



## COVID -19 : SOP for pregnant women in JIPMER Department of Obstetrics & Gynaecology

### Overview:

Currently there are no recommendations specific to pregnant women regarding evaluation and management of COVID-19. The current evidence does not state that the pregnant women are at high risk for COVID 19. There is enough evidence from the past that the pregnant women are known to be at high risk for severe morbidity and mortality for other respiratory infections like H1N1 and SARS-CoV. Almost half of the women who developed SARS were admitted to ICU with mortality rate of 25%. Adverse perinatal outcome in terms of preterm birth has been reported but evidence is not clear that could be due to maternal infection. There is no evidence of trans placental transmission reported so far. None of the neonates born to mothers with COVID 19 have been tested positive. There is no evidence of transmission through breast milk.

### Initial assessment:

- All the pregnant women positive for COVID-19, suspected COVID-19 to be informed to duty consultant and COVID-19 clinical management group to be notified.
- Those who are stable (In labour or not) and need hospitalization in terms of obstetric or medical illness will be shifted to second /third floor in ward 51 (Refer flow chart)
- Those who have severe respiratory illness or sick will be shifted to ICU /isolation in first floor of ward 51 (Refer flow chart)

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- The COVID team to be notified once the decision of admission is made for these patients (Ref: Duty roster)

### **Women in labour:**

- After initial assessment, the management plan of labour and delivery should be made in discussion with unit head/COVID team and to be documented in the case sheet
- Laboring woman should be in an individual closed room
- Notify both anesthesiology and neonatology team
- COVID team should wear PPE before assessing the woman
- Initial assessment to be done by SR (as per roster)
- Birth attendant will not be allowed and situation to be briefed from time to time to relatives who is waiting outside
- Hourly or half hourly maternal monitoring should be done
- As there is increased risk of intrapartum fetal distress, continuous fetal monitoring is encouraged
- If epidural analgesia is required can be offered as there is no contraindication (the need for general anesthesia will be minimized if situation arises to do emergency caesarean section)

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- Ensure adequate hydration throughout labour
- Induction/Augmentation is not contraindicated. However elective inductions can be postponed
- Caesarean section is reserved for obstetric indications and women with severe acute respiratory illness on case to case basis
- If caesarean section is needed, anesthesiologist and neonatologist to be notified before shifting
- The OT for COVID-19 patients is located in first floor (same floor), Ward51
- Strictly adhere to active management of labour protocol

### **Breast feeding & Lactation**

- Refer NICU SOP (COVID-19) for initiation of lactation

### **Post partum**

- After delivery (6 hours later) women can be shifted to postnatal ward in second floor (Ward.51)
- After caesarean section patient can be shifted back to same cubical and will be observed for 6 hours before shifting to postnatal ward in second floor

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### **Contraception:**

- Promote interval sterilization or initiate spacing method of contraception after 6 Weeks

### **Discharge:**

- To co-ordinate with neonatologist before discharge
- Plan for discharge after OG consultant's instruction and it will be done on case to case basis

### **Antenatal women who is suspected or positive for COVID -19:**

- All pregnant women who is COVID-19 positive or suspected to have positive need not be hospitalized unless required ( obstetric/ medically indicated)
- They will be jointly assessed by COVID team (Covid clinical group & OG unit consultant), on case to case basis decision will be taken
- Time framed elective procedures for pregnant women booked at JIPMER like NT scan, Fetal anomaly ultrasound, Biometry can be postponed for two weeks if possible; to be decided on case to case basis
- Try to avoid all elective procedures for another two weeks
- To co-ordinate with COVID-19 core group in doubtful situations
- Consider early discharge
- Telephonic advice can be given those who need

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### General instructions to all pregnant women:

- Avoid all non-essential travel
- Avoidance of anyone who is coughing and sneezing
- Wash your hands frequently
- Avoid touching eyes, nose and mouth
- Practice respiratory hygiene (This means covering your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately)
- Social-distancing and reducing general community exposure
- Early reporting and investigation of symptoms
- Prompt access to appropriate treatment and supportive measures if infection is significant
- If your partner has COVID-19, or is symptomatic, they should not accompany you to the hospital
- Postpone or avoid antenatal checkups for pregnant women booked at JIPMER  
Minimize the duration of antenatal visits (15 minutes)
- One attendant per patient for health check up
- Avoid face to face contact
- Maintain **6 feet** distance inside the clinic and in the

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### **Caution:**

If COVID-19 is suspected or confirmed, **health workers should take all appropriate precautions** to reduce risks of infection to themselves and others, including hand hygiene, and appropriate use of protective clothing like gloves, gown and medical mask.

