Talking points for Patients admitted to COVID Unit

1. Admission to separate unit/Visitor policy
    a. For safety of staff/other patients, all pregnant patients with respiratory symptoms (cough, fever, difficulty breathing, high risk exposure) will be evaluated on a separate floor and remain there for the duration of their stay (antepartum/delivery/postpartum) if COVID+. If COVID testing negative (unless high suspicion), then will be transferred to regular floor. Care will be managed by us (the unit COVID attending) but we will be actively communicating with the private OB and patient will continue to be part of that practice in the future (for postpartum visit, etc)
    b. Review current visitory policy. In any circumstances that visitor is allowed, it is the SAME person for the entire hospitalization and they CANNOT come and go (no trip to Starbucks, no trips home, etc)
2. Limiting physical contact
    a. Patient will wear a mask at **all** times.
    b. MDs will only enter the room for necessary evaluations/procedures in order to limit exposure but available to talk on the phone. Please reassure patients we are always available/watching baby remotely/available for emergency and willing to talk/answer questions via phone.
3. Baby disposition
    a. COVID+ or PUI--> we recommend no delayed cord clamping and separation from baby immediately after birth in order to minimize exposure of the infant. This includes separation of baby from the partner since they are also a PUI given exposure to mom.
    b. If patient is refusing separation, then can room in but baby must be 6 feet away from mom, and mom must follow strict droplet precautions. The partner will provide primary care to the infant, while wearing PPE. These precautions will remain until mom meets criteria to be off precautions (afebrile x 3 days + improvement in respiratory symptoms AND at least 7 days since symptoms appeared, CDC website: https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html). *Consult NICU team *
    c. Circumcision: If COVID+ (or PUI/result pending) then NO circumcision; If COVID neg then private MD to perform circ
    d. Start discussing plans for home- help with infant care (ideally, non-exposed adult)
4. Breastmilk
    a. No documented transmissions via breastmilk (has not been found in breastmilk)
    b. If separated, then plan for mom to pump and healthy caregiver to give milk (careful hand hygiene + mask during pumping).
    c. If baby rooming in, then mom can breastfeed (careful hand hygiene + mask during feeding).
5. Emergent situations/C-section

   a. If need for c-section, visitor will NOT be going to OR with patient (they will remain in the room on 9).
   b. All c-sections will occur on L&D (8th floor), and she will be transported there and back with a **sheet over her head**. Warn her!
   c. Lower threshold for fetal intolerance given logistic difficulties of expedient delivery. Priority will be maternal and fetal health while minimizing COVID-19 spread.
   d. Different MD will perform c-section - all part of same team and will take excellent care of patient.
6. Maternal decompensation
   a. In the event that a patient is requiring O2 and greater than 28 weeks, introduce the possibility that if her symptoms worsen or O2 requirement increases, we will likely recommend moving to c-section for maternal/neonatal benefit prior to transfer to MICU.

Helpful Resources:

1. Donning/Doffing (start video at minute 6): https://www.youtube.com/watch?time_continue=365&v=bG6zISnenPg&feature=emb_logo