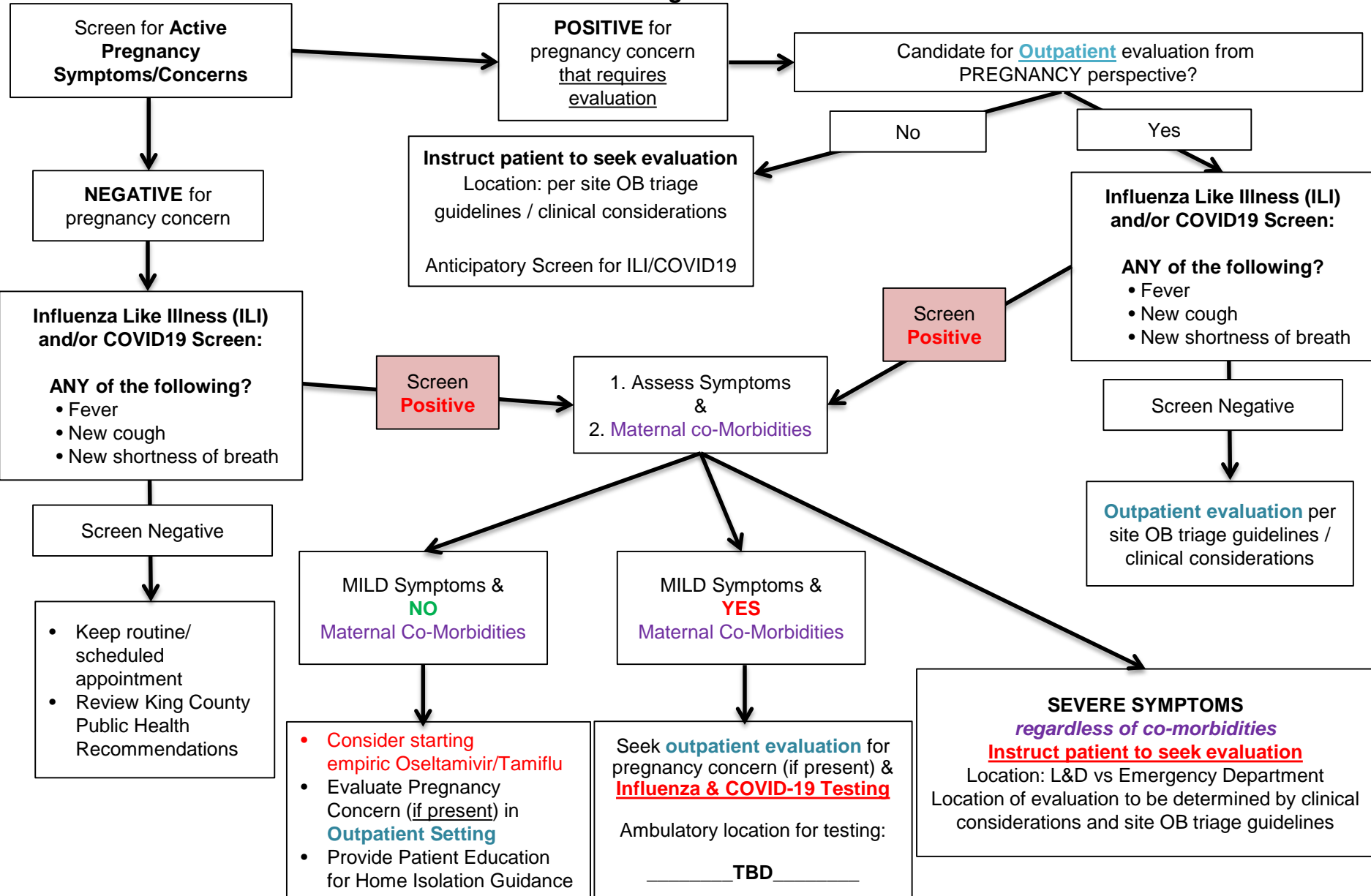


# UW Medicine Influenza Like Illness (ILI) & COVID-19 Screening Guidelines for PREGNANT patients Incoming Phone Calls



Screen for **Active Pregnancy Symptoms/Concerns**

**NEGATIVE** for pregnancy concern

**Influenza Like Illness (ILI) and/or COVID19 Screen:**  
**ANY of the following?**  
• Fever  
• New cough  
• New shortness of breath

Screen Negative

- Keep routine/scheduled appointment
- Review King County Public Health Recommendations

**POSITIVE** for pregnancy concern that requires evaluation

Candidate for **Outpatient** evaluation from PREGNANCY perspective?