Refer JIPMER COVID-19 task force – Standard operating procedures for information about case definition, screening and management of COVID suspect/positive case in general

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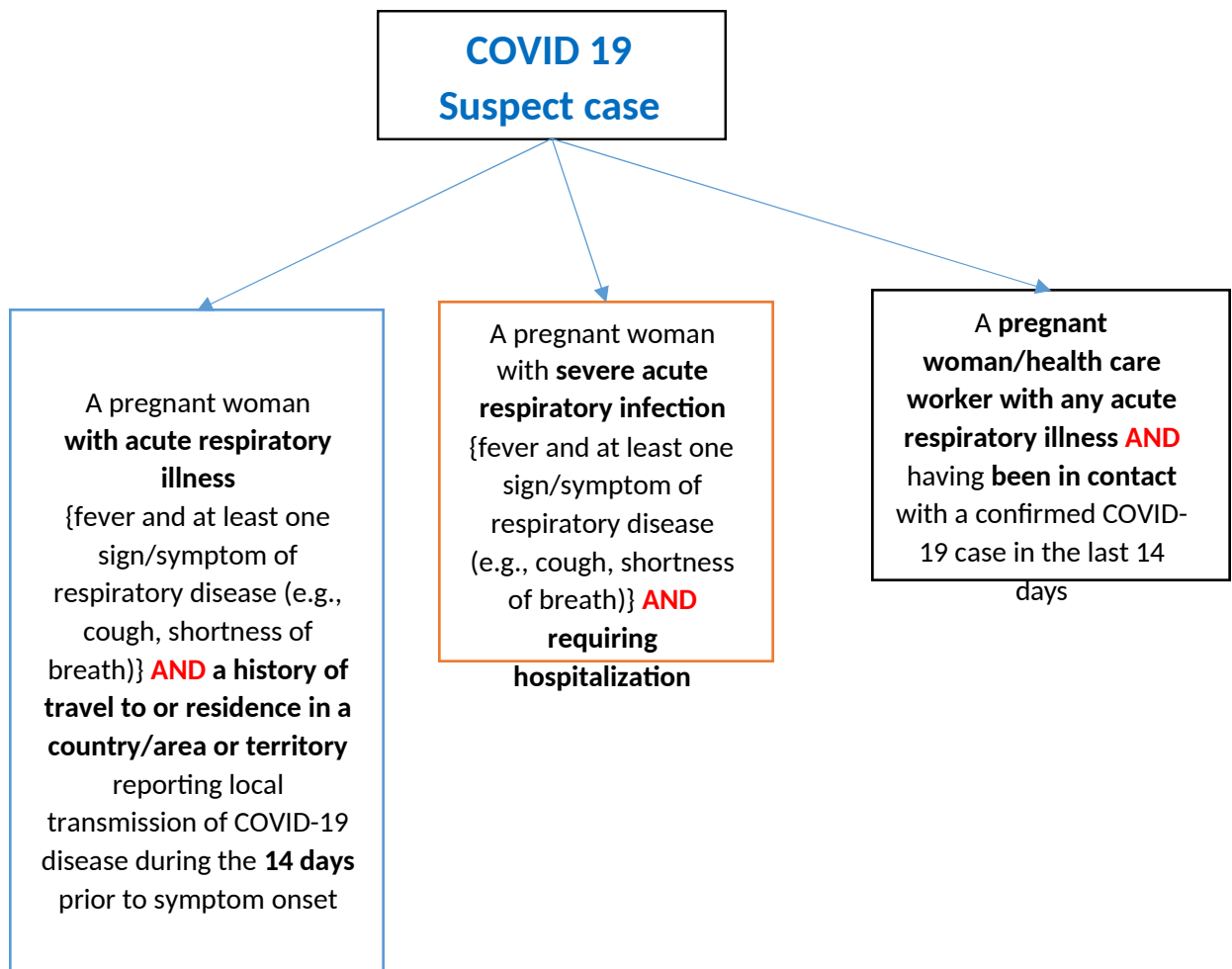
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**Case definitions:** (Source: JIPMER SOP for COVID 19)



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### **Laboratory confirmed case COVID -19**

A person with laboratory confirmation of COVID-19

Irrespective of clinical signs and

### **Close contact -COVID -19**

Contact refers to contact with a laboratory confirmed COVID-19 case.

