

Tracking outpatient pregnant and postpartum COVID positive and rule-out COVID patients:

1. All outpatient COVID+/COVID rule-out patients are added to the “COVID-19 OB Follow Up Care Team”. This is a separate care team list in PowerChart.
2. At initial contact document:
 - a. 2 phone numbers and if OK to leave messages at these numbers
 - b. Date of onset of symptoms
 - c. Date of positive COVID test
3. The COVID Resident and inpatient MFM fellow should review the outpatient list daily and coordinate patient communication and care..
4. The COVID attending should run the outpatient list with the COVID resident and MFM fellow twice weekly (ideally Monday and Thursday), or more frequently if indicated. See Appendix A and B for note templates.

Adding patients to the “COVID-19 OB Outpatient Follow-up” list:

1. If patient is tested in triage, add the patient to the COVID-19 OB outpatient follow-up list and send a Tiger Connect message to the COVID-19 OB resident
2. If patient is tested in RCC or ED, the RCC or EDD will send a Tiger Connect message to the COVID-19 OB resident
3. Results for patients tested at UNM will also result to the “OBGYN-MFM.COV-LAB” Pool
4. Patients should remain on the COVID follow-up list until they are de-escalated and cleared from COVID.

Return to normal activity for COVID+ patients:

- If any questions or differences of opinion, please reach out to *COVID-19 OB-GYN Clinical Administrator* role in Tiger Connect or the *COVID-19 Clinical Questions Adult Infectious Diseases Attending* or Hospital Epidemiologist Meghan Brett (for adult patients) via Tiger Connect
- Document when patient can return to normal activity as a Patient Communication with title “COVID+ Return to normal activity” - COVID OB Attending should sign any de-escalation note (see Appendix A for note template)
- Criteria to return to normal activity:
 - Mild to moderate illness and not severely immunocompromised*:
 - ≥ 10 days since first symptoms and ≥ 24 hours since last fever without fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved. If no symptoms then at least 10 days since last positive test
 - Severe to critical illness or who are severely immunocompromised:
 - ≥ 20 days since first symptoms and ≥ 24 hours since last fever without fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved

CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

Telephone follow-up for COVID+ pregnant patients who are not admitted to the hospital:

To be performed by the MFM COVID fellow (Rounding Fellow in QGenda) and the COVID-19 OB resident. These interactions should be charted as “patient communications” unless they coincide with needed prenatal visits/consultations in which case they will be charted as a telephone visit

1. Patients will be called based on the following frequency:
 - a. Patients on the outpatient follow-up list should be called on Day 3, Day 6 and Day 10 of their course, or as frequently as daily depending on symptoms, until they are de-escalated from contact precautions.
2. Referral to the hospital for evaluation with severe or worsening shortness of breath or severe and persistent tachycardia (>130bpm) or obstetric complaints.
 - a. If primarily respiratory complaints and concerns for respiratory distress requiring possible intubation, then refer to ED
 - b. If primary OB complaints or mild respiratory complaints then present to OBT; notify *L&D RN Charge Nurse* in Tiger Connect
3. Documentation of phone interaction using COVID-19 follow-up template (see Appendix B)
4. Coordination of care including patient visit/ultrasound/delivery (see section on outpatient follow-up visits and ultrasounds below).
5. Offer enrolment in the PRIORITY registry for pregnancy COVID-19 positives. (<https://priority.ucsf.edu/>) (See text below)
6. Give precautions for presenting to the hospital:
 - a. Symptoms needing evaluation, including labor signs or worsening COVID symptoms
 - b. Instruct the patient to come with a face covering and to inform the patient navigators that she is COVID-19 positive.
 - c. Relay the following script: *“If you think you need to come into labor and delivery or be seen by a provider urgently (ie contractions, vaginal bleeding, loss of fluid, decreased fetal movement, increasing shortness of breath) please call the RN supervisor on labor and delivery at 505-417-8009 to let them know you are coming into the hospital. Please give the RN supervisor your name, date of birth, and let them know you tested positive for COVID.”*

Coordination of outpatient follow-up for pregnant patients:

Regular prenatal care has been adapted to decrease in-person visits as much as possible (See Appendix C). Most ultrasounds and visits may be safely postponed until COVID-19 testing has been completed and/or until resolution of symptoms and retesting. However, late gestation and other indications (fetal growth restriction, preeclampsia, etc) may require ultrasounds, lab testing, and evaluation prior to resolution of the COVID-19 infection and retesting/clearance.

Situation: Patient requires prenatal visit and ultrasound for non-acute indications (e.g. fetal growth restriction near term, etc)

Follow-up plan: The patients will be seen in OB Triage room 6 by the COVID-19 OB attending and scanned by WIUS sonographers. The COVID MFM Fellow (Rounding Fellow in QGenda) will coordinate visits and any needed MFM consultation. The patients will be checked in as an **OB triage encounter**. Ultrasounds will be scheduled with UNMH Women’s Imaging as below.

8/4/2020

1. Notify **L&D Charge Nurse** (Tiger Connect *L&D Charge Nurse* role) of date/time of visit and brief background of the patient.
2. Patient should present to the Pavilion Entrance. L&D Charge Nurse will alert patient navigators date/time of appointment
3. Ensure that the patient is instructed to wear a mask and identify themselves as having COVID-19 when they check in. The L&D RN Supervisor/Charge Nurse phone number is **505-417-8009**.

Situation: Only ultrasound is required (e.g. BPP and umbilical artery dopplers for fetal growth restriction) before clearance to return to normal prenatal care.

