



## Supporting Your Units During COVID-19: A Q&A with Frontline Perinatal Leaders

*Additional Questions from the Q&A Box*

February 16, 2021

Q: Have you noticed an increase in IUFD's and abruptions for pregnant COVID positive patients?

A: *We have not seen increases in our California data thus far.*

- Answered by Christa Sakowski, MSN, RN, C-ONQS, C-EFM, CLE – CMQCC

Q: If you don't retest moms with a history of COVID >20 days prior, does the neonatal team test the baby if mom has any history of being COVID + during pregnancy at any time or only evaluate those infants born to mom's who are currently positive?

A: *At UCLA, our neonatal team only tests if they are considered COVID infected, not COVID recovered. Many of our patients who are COVID + are enrolled in a research study at UCLA and if so, we do test the babies for research purposes only.*

- Answered by Dr. Rashmi Rao - UCLA

Q: What is your policy with regard to birth partner or labor support in both L&D and PP couplet care with COVID positive moms?

A: *Most of our facilities are allowing (1) support partner for labor & delivery (not including the OR), but not continuing to PP for POSITIVE moms.*

- Answered by Christa Sakowski, MSN, RN, C-ONQS, C-EFM, CLE – CMQCC

Q: What is your protocol for babies on postpartum who delivered to a COVID+ currently infected mom? Are babies staying in the same room as mom and the significant other? Are there any breastfeeding restrictions? We don't test the significant other but ask if they have any COVID symptoms. If significant other has any symptoms, they are asked to immediately leave. What are the related protocols at other facilities?

A: *The patients are presented with a risk/benefit discussion and given the option of rooming in or separation in the majority of California facilities. Direct breastfeeding is encouraged with handwashing, breast care, and the birthing person wearing a mask in most facilities.*

- Answered by Christa Sakowski, MSN, RN, C-ONQS, C-EFM, CLE – CMQCC

Q: Is pregnancy the only criteria for the BAM infusion or do they need to have another comorbidity such as elevated BMI, diabetes, etc.?

A: *The patient must otherwise qualify for infusion.*

- Answered by Christa Sakowski, MSN, RN, C-ONQS, C-EFM, CLE – CMQCC

Q: Have we seen higher rates of PPH or neonatal sepsis due to COVID symptoms?

A: *Not for those with mild/moderate COVID. For those in the ICU with critical COVID, yes there are higher rates of PPH*

- Answered by Dr. Rashmi Rao - UCLA

Q: What does your Multidisciplinary protocol look like for critical OB pts in terms of O<sub>2</sub>% goals, gestational age for delivery (if any) and whether need for intubation is part of the decision to deliver (assuming viability) etc.?

A: O<sub>2</sub> goals over 95%. There is no gestational age recommendation for delivery because this is so dependent on the overall clinical picture. The need for intubation is not part of the decision to deliver. We have patients on ECMO who have recovered over time, so we try to extend pregnancy as long as possible, again, depending on overall clinical picture.

- Answered by Dr. Rashmi Rao – UCLA

*As a tertiary hospital, I imagine our experience may be different. We took care of the majority of our pregnant and symptomatic COVID moms on our antepartum units and managed them until they reached high flow nasal cannula limits that we set for our antepartum units or they required mechanical ventilation. However, throughout this we closely partnered with our ICU teams. The general goal for SpO<sub>2</sub> in pregnancy is 95% or greater OR work of breathing is not labored or tachypneic. This is an important question.*

- Answered by Courtney Martin – Loma Linda University Hospital

Q: Are you using negative pressure rooms for COVID patients?

A: No. However, for any high-risk aerosolizing procedure there should be an attempt to perform in a negative pressure room. If that is not available, healthcare workers should have appropriate PPE and there should be a terminal cleaning (COVID specific) after a prolonged wait time before the cleaning staff enters that room. When patients are laboring, having surgery, etc.; we do not necessarily need negative pressure.

- Answered by Courtney Martin – Loma Linda University Hospital

*When we can yes. At times there aren't enough negative pressure rooms so then we use our regular rooms.*

- Answered by Dr. Rashmi Rao - UCLA