



# COVID Testing on L+D: Preparations and Pitfalls

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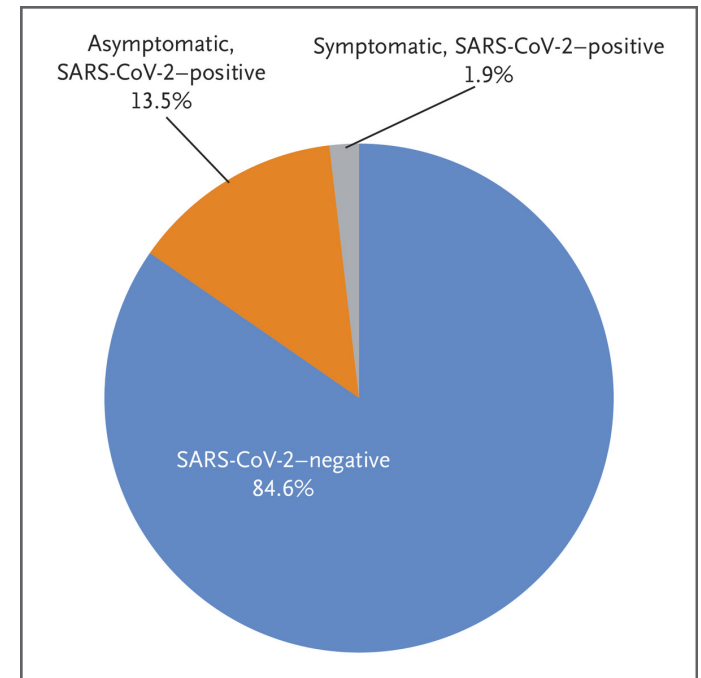
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# Problem:

- NYC experience identified 13% of asymptomatic patients presenting to L+D tested positive for COVID 19
- Universal COVID-19 Testing on L+D is now recommended
- Implementation and interpretation of results is complex



# What is the primary goal of universal testing?

- Appropriate Isolation of COVID positive patients to decrease risk of transmission in hospital
- Appropriate utilization of PPE
- Protection for newborn
  - Separation within the room or temporary separation within the hospital
  - Teaching families best practice for infection prevention in preparation for discharge

# Aspects of the Roll Out

- Stakeholders - Multidisciplinary Approach:
  - L+D and outpatient OB RN staff
  - Infection Control
  - Obstetric Providers
  - Neonatal Providers
  - Anesthesia Providers
  - Order Entry Team / Micro Lab

# L+D COVID testing begins in the outpatient setting

- Communication with outpatients to anticipate testing on arrival
  - Difficult to reach all patients\*
  - Information sent out as a blast message through patient portal
  - Providers discussed with all patients in visits (in-person and virtual)
- Testing all scheduled L+D admissions in advance
  - Within 2 days
  - Sent to outpatient / drive through testing sites
  - Patients that could not drive – instructed to arrive earlier to L+D\*

# L+D COVID testing on admission

All patients are screened with questions upon arrival to L+D:

1. Previously tested negative for COVID-19 in anticipation of admission?
2. Previously symptomatic and tested positive for COVID-19?
3. If not previously COVID -19 tested:
  - a. Symptoms of COVID-19 now?
  - b. Known exposure to a confirmed COVID-19 patient?

Level of precautions (PPE) and mother-baby recommendations will follow the above designation.

# L+D Work Flow

- Swabs obtained upon admission by L&D Triage RN
- Providers place COVID order with admission orders
- Swabs are hand delivered to micro lab
- Micro lab prioritized L+D specimens to Cephiad testing platform
- Turn around time = approx. 2 hours.



# Determining level of precautions during labor and postpartum

## Standard Precautions

- COVID NEGATIVE and asymptomatic and no confirmed exposures

## Enhanced Precautions

- COVID POSITIVE
- COVID NEGATIVE with symptoms
- COVID NEGATIVE with exposures

ALL patients during delivery (SVD and C/S  
due to risk of AGP)



# Retesting for new symptoms in labor for COVID Negative patients

**Retesting during hospitalization will depend on the original risk designation and new symptom:**

## **On admission - No Symptoms, no exposure, COVID negative:**

- If fever develops and Chorio is most likely → no COVID retest, treat chorio
- If new Additional Sx or clinical concern for COVID → retest → patient becomes PUI with enhanced respiratory precautions

## **On admission - No Symptoms, POSITIVE exposure, COVID negative:**

- If fever or new Sx or clinical concern for COVID → retest under AND treat chorio → patient becomes PUI with enhanced respiratory precautions

# COVID Positive on universal screen

## Mother-Baby Care: Work in progress

- Co-location for all mother-baby dyads after shared decision-making
- Breast feeding or expressed breast milk per mother's preference for all mother-baby dyads
- Need for 6 feet of space and care by healthy caregiver preferred if:
  - COVID Positive
  - COVID Negative but Exposed
  - COVID Negative but new Sx and repeat test pending
- If Admission COVID Test “pending” in Asymptomatic and Non-exposed women → standard precautions for mother-baby apply → separation not needed

# Discharge Preparations

## Education for Families in multiple languages

COVID-19 AND CARING FOR YOUR BABY AT HOME

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Taking your new baby home is an exciting and joyous event. However, many parents are also filled with uncertainties and seek expert advice from providers they trust. If you tested positive for COVID-19, this is particularly true. MGHfC and MGH Obstetrics will do everything possible to help guide you during this challenging time and help keep your baby safe after you get home from the hospital. Based on current evidence and guidelines from the Center for Disease Control and Prevention (CDC), these are the best recommendations we can offer at this time.

### Day to Day Care of Your Baby

- Keep your baby separated from anyone who has tested positive for COVID-19 or whom you suspect may be infected.

## Caring for yourself or a family member with COVID-19

### Caring for Yourself or a Family Member with COVID-19 at Home

If you or a member of your family has tested positive for COVID-19 and can be cared for at home, please review this guide to keep you and your family safe—and to avoid spreading infection to others in your household and community.

#### For Patients with COVID19

Please follow these instructions:

1. Stay home except to get medical care.



2. Call ahead before visiting your doctor.



3. Separate yourself from other people and animals in your home. This includes staying in a single room away from other people and using a separate bathroom if available.



4. Wear a facemask (if available) when you are around other people.



5. Cover your mouth and nose with a tissue when you cough or sneeze.



6. Wash your hands with soap and water (or an alcohol-based sanitizer) frequently.



7. Do not share personal household items, including dishes, drinking glasses, cups, eating utensils, towels or bedding.



8. Clean all "high-touch" surfaces such as counters, doorknobs, toilets, phones and bedside tables every day with household cleaning spray or wipes.



9. Do not prepare or serve food to others.



Please monitor yourself for worsening symptoms, including:

- worsening difficulty breathing
- new confusion or
- increasing weakness

If you have these or other new or worsening symptoms, please call your primary care provider's office.

If you experience a medical emergency and

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