

### MATERNITY CENTER COVID-19 SURVEILLANCE TESTING (PRE-PROCEDURE & ADMISSION SURVEILLANCE TESTING)

As the coronavirus disease 2019 (COVID-19) pandemic has evolved, there is increasing use of surveillance testing for its etiologic agent, the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Surveillance testing refers to testing in otherwise asymptomatic persons. The published experience from two New York City hospitals has largely driven what is known in obstetric practice and has indicated a relatively high rate of asymptomatic carriage.<sup>i</sup> This data was from an epicenter with high prevalence; subsequent data has indicated geographic variation in prevalence which affects the utility of surveillance testing.<sup>ii, iii</sup> However, consistent with UMMHC system-wide protocols, screening protocols for surveillance testing in obstetric populations are specifically being implemented to allow<sup>iv</sup>:

- 1) health care workers to wear appropriate PPE to avoid exposure,
- 2) women and other postpartum persons to be counseled about ways to decrease transmission to neonates, and
- 3) for close monitoring of COVID-19 positive patients given evidence of rapid clinical deterioration in some circumstances, whether in labor or the postpartum period.

This clinical guidance is being put forth in concert with existing protocols:

- UMMHC COVID-19 Surveillance Testing for Inpatients
- SARS-CoV2 (COVID-19) Testing: Recommendations for Surgeries and Procedures
- SARS-CoV2 (COVID-19) Testing: Recommendations for Surgical Procedural Workflow
- UMMHC COVID-19 Patient Care Plan for Management of Labor and Delivery
- Obstetrics and Gynecology PPE Guidelines
- Visitor Policy for Maternity

Below are further details consistent with and in addition to the above protocols, translated to the unique environment of the Maternity Center.

1. **PreProcedural Surveillance Testing:** Upwards of one-quarter of women and other persons delivering a pregnancy at UMMHC, will undergo a **scheduled procedure** (e.g. cesarean delivery, induction of labor). Women and other pregnant persons undergoing a scheduled procedure, should have preprocedural testing as per the recommendations and workflows noted above. However, in few to no circumstances, will the procedure be cancelled or delayed for a refused or positive test. Testing is being performed for the 1-3 reasons indicated above. Safe and timely delivery of the pregnancy remains of utmost importance.
2. **Admission Surveillance Testing:** Women and other pregnant persons without scheduled delivery procedures and even those with but having labor onset that precedes the scheduled event, or with other medical and obstetric complications, will present for admission with unknown COVID testing. Testing should be performed on arrival as consistent with other hospital admissions.