It does not refer to contact with asymptomatic travellers or their contacts

#### **Screening Questionnaire:**

- **Exposure**
- Is there a H/O travel to a COVID positive area in the last 4 weeks?
  - Is there a contact with suspected or confirmed case of COVID 19?
  - Is there a close contact with a person who has travelled to a COVID positive area in the last 4 weeks?
- **Symptoms**
  - H/O fever
  - Cough, breathlessness & others
- **Follow the flow charts below for work flow**

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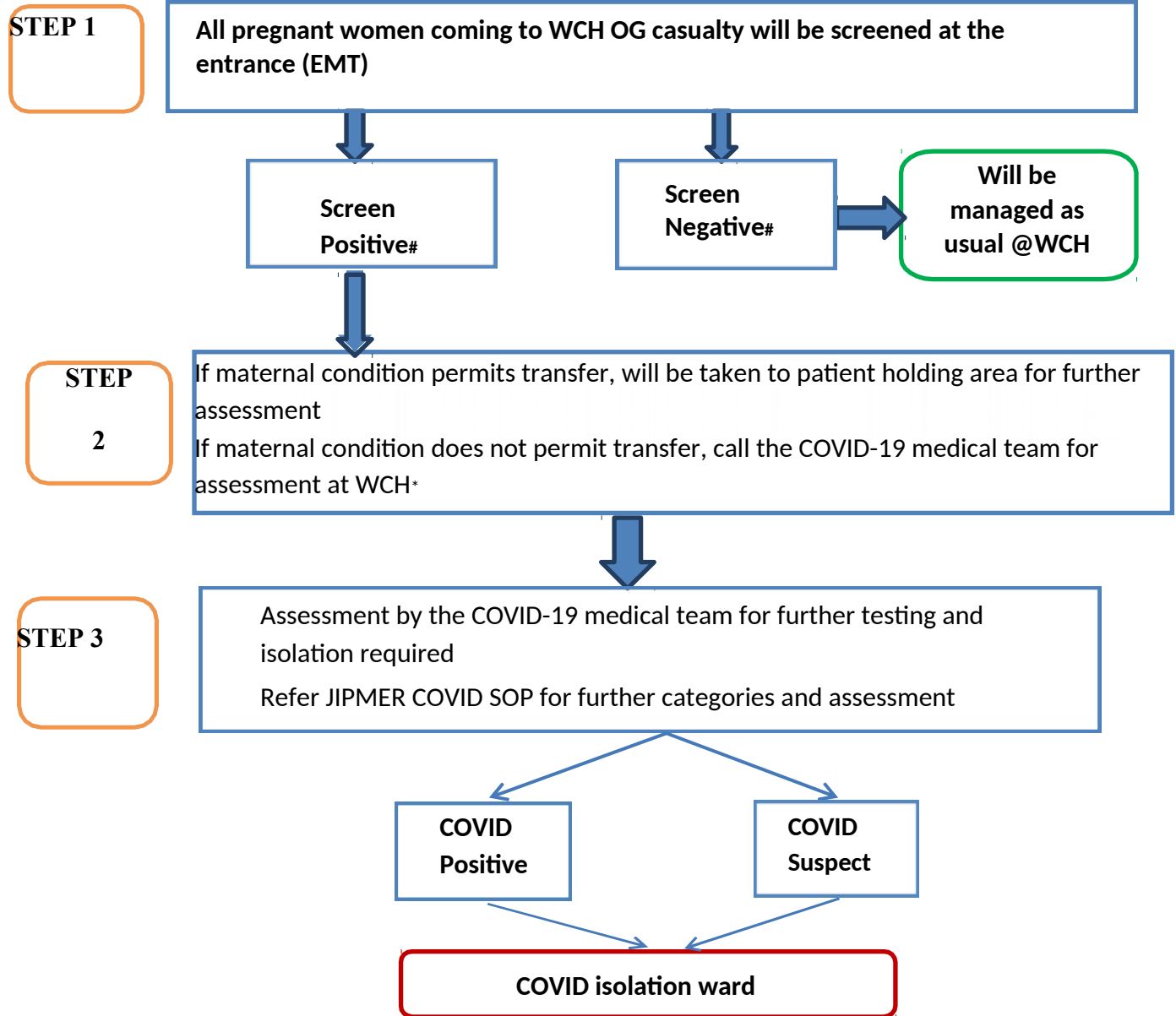




