



Standard Operating procedure for care of pregnant women during COVID-19
Department of Obstetrics & Gynaecology

Triage the Pregnant Women

Triage – 1
In Casualty, GIMS

- on 1st contact maintaining 1 m distance check:
1. Fever testing using infrared thermometer.
 2. History of foreign travel in last 14-28 days
 3. History of contact with covid +ve case
 4. History of respiratory symptoms
 5. If she is from Hot spot zone
 6. Herself is health care worker
 7. if referred from any quarantine centre (suspect) (zone list in appendix and need to be modified according to the GBN administration)

Yes

Triage – 2

In Suspect Exam Room
Wearing Full PPE – level II**
Do General, Systemic Exam
Do Obstetric exam PA/ PS/ PV (as required)

Allocation

Potentially Infected

- SARI Symptom
- Contact history
- Travel history
- HCW caring COVID-19
- Awaiting test results

Infected

Tested positive for COVID-19
by
RTPCR or antibody testing

None

Clean

- No SARI Symptom
- No Contact
- No travel history

Normal case

Labour Room/ Obstetrics Ward

COVID Designated LR / OT

Pregnant women COVID-19 +ve

Inform Nodal officer & alert the OBG team

Asymptomatic

Symptomatic

In labour

shift to COVID LR
Active ph. – Short trial
Latent ph. – LSCS
COVID protocol Tt.

Not in Labour

Isolation ward
Routine ANC advise
FHR monitoring
COVID protocol Tt.

**Mild
Moderate
Symptoms**

Severe Symptoms-

- A – RR > 30/min
- B – O2 Saturation < 94%
- C – PaO2/FiO2 < 300 mm Hg
- D – Progression of disease
- E – qSOFA score: score ≥ 2

COVID ICU care – inform anaesthesiologist immediately

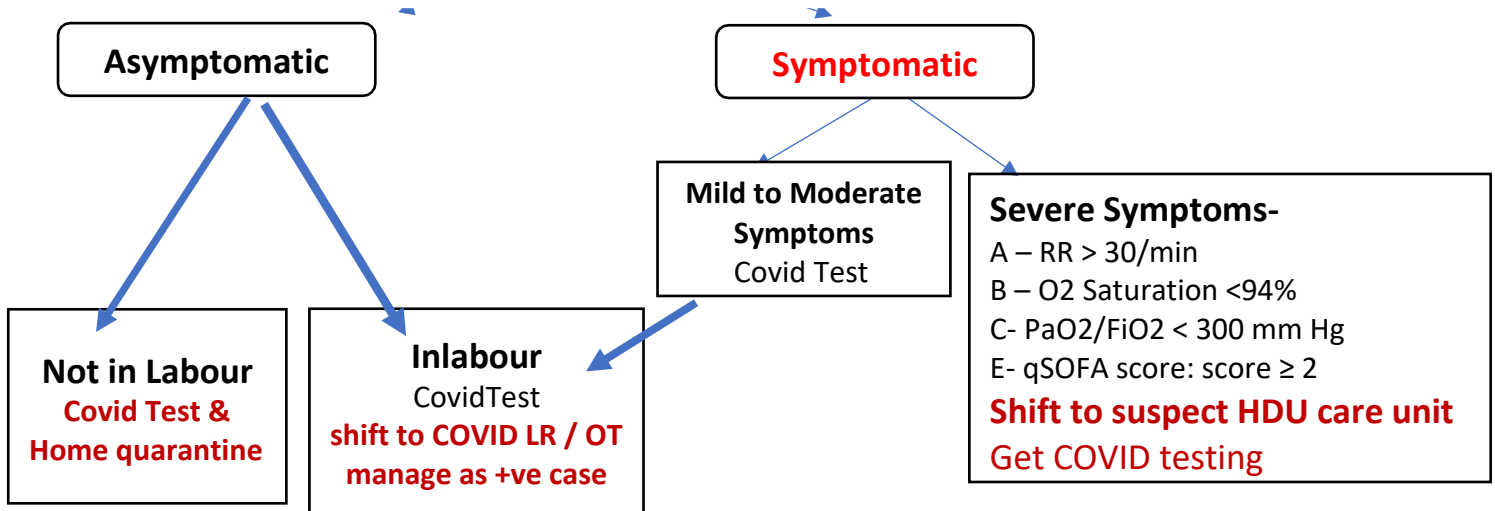
In labour Prepare & Shift to COVID OT for LSCS via defined route and lift, use PPE



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Pregnant women COVID-19 Suspect / Awaiting test result