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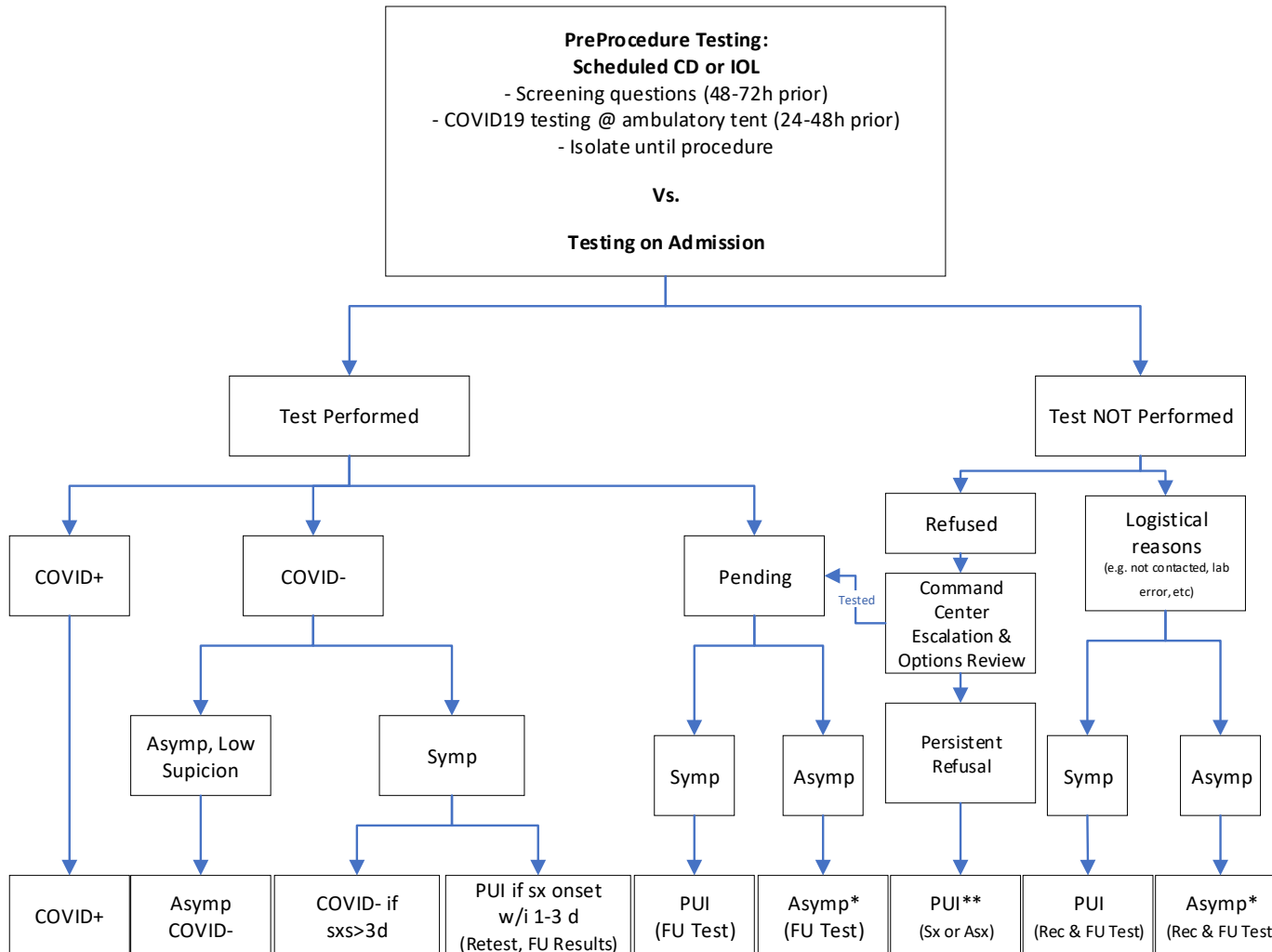
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Population	Asymptomatic Patients Who Are Being Admitted
PPE During Testing	*Level A (Fit Tested N95 or PAPR, face-shield or goggles, blue plastic gown, gloves)
Test Location	Patient test will be performed in the ED or on the floor if not admitted through the ED
Bed Assignment	In ED, patient will be in a room but does not require strict airborne isolation precautions. Patients will <b>NOT</b> be held in the ED while awaiting test results. If patient test result is positive, contact BEDS to facilitate transfer to an appropriate room
Epic Order	COVID-19 PCR for Surveillance of Asymptomatic Patient
EPIC Infection Flag	<b>Infection: COVID-19 Surveillance</b> until test results (flag will fall off automatically if negative)
Precautions	**PPE: Standard precautions (including surgical mask) with goggles/face shield. If test is negative follow Standard Precautions (just surgical mask)
EPIC Precautions Flag	<b>Isolation: COVID-19 Surveillance Precautions</b> - must be manually removed by provider once test results

If the patient is symptomatic or previously known to be positive, this would not be consistent with surveillance testing, and other procedures will be followed as appropriate.

The approach to patient care and PPE based on the asymptomatic patient undergoing surveillance testing should proceed as indicated below:

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\* Asymptomatic with test not yet performed and patient accepting of testing or test result pending is PUI in the OR only due to risk of Aerosol Generating Procedure (AGP, i.e. intubation); Labor support person allowed in OR as per standard unit considerations

\*\*Refusal of testing should be treated as PUI throughout admission or until test performed

