Peripartum, Intrapartum, and Immediate Postpartum Care of COVID-19 or PUIs, 5.1

**Change**

**Thromboprophylaxis**
In hospitalized patients with severe or critical disease, LMW heparin is appropriate if delivery is not expected within 24 hours and after delivery; unfractionated heparin is used if faster discontinuation is needed (eg, if delivery, neuraxial anesthesia, or an invasive procedure is anticipated within approximately 12 to 24 hours or at 36 to 37 weeks of gestation). (ACOG, UpToDate)

**Dexamethasone for maternal benefit**
ACOG recommends that dexamethasone be used for pregnant women with COVID-19 who are receiving supplemental oxygen or are mechanically ventilated. The O2 sat < 90% criteria used outside pregnancy is mitigated by the pregnancy related goal of maintaining a O2 sat > 95% during pregnancy. (ACOG, UpToDate)

**Remdesivir**
Remdesivir is recommended for pregnant patients who would otherwise qualify for remdesivir by age and weight characteristics.

On October 22, 2020, the FDA officially approved remdesivir for use in adult and pediatric patients (12 years of age and older and weighing at least 40 kilograms) for the treatment of COVID-19 requiring hospitalization. Remdesivir is the first treatment to be approved by the FDA for COVID-19.

**Oxygen therapy for fetal resuscitation**
-Not recommended by either nasal prongs or mask. (UpToDate, AJOG MFM)
  -AJOG MFM and UpToDate point out that meta-analysis data for oxygen therapy on fetal resuscitation has previously demonstrated that intrapartum oxygen has no fetal benefit prior to COVID-19. (Hamel 2014, Raghuraman 2018)
  -The practice may lead to unnecessary droplet dispersal. (UpToDate, AJOG MFM)

**Nitrous oxide**
-Not recommended in the USA (UpToDate, AJOG MFM)
  (RCOG does not concur)

**Epidural**
-Early epidural analgesia for labor should be considered to mitigate risks associated with general anesthesia in the setting of an urgent cesarean. (SMFM-SOAP, UpToDate)

**Minimize change in providers**
-Depending on volume of COVID+ patients consider having one team designated for confirmed or suspected COVID-19 patients. (AJOG MFM, UpToDate)

**Medical Care in moderate and severe respiratory compromise**
- Fluid restriction (total fluids < 75 cc/hr), unless concern for sepsis/hemodynamic instability. (AJOG MFM) (RCOG)

**Labor Stage III**
- No significant modification, but AJOG/MFM reiterates use of active management of the third stage of labor and use of cell savers to conserve blood bank resources. (AJOG MFM)

**Tranexamic Acid**
TXA may be considered for individuals with suspected or confirmed COVID-19 infection experiencing postpartum hemorrhage when all other initial medical therapy fails (Practice Bulletin 183, Postpartum Hemorrhage). Because of the possible additive effect of the increased risk of thrombosis from COVID-19 infection and the hypercoagulable state of pregnancy, it may be prudent to consider this increased likelihood of clotting before administering TXA for postpartum hemorrhage. (ACOG)

**Timing of delivery**
(see separate ANMC document on induction of labor)

- For women with suspected or confirmed COVID-19 in the third trimester who recover, it is reasonable to attempt to postpone delivery (if no other medical indications arise) until a negative testing result is obtained x2 or quarantine status is lifted in an attempt to avoid transmission to the neonate. In general, COVID-19 infection itself is not an indication for delivery. (ACOG)

- Delivery can help optimize maternal respiratory status. (AJOG MFM) Care of the pregnant patient with severe COVID-19 should be individualized to include appropriately timed delivery. (AJOG/MFM, UpToDate)

A decision to deliver should be considered based upon a collaborative evaluation by the OB physician, the MFM physician, and adult medicine physicians (ICU, Pulmonary, Hospitalist, etc). Discussion would include, but not be limited to maternal clinical status, gestational age, fetal status, co-morbidities, etc.