No

Yes

**Instruct patient to seek evaluation**  
Location: per site OB triage guidelines / clinical considerations  
Anticipatory Screen for ILI/COVID19

**Influenza Like Illness (ILI) and/or COVID19 Screen:**  
**ANY of the following?**  
• Fever  
• New cough  
• New shortness of breath

Screen Negative

**Outpatient evaluation** per site OB triage guidelines / clinical considerations

Screen **Positive**

1. Assess Symptoms &  
2. **Maternal co-Morbidities**

MILD Symptoms & **NO** Maternal Co-Morbidities

- Consider starting empiric **Oseltamivir/Tamiflu**
- Evaluate Pregnancy Concern (if present) in **Outpatient Setting**
- Provide Patient Education for Home Isolation Guidance

MILD Symptoms & **YES** Maternal Co-Morbidities

Seek **outpatient evaluation** for pregnancy concern (if present) & **Influenza & COVID-19 Testing**  
Ambulatory location for testing:  
\_\_\_\_\_ **TBD** \_\_\_\_\_

**SEVERE SYMPTOMS** regardless of co-morbidities  
**Instruct patient to seek evaluation**  
Location: L&D vs Emergency Department  
Location of evaluation to be determined by clinical considerations and site OB triage guidelines

# Maternal Co-Morbidities

*This is not an exhaustive list.  
Use clinical judgment and err on the side of evaluation if uncertain*

- Immuno-compromised/suppressed
  - Transplant
  - Inflammatory Bowel Disease or Rheumatologic Disease
  - Active treatment with biologics
  - Prednisone >20mg/d
- Class III Obesity
- Insulin Dependent or Poorly Controlled Diabetes
- Maternal Cardiac Disease
- Hypertension disease in pregnancy requiring medical therapy
- Renal insufficiency
- Moderate/Severe Respiratory Disease: i.e Asthma requiring treatment, CF
- Neurologic Disease (Parkinson's, ALS, spinal cord injury, seizure, CVA)
- Active cancer

# UW Medicine DRAFT Inpatient Antepartum, Labor and Delivery Guidelines

**COVID-19 Positive (CONFIRMED)  
and Admission to Perinatal Unit**  
*-Initiate OB Sepsis Protocol if Indicated  
-Alert Infection Prevention*

Scheduled Antepartum Procedure +/-  
Elective IOL / Cesarean Delivery with  
NO Acute Maternal or Fetal Concern



**Postpone if possible**

Antepartum Admission



Consider off-floor location  
if clinically appropriate



Precautions: Droplet and Contact\*

Intended/Anticipated  
Vaginal Delivery



Precautions: Droplet and Contact\*



Delivery on L&D



**If HIGH Risk  
Maternal/Fetal  
Co-morbidities:**  
  
Attempt to deliver in  
**Negative Pressure LDR**  
  
**Otherwise: Routine LDR**

Acute Cesarean Delivery



Precautions: Droplet and Contact\*



Delivery location based on  
Patient acuity  
&  
Unit considerations in  
coordination with  
OB Anesthesia, OB and ID

**\* PPE Exception:**  
**Aerosol Generating Procedures**  
Airborne/Respirator, Contact/Eye Shield  
(PAPR/N95, eye shield, gown, gloves)  
Trained observer for donning and doffing  
Room: Negative pressure (if available)

# UW Medicine DRAFT Inpatient Antepartum, Labor and Delivery Guidelines

**COVID-19 SUSPECTED (High Suspicion but Not Yet Confirmed)**  
and Admission to Perinatal Unit  
*-Initiate OB Sepsis Protocol if Indicated*  
*-Alert Infection Prevention*

Scheduled Antepartum Procedure +/-  
Elective IOL / Cesarean Delivery with  
NO Acute Maternal or Fetal Concern

Follow UW Pregnant  
Patient Testing Protocol

Postpone if possible

Antepartum Admission

Follow UW Pregnant  
Patient Testing Protocol

Consider off-floor location  
if clinically appropriate

Precautions: Droplet and Contact\*

Intended/Anticipated  
Vaginal Delivery

Follow UW Pregnant  
Patient Testing Protocol

Precautions: Droplet and Contact\*

Delivery on L&D

If **HIGH** Risk  
Maternal/Fetal  
Co-morbidities:  
  
Attempt to deliver in  
**Negative Pressure LDR**  
  
**Otherwise: Routine LDR**

Acute Cesarean Delivery

Follow UW Pregnant  
Patient Testing Protocol

Precautions: Droplet and Contact\*

Delivery location based on  
Patient acuity  
&  
Unit considerations in  
coordination with  
OB Anesthesia, OB and ID

\* PPE Exception:  
**Aerosol Generating Procedures**  
Airborne/Respirator, Contact/Eye Shield  
(PAPR/N95, eye shield, gown, gloves)  
Trained observer for donning and doffing  
Room: Negative pressure (if available)