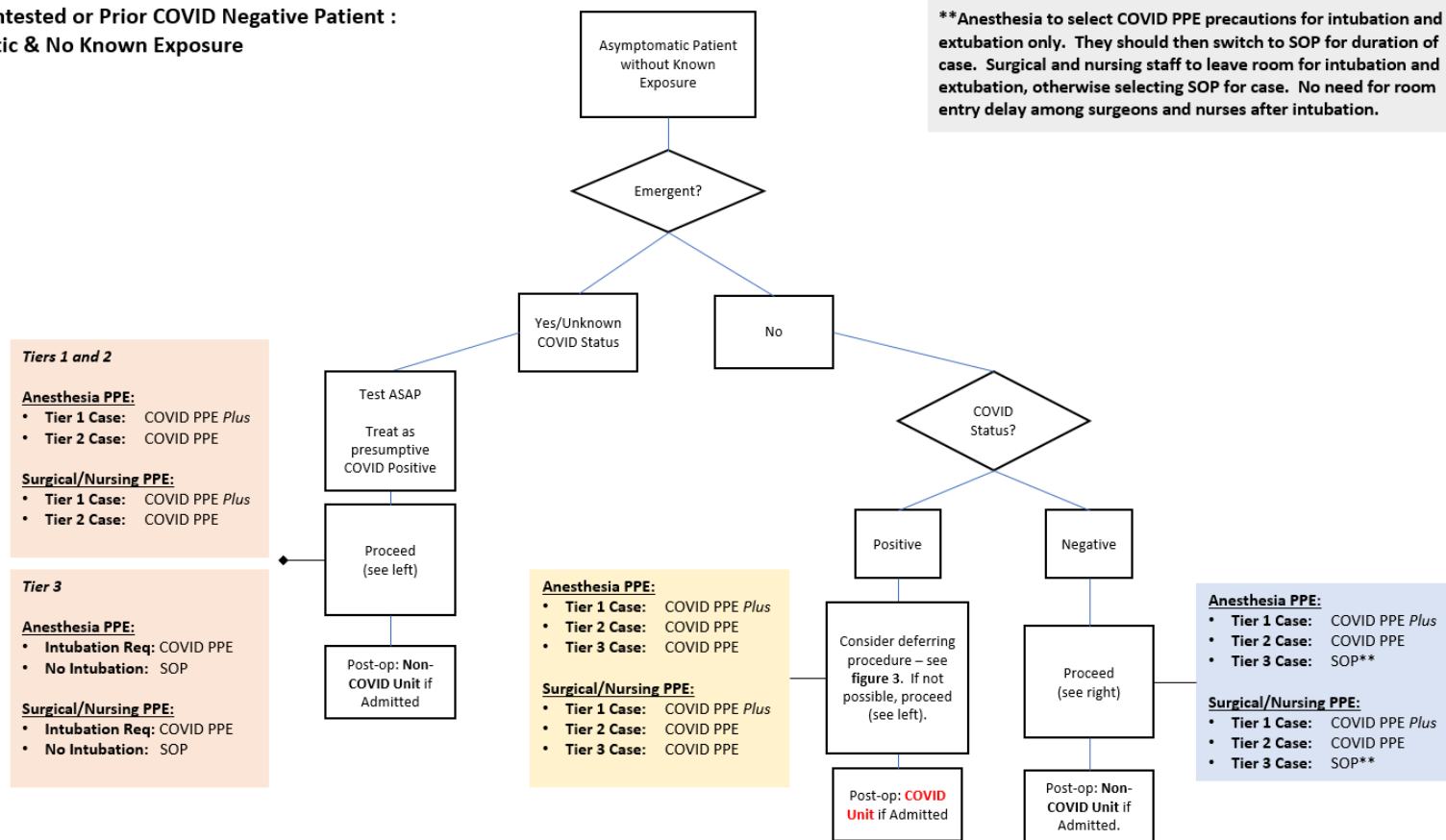
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Cesarean Delivery and other obstetric procedures are considered Tier 2 procedures. Often they are done in emergent/urgent situations, with possible need for intubation, when COVID-19 testing results are not available. Additionally, it is mostly inappropriate to cancel or delay obstetric-related procedures. Thus, Figure 2a from the “SARS-CoV2 (COVID-19) Testing: Recommendations for Surgeries and Procedures” is being used to guide care.

Figure 2a. Untested or Prior COVID Negative Patient : Asymptomatic & No Known Exposure



See other algorithms in same document if patient with COVID-19 exposure, previously COVID-19 positive, or symptomatic.

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- <sup>i</sup> Sutton D, Fuchs K, D’Alton M, Goffman D. Universal screening for SARS-CoV-2 in women admitted for delivery. *N Engl J Med* 2020 Apr 13 [Epub ahead of print].
- <sup>ii</sup> Miller ES, Grobman WA, Sakowicz A, Rosati J, Peaceman AM. Clinical implications of universal severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) testing in pregnancy. *Obstet Gynecol* 2020 May 18 [Epub ahead of print].
- <sup>iii</sup> NaqviM, BurwickRM, Ozimek JA, GreeneNH, Kilpatrick SJ, Wong MS. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) universal testing experience on a Los Angeles labor and delivery unit. *Obstet Gynecol* 2020 May 18 [Epub ahead of print].
- <sup>iv</sup> Metz, Torri D. MD, MS Is Universal Testing for Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) Needed on All Labor and Delivery Units?, *Obstetrics & Gynecology*: May 19, 2020 - Volume Publish Ahead of Print - Issue - doi: 10.1097/AOG.0000000000003972