The following are representative EGAs to guide discussions with colleagues about severe COVID-19 in pregnancy. (UpToDate)

< 32 wks: manage as per respiratory status alone

> 32-34 wks: Pneumonia, not intubated – consider delivery before respiratory status worsens

> 32-34 wks: Intubated – delivery if stable

**BP checks post-partum**
Continue to perform on Day 3 and Day 7-10 as per guideline in coordination with telemedicine PP visits. This is consistent with ACOG FAQ principles
(See Dept guidance on Home BP monitoring)

- If pt has outside insurance: Home BP monitors are available at Geneva Woods drive through with paper script
- If Medicaid or IHS: Home BP monitors are available on MBU and in clinic
- If healthcare provider: Offer manual cuff and stethoscope (Available on MBU)
(NB: Electronic home BP monitors are 2-3x expensive as manual models)

**Breastfeeding (AJOG/MFM)**
(Also consult CDC and OB/GYN Dept guidance)

Breast milk provision (via pumping) is encouraged and is a potentially important source of antibody protection for the infant. The CDC recommends that during temporary separation, women who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply.

Before expressing breast milk, women should practice appropriate hand/skin hygiene washing not just hands but also breast prior to pumping.

Expressed breast milk should be fed to the newborn by a healthy caregiver. For women and infants who are not separated, the CDC recommends that if a woman and newborn do room-in and the woman wishes to feed at the breast, she should put on a mask and practice hand hygiene before each feeding.

After pumping, all parts of the pump that came into contact with breast milk should be thoroughly washed, and the entire pump should be appropriately disinfected per the manufacturer’s instructions.

**No Change**

**Antenatal corticosteroids** (ACOG, UpToDate)
- Offer at both > 24 0/7 – ≤ 33 6/7 and ≥ 34 0/7 - ≤ 36 6/7

**Low dose aspirin or NSAID use** (ACOG, UpToDate)

**Magnesium Sulfate for neuroprotection** (AJOG/MFM)

**Magnesium for preeclampsia/seizure prophylaxis**
- No change in women with severe features. (SMFM-SOAP)
- Avoidance of magnesium for women without severe features. (SMFM-SOAP)

**Hemabate**
While there are no data specific to COVID-19 infection, the pulmonary manifestations of COVID-19 include a viral pneumonia, and Hemabate is not generally withheld in that setting. (ACOG)

**GBS culture collection**
- Perform as part of reduced number of in-person prenatal visit schedule (ACOG)

**Timing of delivery: Non-severe**
(see separate ANMC document on induction of labor)

- Timing of delivery, in most cases, should not be dictated by maternal in non-severe COVID-19 infection. (ACOG, UpToDate)

**General intrapartum care Stage I or II**
- No modifications in current care, e. g., internal monitors, amniotomy, etc.. (AJOG/MFM) (SMFM-SOAP)
**Cesarean delivery**
- There does not appear to be a risk of vertical transmission via the transplacental route. (ACOG, UpToDate)

**Operative delivery**
- Operative vaginal delivery is not indicated for suspected or confirmed COVID-19 alone. (ACOG, UpToDate)

**Delayed cord clamping**
- Delayed cord clamping is still appropriate in the setting of appropriate clinician PPE. (ACOG) (SOGC)

**Umbilical cord blood banking**
- Manage according to clinical guidance, in the setting of appropriate clinician PPE. (ACOG)

**PP contraception**
- Encourage LARCs (ACOG)

**Sources:**

Society for Maternal-Fetal Medicine and Society for Obstetric and Anesthesia and Perinatology Labor and Delivery COVID-19 Considerations Developed with guidance from Emily Miller, MD, MPH; Lisa Leffert, MD; and Ruth Landau, MD, Posted 10/9/20. (Accessed 11/3/20)


Updated SOGC Committee Opinion – COVID-19 in Pregnancy (Updated July 27)

UW Medicine COVID-19 Resource Site

UpToDate


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