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### FLOW CHART FOR WORK FLOW OF A COVID -19 PREGNANT WOMEN



1. # ( Screen positive means initial assessment by EMT using criteria A & B (Refer JIPMER SOP)
2. @ ( Patient will be transferred in battery operated vehicle with precautions as mentioned in SOP
3. \* ( In case the patient can't be shifted, she can be assessed in the holding area in WCH with PPE & COVID medical team duty roster with phone numbers are in OG Casualty

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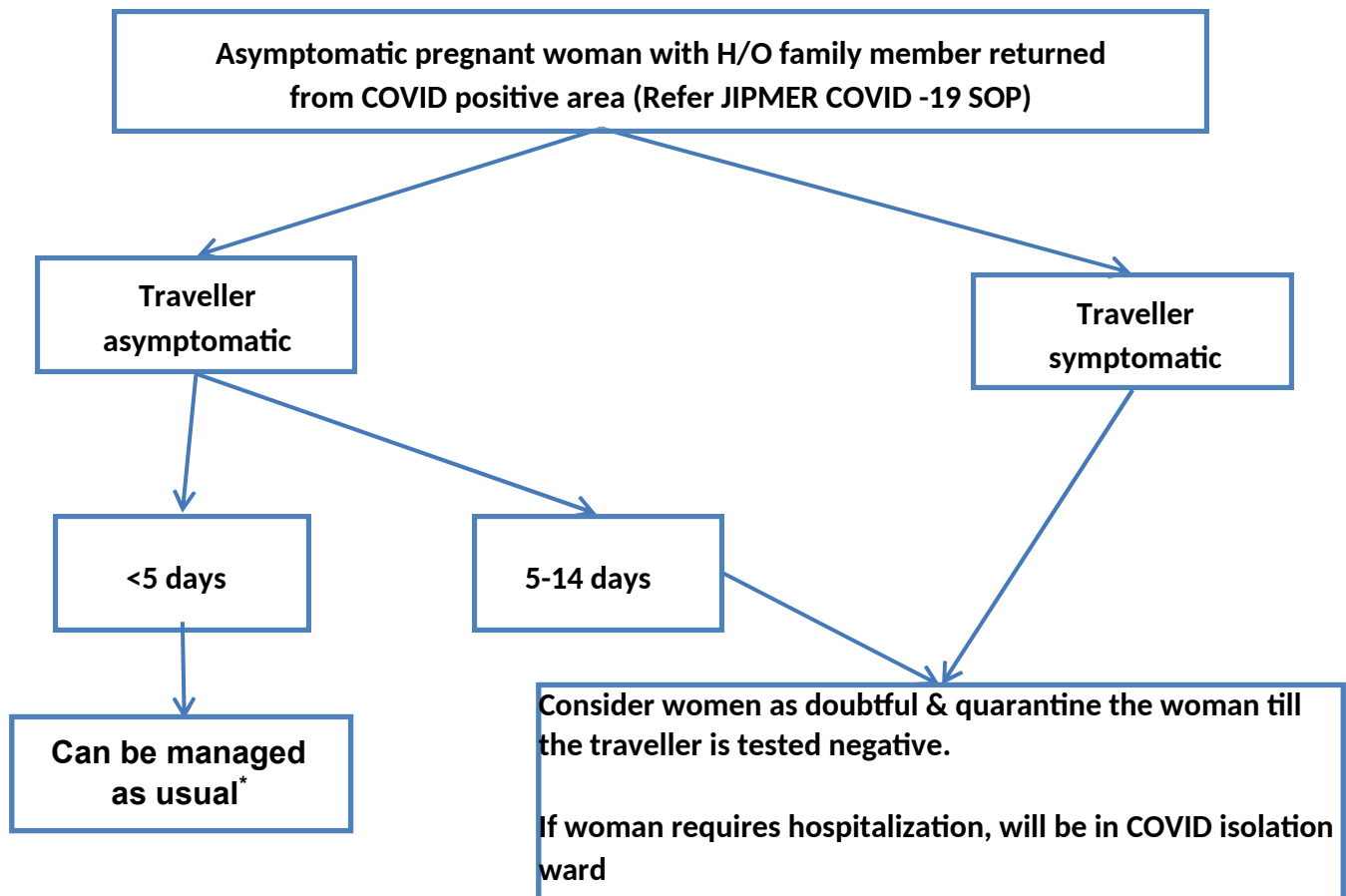


