



Postpartum Care in the Time of COVID

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Setting: Greater Lawrence Family Health Center and Lawrence General Hospital



- Lawrence, MA
 - Population: ~80,000 / 80% Latinx
 - COVID19 Case Rate (per 100,000): 1876
 - MA Rate: 773
 - COVID19 Deaths/100,000: 76
 - MA Rate: 40
- Greater Lawrence Family Health Center (GLFHC)
 - Serves 63,000 patients (over 85% Latinx)
 - Comprehensive Primary Care including maternity care
 - Family Medicine Residency Program – 40 residents
 - 800 deliveries per year/Currently 628 pregnant pts
- Lawrence General Hospital
 - ~1400 deliveries per year
 - Level 2 Special Care Nursery



How Do We Manage Postpartum Patients with COVID19?



- COVID19 is prevalent in our general and our perinatal population
 - Known COVID19 Positive Patients - 569
 - Known COVID19 Pregnant Positive Patients – 21
- Patients have significant barriers to care
 - Language – 80% of COVID19 + patients prefer Spanish
 - Transportation
 - Crowded, multigenerational housing
- Universal COVID screening at LGH
 - From 4/13-4/26 – 43 women screened – 7 positive (16%)

Inpatient Postpartum Management Issues and Plan



Issue	Management Plan
Universal Screening of Mothers and Separation versus Rooming In of Mother and Baby	<ul style="list-style-type: none"> - Develop shared decision making tool to discuss patient preference – ideally prenatally - Informed Consent Document for Newborn Rooming In
Caring for Mildly Ill COVID19+ Postpartum Women while Inpatient	<ul style="list-style-type: none"> - Develop care pathways within Family Medicine (FM part of COVID Consult Team for LGH) - Determine where patient best cared for from nursing perspective <ul style="list-style-type: none"> - Maternity Floor - L&D - Medical-Surgical Floor
Breastfeeding	<ul style="list-style-type: none"> - Develop shared decision making tool to discuss patient preference – ideally prenatally
Discharge Planning	<ul style="list-style-type: none"> - Education for COVID+ families that do not require prolonged inpatient care - Care package/PPE

Shared Decision Making Tool for Mother-Baby Separation



Recommend Shared Decision Making based on four primary categories:

1	COVID19+ mother	Confirmed by testing within the past 72 hours
2	PUI, COVID19 symptoms/febrile	Testing pending
3	Asymptomatic mother	Tested under universal testing protocol
4	Negative	Mother who tested negative in the past 72 hours*

*Negative test does not mean no risk of infection (due to false-negative tests and asymptomatic shedding)

For all categories above, review with parents the risks/benefits of skin-to-skin contact, delayed cord clamping, nutrition strategies, and immediate separation of the infant from the mother. Discussion should include recognition that our understanding of these risks/benefits is limited, with no data on long-term developmental outcomes in COVID-19 exposed/positive infants.

All of the categories above can be counseled using the below guideline due to asymptomatic community prevalence of SARS-CoV-2, with variance on a case-to-case basis.