Alert the OBG team, Inform Nodal



Medical Management of COVID 19 Pregnant

(Patients admitted in ISOLATION WARD or COVID care unit)

<ul style="list-style-type: none"> • HCQ 400 mg BD day 1 f/b HCQ 200 BD X 4 Days+ • OSELTAMIVIR -75 mg BD X 5Days • If symptomatic add - Azithromycin 500 mg OD X 10days • Antacid, Iron +Calcium 	<ul style="list-style-type: none"> • NSAIDS: PCM is preferred.Ibuprofen avoided as it potentiates ACEreceptors • Antenatal steroids – between 24-34weeks only after ruling out sepsis, to be individualized, not used routinely is COVID-19patients • Tocolysis: Nifedipine can be used till steroid cover, avoid beta agonist
I/V Fluids – if required should be restricted. Encourage Oral fluids.	
Oxygen – If breathing difficulty, 4-6 liters/min, use nasal prongs, Non-invasive ventilation - Consider intensive care – shift to suspect HDU or Covid ICU caresection,	
Monitoring:	
<ul style="list-style-type: none"> • FHR monitoring 4 hourly by staff usingdoppler • Thermometer & pulse oximeter given to individual cases forself-monitoring. • BP twelve hourly, if Hypertensive then 4hourly. • If diabetic – diet charting, Mx plan revision, RBS charting asadvised. • Healthy diet + hot water gargle with salt.+ rest in left lateral +DFMC 	
Investigations:	
<ul style="list-style-type: none"> • CBC Lymphopenia, leukopenia,thrombocytopenia • Chest X Ray– To be done with abdominal shield - in positive report cases only or if the clinician suspects lower respiratory involvement based on symptoms and examination findings. CT to be done when chest X-Ray isinconclusive • other basic ANC tests if notavailable. • USG after 2 weeks of recovering from infection should be done for fetal well being or immediately if patient having APH or FHR notlocalized. 	

A woman previously tested negative for COVID-19, if she presents with symptoms again- COVID-19 should be retested



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Management during Labour, Delivery & Caesarean section.

DELIVERY TEAM- 4 member defined : 1 Obstetrician, 1 Neonatologist, 1 Nurse, 1 Wardboy.

CAESAREAN SECTION TEAM- 10 member defined

2 Obstetricians, 1 Neonatologist, 2 Nurses (Scrub & On floor), 1 Anaesthesiologist, 1 Technician, 1 Wardboy, 1 Sweeper. One staff for co-ordination & support if required.

TEAMS information to all with their phone numbers on Notice board.

All team member must know each other, trained and well versed with the SOP.

- **Patient should wear the mask & All staff in level III PPE*****

Mode of Delivery:

- Timing of delivery not dependent of COVID-19 infection as no evidence of transplacental spread till now. "Exception" – Critically ill patients where immediate delivery can be planned to relieve extra metabolic & pulmonary overload.
- preferably based on Obstetric indications in suspectcase.
- No induction of labour in suspect or Positive case. Partogram bemaintained
- Short trial if COVID Suspect case in active phase oflabour
- All positive cases be taken up for LSCS except those land up in 2nd stage of labour – cut short 2ndstage preferably viaventouse.
- Principles of active labour management remainssame.
- Regional Anaesthesiapreferred.
- Hourly oxygen saturation during labour-Aim to keep oxygen saturation>94%

Other points:

- COVID Labour room should be free of unnecessaryitems.
- No Air conditioning in COVID LR andOT
- Plastic transparent curtain between patient face and deliverystaff.
- Limited entry of defined team members only.
- All basics & Vital monitoring equipments available + Oxygent cylinder for backup.
- CTG machine for continuous monitoring if allowed forlabour
- Negative pressure room is ideal set up ifpossible.
- Avoid Cautery use as muchpossible
- After delivery OR LSCS patient be shifted to defined Covid ICU via definedroute.
- Post op care as routinely done.

Breastfeeding : Currently recommended. Virus not secreted in breast milk (limited evidence)

- The risks and benefits of temporary separation should be discussed with the mother / family by the healthcare team and individualized.
- Expressed breast milk can be an option till reports awaited or symptoms subside but all risks and precautions be explained, It establishes and maintains milksupply.
- Mother must wear face mask while feeding the baby or expressing themilk.

New born Testing:

- Newborns born within 14 days or up to 28 days after the diagnosis betested.
- All symptomatic neonates to covid positive contacts betested.
- If symptomatic – sampling soon aspossible.
- If asymptomatic – only when mother tests positive and baby is roomed in.
- If first sample of COVID +ve mother's baby is negative – repeat after 48hours.