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### Two different clinical scenarios

#### **Scenario 1: Doubtful case: Asymptomatic pregnant woman with H/O contact with family member returned from COVID positive area**



- H/O contact with family member who is returned from COVID positive area and asymptomatic for > 14 days (after a period of home quarantine) will be managed as usual in WCH.
- All pregnant women who require admission in COVID isolation ward (either as COVID suspect or waiting for the family member with positive travel history to be tested **will remain in COVID isolation ward** till the test report is negative.
- **Health care workers who are handling these women are advised to take full precautions including PPE**

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Ensure that the family member with positive family history is home quarantined for 14 days

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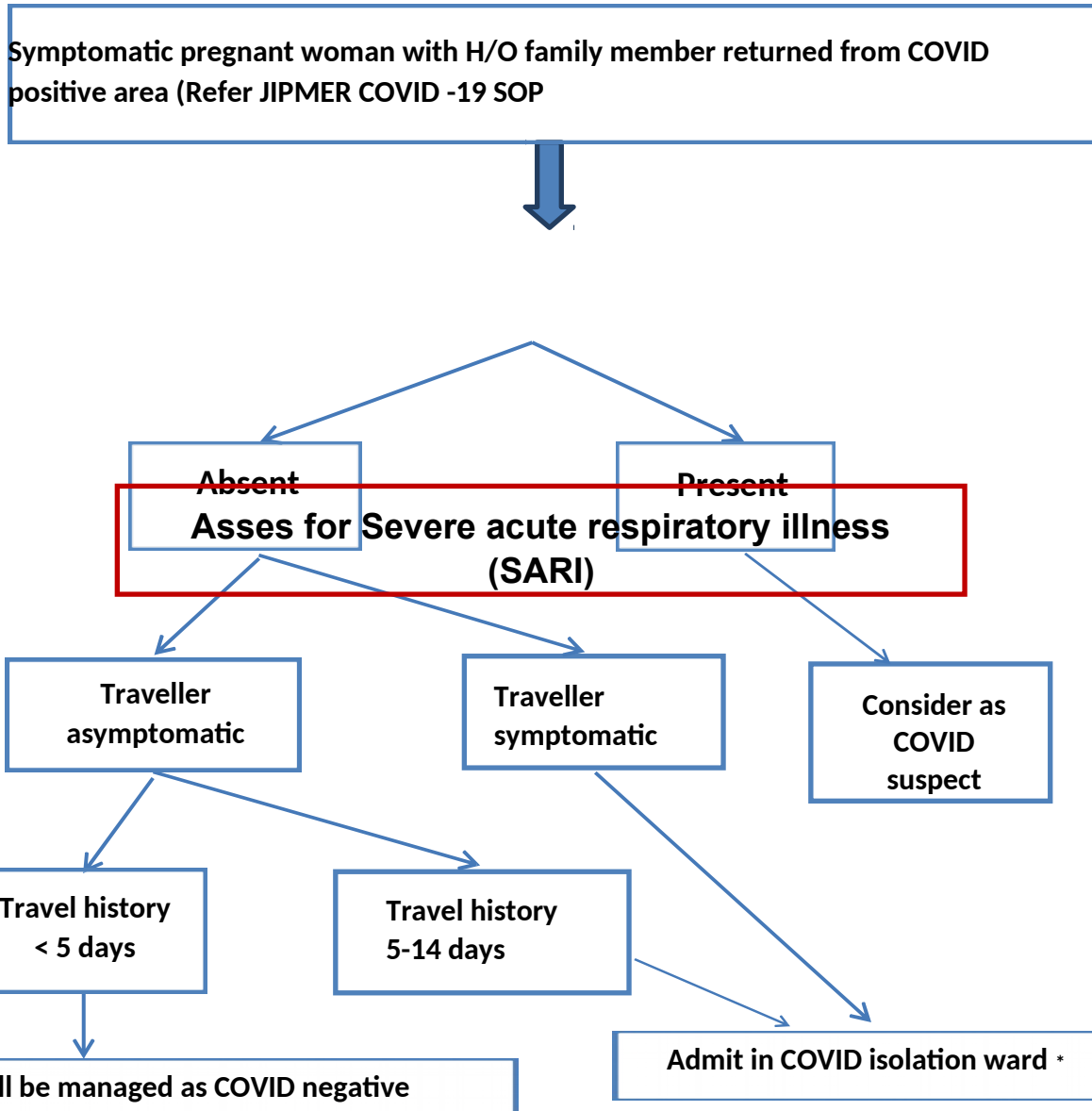
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**Scenario 2: Symptomatic pregnant woman with H/O contact with family member returned from COVID positive area**



