be maintained at home if the patient returns home before the decision is made to discontinue Transmission-Based Precautions.