Inpatient Postpartum Care



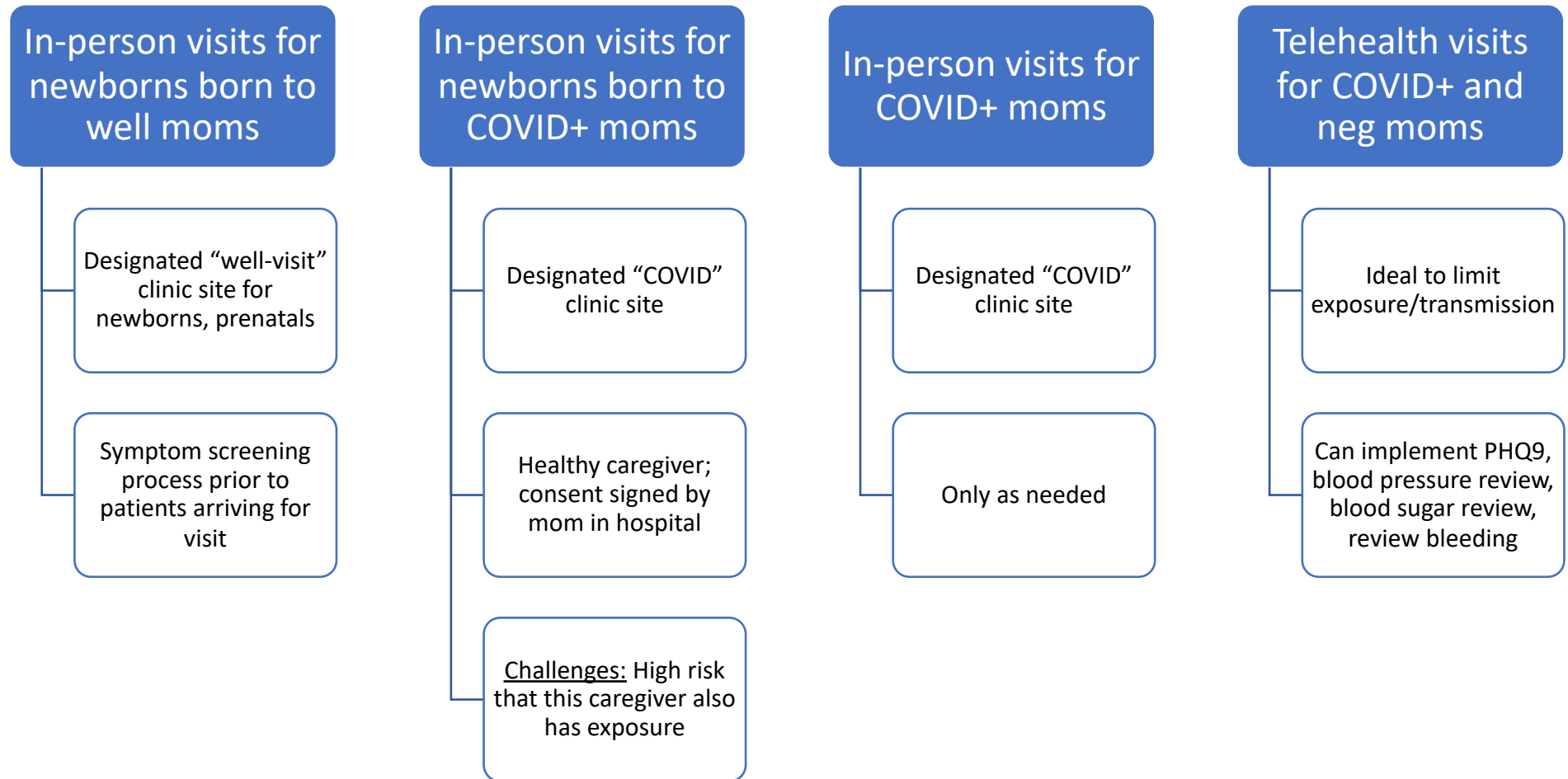
- Informed Consent for Rooming-In (Started 4/23)
 - Of 3 COVID + mothers, 2 chose rooming in
 - Currently not collecting data on PUI or asymptomatic mothers awaiting screening results
- Discharge Planning for COVID+ moms with mild symptoms
 - Depending on Day of Illness
 - Early discharge for experienced moms with blood pressure monitor; telehealth visit in 2-3 days
 - For ill moms, inpatient care – currently staying on L&D (work in progress)

Outpatient Postpartum Management Issues and Plan



Issues	Management Plan
Outpatient Postpartum and Newborn Care	<ul style="list-style-type: none">- In person visits<ul style="list-style-type: none">• All newborns within 1 week• Healthy caregiver<ul style="list-style-type: none">• Consent form signed in hospital- Telehealth visits<ul style="list-style-type: none">• Most moms; PHQ9; blood pressure +/- blood sugar review- Post-op wound care via telehealth unless concern
Population Health – Tracking Care of Patient	<ul style="list-style-type: none">- COVID Registry with Nursing Follow Up
Contraception	<ul style="list-style-type: none">- Encourage LARCs prior to discharge
Postpartum Depression	<ul style="list-style-type: none">- Moving to 2 weeks postpartum standard<ul style="list-style-type: none">• Increased isolation

Outpatient Postpartum Management Process of Implementation



- Stakeholders: site Ops, clinic site clinicians, nursing, scheduling staff, inpatient residents/attendings

Continued Quality Improvement



“Well” Clinic Site unanticipated COVID+ exposures

- Re-define asymptomatic illness prevalence
- Telephone symptom screening prior to visit
- Temperature and re-screening at arrival
- Registry of all prenatal/postpartum patients that are tested
- Easy way to identify COVID+ population in outpatient records

Engagement of stakeholders for shared-decision making tool

- Education
- Finding shared beliefs between team members
- Focus on harm-reduction
- Create education materials for COVID+ families