# If the pregnant woman is a health care worker and requires hospitalization will be admitted to COVID isolation ward and to be tested

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**Admit in isolation ward till the family member is tested negative**

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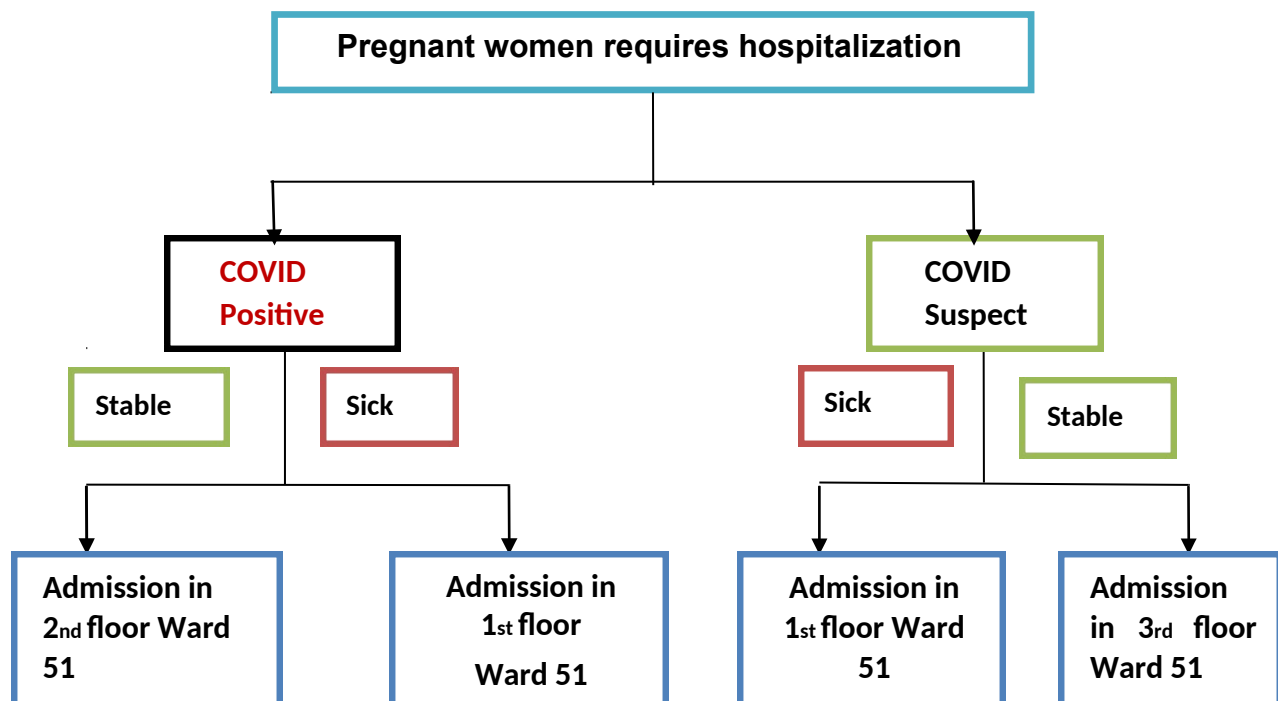


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- COVID isolation ward is Ward 51 (adjacent to WCH)
- ID ward behind the main casualty will be functioning as COVID isolation ward till ward 51 is fully functional
- Once the pregnant women is admitted to COVID ward, the COVID duty team from OG should be intimated
- COVID-19 medical team duty roster is available in OG casualty
- **For admission in ward 51 please follow the flow chart below**
- In unclear situations, please contact COVID clinical core member
- **JIPMER COVID help line: Mobile No: 9489908433 / 9865935656**

Inter com numbers: EMSD – 6562/6560



**Note:** All pregnant women who need to be quarantined and requires hospitalization will be admitted to COVID ward (Third floor ward 51)

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