UW Medicine  
Inpatient Newborn Isolation Guidelines

**NEWBORN ISOLATION – UWMC Montlake**

1. We will counsel regarding risks and benefits of colocation vs separation based on guidance prepared by medical directors (see attached handout).
2. Infants born to patients with confirmed COVID-19 should be considered PUIs (persons under investigation).
3. Location of infant care should be based on routine protocol with ID precautions as per unit protocol
4. At present time, UWMC-Montlake does not plan to automatically mandate separation of term, otherwise well infants from COVID-19 postpartum patients. If a postpartum patient is too ill or requests to be separated per CDC policy, we will accommodate the separation.
5. Postpartum patients will be encouraged to wear a facemask and practice hand hygiene before each feeding or other close contact with infant(s). While not breastfeeding, infants should be kept  $\geq 6$  feet away within room per CDC guidance. \*Note, this requires that another non-infected caregiver helps care for the infant. We understand and accept this may not be possible for every postpartum patient and infant pair.
6. Postpartum patients who are pumping will follow CDC guidelines on equipment use and feeding (washing hands before use and cleaning equipment before and after use).
7. Infants will be tested for COVID-19 before discharge from the hospital
8. Discharge requires a provider-to-clinic call to discuss management of the infant

NEWBORN ISOLATION – UWMC Northwest

1. Same as Montlake

NEWBORN ISOLATION – Valley Medical Center

1. Same as CDC?

Influenza Like Illness (ILI) & COVID-19 Guidelines for PREGNANT patients SEEKING IN PERSON Evaluation

**Influenza Like Illness (ILI) and/or COVID19 Screen:**

**ANY of the following?**

- Fever
- New cough
- New shortness of breath

**POSITIVE SCREEN and PREGNANT**  
(any gestational age)

↓

**ASSESS**  
Illness Severity  
Maternal co-Morbidities



Screen for Active Pregnancy Symptoms/Concerns →

Location of evaluation to be determined by clinical considerations & site OB triage guidelines

**MOD/SEVERE SYMPTOMS**  
*regardless of co-morbidities*

- **Initiate OB Sepsis Protocol**
- **Alert Infection Prevention**
- **Concordant Influenza/RSV & COVID-19 Testing**
- Consider empiric Oseltamivir/Tamiflu
- Maternal-Fetal Medicine Consult
- Inpatient Care

MILD Symptoms  
**YES** Maternal Co-Morbidities

Influenza/RSV Testing

Negative Influenza/RSV

**Positive** Influenza/RSV

COVID-19 Testing

**NO** COVID-19 Testing  
*Unless it will change management/placement*

- Discharge to home (if meeting d/c goals) with strict precautions
- Provide Patient Education for Home Isolation Guidance

- **Start Oseltamivir/Tamiflu**
- Discharge to home (if meeting d/c goals) with strict precautions
- Provide Patient Education for Home Isolation Guidance

MILD Symptoms  
**NO** Maternal Co-Morbidities

Influenza/RSV Testing  
**NO** COVID-19 Testing

- **Start Oseltamivir/Tamiflu if influenza positive**
- Discharge to home (if meeting d/c goals) with strict precautions
- Provide Patient Education for Home Isolation Guidance

- All pregnant patients discharged home will receive a follow-up phone call from RN within 24 hours to review results and assess patient symptoms
- If **POSITIVE** COVID-19 and remains an appropriate candidate for home management, pt will receive **DAILY** call from RN for 7 days

Throughout Visit/Evaluation

Precautions: Droplet and Contact\*

## Visitor Restrictions for ALL UW Medicine Perinatal/Newborn Units

### **This is for Unit Awareness; NOT FOR POSTING**

- No visitors (besides patient) experiencing cough, fever, runny nose, or shortness of breath will be allowed in the Perinatal/Newborn Units
- Only one person and one certified birth support personnel in the unit per day
  - These designated individuals should remain the same for the day
  - An infant that is not a patient (e.g infant present with readmit postpartum patient) is considered an essential visitor and is not included in count
  - Exceptions will be made on case-by-case basis
  - Assessing credentials of the birth support personnel is not mandatory. As much as possible we want to limit additional non-essential people on the unit. The definition of essential is subject to interpretation and we must balance patient safety and compassionate care
- No visitors less than the age of 16
- The sign says “No in-and-out”
  - The intent is to GREATLY LIMIT the frequency in-and-out but recognize there will be exceptions, (i.e the partner may need to go to the car to get the car seat).
  - This is a hospital policy. All patients and visitors have the LEGAL RIGHT to move out of the unit. Visitors may or may not be permitted to re-enter the unit.
  - Concerns about movement in-and-out should be addressed with patient and visitor by healthcare team present.