



The COVID Clinical Response Committee (CCRC) has been asked to consolidate guidance on the care of the pregnant patient beyond 22 weeks gestational age with COVID-19 infection requiring admission to hospital.

1. **For patients who are under 22 weeks, admission follows existing flow patterns.**
 - a. **If the patient is being admitted because they have COVID-19 infection, they are admitted under the hospitalist. Consultation can occur with obstetrics as needed.**
2. **If the pregnant patient with COVID-19 infection is beyond 22 weeks, they are admitted to the obstetrician on call to the obstetrical ward under contact-droplet precautions.**
 - a. **The obstetrician will see the patient daily. For obstetrical issues (decreased fetal movement, vaginal bleeding or fluid, back pain, contractions, abdominal pain, fetal wellbeing concern), the obstetrician will be called.**
3. **The medicine consult internist will see the patient daily in a shared care model.**
 - a. **For medical issues (increasing or new oxygen requirement, persistent or unrelenting fever that requires treatment, chest pain, or other medical complaints), the medicine consult internist will be called between 8 am and 4 pm. After 4 pm, the internist on call will be called.**
4. **The CCRT will see all pregnant patients with suspected or confirmed COVID-19 infection who require oxygen for a minimum of 72 hours.**
 - a. **The CCRT physician will round daily.**
 - b. **The CCRT nurse will round once per shift (twice per day).**
 - c. **The CCRT will be called and ICU admission considered for any of their usual criteria and:**
 - i. **increased work of breathing or respiratory rate above 30**
 - ii. **O2 saturation less than 95% on 3 L nasal prong oxygen**

This decision will be revisited as requested.

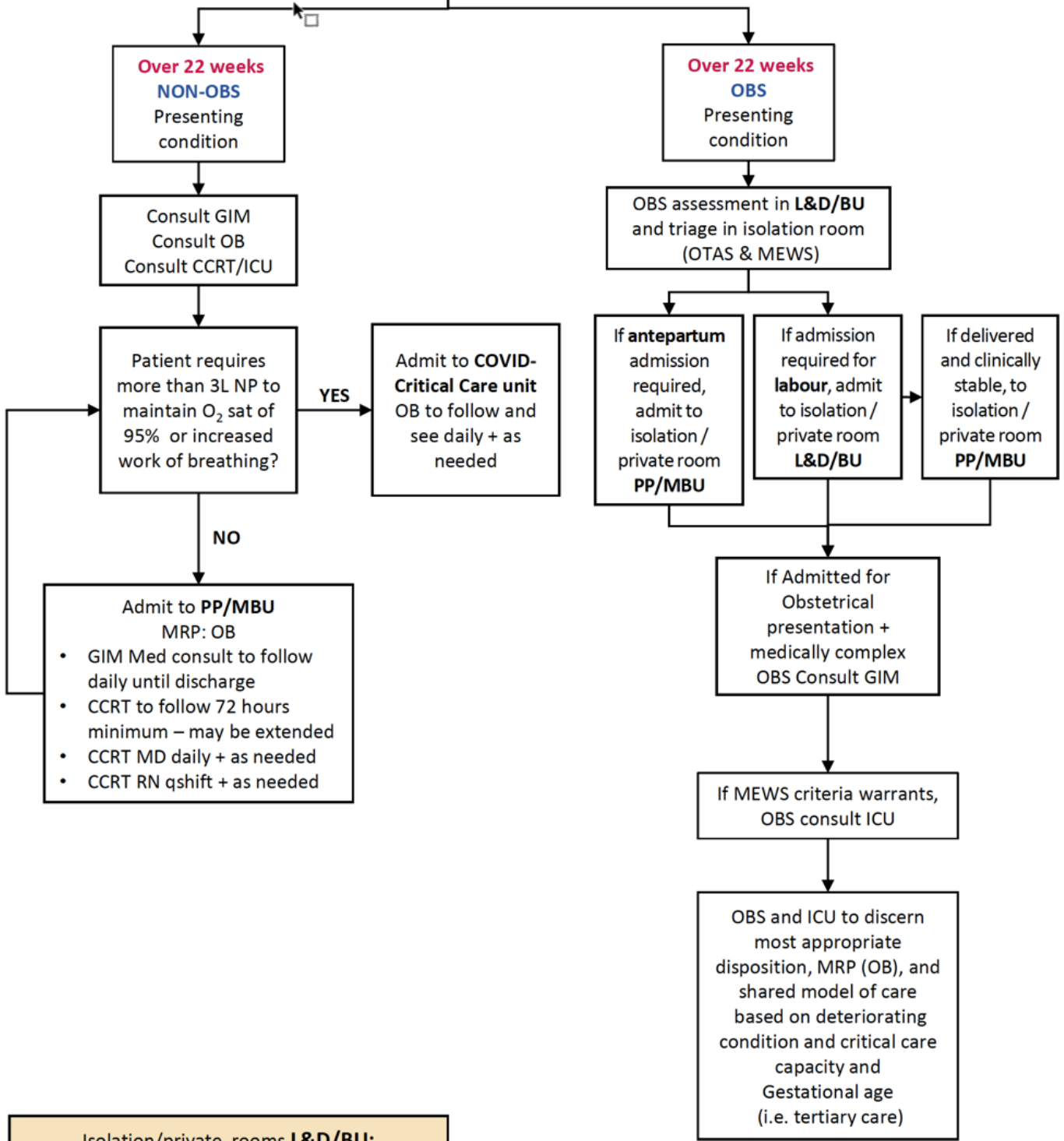
IMT Report Date - April 29, 2020

Pregnant Patient Requiring Admission (22 Weeks or Over)

BCH
EGH

Pregnant PUI (patient met swabbing criteria and was swabbed for COVID-19) or confirmed COVID+ patient presenting to the ED

A pregnant PUI/COVID+ patient alone is NOT a reason for admission



Isolation/private rooms **L&D/BU**:

Rationale

1. Care of the Pregnant Woman beyond 22 weeks gestational age with COVID-19 infection requires a multidisciplinary approach but remains largely supportive.
2. The obstetrical / post-partum nurses will benefit from medical assessment and support from the ICU nurses if the patient is on oxygen.
3. CCRT nurses benefit from the skills of the obstetrical / post-partum nurses in fetal surveillance and care of the pregnant patient.
4. Patients in advanced state of pregnancy are at increased risk for difficult airway.
5. Hypoxemia may occur more rapidly, especially during rapid sequence intubation.
6. Lab abnormalities can mimic pre-eclampsia and HELLP syndrome. Keep differential broad.
7. Indicated investigations should not be withheld because of the pregnancy.
8. Use contact / droplet precautions anyone who is under investigation for or has COVID-19 infection.
9. Specific to COVID-19 and pregnancy, data and experience is extremely limited.
 - a. Hypoxia, acidosis, and fever can harm the baby.
 - b. To date, COVID-19 has not been implicated in harm to the fetus or vertical transmission.
 - c. To date, complications in pregnant women with COVID do not seem to be elevated compared to usual population (unlike other viruses).