Follow-up plan: Ultrasounds will be done in the OB Triage room 6 and registered as a fetal testing encounter. Women's Imaging sonographers on the dedicated machine in the respiratory room in OB Triage.

1. Find a slot in **WIUS at main and schedule with a note that the patient is COVID+ and will need to be scanned in OBT COVID room**. (Also **notify John Lovato** so he can arrange sonographer schedule for the extra time needed to do COVID+ scan) (Also **place ad hoc** per usual but write COVID-19 positive in the information section)
2. Call **L&D scheduling and book a Fetal testing visit in OBT** for the same slot and **notify L&D Charge Nurse** (Tiger Connect *L&D Charge Nurse* role) of the ultrasound and brief background of the patient.
3. Patient should present to the Pavilion Entrance. L&D Charge Nurse will alert patient navigators date/time of appointment
4. Ensure that the patient is instructed to wear a mask and identify themselves as having COVID-19 when they check in. The L&D RN Supervisor/Charge Nurse phone number is **505-417-8009**.

Situation: Non-emergent follow-up is needed for COVID-19 symptoms or for standard prenatal care that cannot be postponed until after recovery with no needed ultrasounds.

Follow-up plan: Care may be coordinated with the COVID Follow-up Clinic

1. To arrange a visit with the COVID Follow-up Clinic, place an ad hoc referral to *COVID-19 Consult Request Adult* and send a TigerConnect message to *COVID-19 Follow-up Clinic Attending*, or send a Powerchart message to Debora Bear NP and Dr. Alisha Parada. *Ideally coordinate a warm handoff with Debora Bear. Need as many patient phone numbers as possible.*

Coordination of outpatient follow-up for postpartum patients:

Follow-up plan through 2 weeks postpartum: Care through 14 days postpartum (baby is r/o COVID for 14 days) is coordinated with the COVID Follow-up Clinic with wraparound visits for mom, baby, lactation, Peds, OB, etc.

Follow-up plan beyond 2 weeks postpartum: The OB-COVID postpartum discharging team coordinates the patient's 6 week follow up visit and any other care she needs as usual with UNM OBGYN clinic or with their referring provider.

To arrange a visit with the COVID Follow-up Clinic:

- place an ad hoc referral to *COVID-19 Consult Request Adult*
- Send a TigerConnect message to *COVID-19 Follow-up Clinic Attending*, or send a Powerchart message to Debora Bear NP and Dr. Alisha Parada.
- *Ideally coordinate a warm handoff with Debora Bear.*
- *Need as many patient phone numbers as possible.*

The COVID Follow-up Clinic has wraparound services – mom, baby, case management, etc (BP checks, Social work, Nurse case management, Pharmacy, Newborn baby visits including weight, bili, metabolic screen , Xray, Lab)

Coordination of inpatient admission (e.g. labor) prior to COVID clearance:

If a patient needs to present to labor and delivery or OB triage for urgent evaluation of obstetric issues (labor, bleeding, decreased fetal movement, etc.) the following protocol should be followed:

1. Patient contacts L&D charge (505-417-8009) to inform them that they are on their way to the hospital
2. L&D charge contacts hospital navigators that this patient is going to be arriving and an estimated timeframe (if arriving by ambulance, L&D Charge nurse will notify ED RN Supervisor
3. Patient should be masked prior to entry if not already wearing one
4. Patient will be escorted up to unit in the appropriate manner per hospital protocol

Referral to the PRIORITY study:

- The PRIORITY study is a joint venture between UCSF and UCLA seeking to register as many pregnancy COVID-19 positive patients as possible. There are some patient incentives available and all data will be distributed freely. Each patient should be invited to participate and if they accept a referral can be made at (<https://priority.ucsf.edu/>).
- Script to obtain phone consent for PRIORITY submission: *“Do you consent to the following statement: I agree that my contact information can be given to researchers at the University of California, San Francisco (UCSF) to contact me about the PRIORITY Study. The PRIORITY Study is a study of pregnant and recently pregnant women who are: either patients under investigation for COVID-19 or a confirmed case of COVID-19.”*

Appendix A: Note Template “Return to normal activity”

- PowerChart Template should include the following:
 - Date of COVID+ test:
 - Symptomatic: Yes/No
 - Date of onset of symptoms:
 - Date of last fever, if applicable:
 - Severity of the disease: Mild to moderate or severe to critical
 - Date patient may return to normal activity:
 - (Include following criteria depending on severity of disease in note)
 - Mild to moderate illness and not severely immunocompromised*:
 - ≥ 10 days since first symptoms and ≥ 24 hours since last fever without fever-reducing medications and symptoms (e.g., cough, shortness of breath) have improved. If no symptoms then at least 10 days since last positive test
 - Severe to critical illness or who are severely immunocompromised:
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CDC guidelines: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>

*NOTE: COVID+ patients/parents should be counseled that although they can return to usual prenatal care, they must be asymptomatic and at least 14 days from positive test/onset of symptoms to enter the NBICU should their infant require NBICU admission- repeat testing is *not* required by the NBICU

Appendix B: Note Template "COVID Follow-up"

ID Phrase: _

Gestational Age/EDD: _

Delivery timing: _

Pregnancy complications: _

Contact Information: **(INCLUDE 2 GOOD NUMBERS AND CONFIRM IF YOU CAN LEAVE A MESSAGE)****COVID-19 Details (for initial contact)**

Date of Onset of Symptoms:

Date of COVID-19 test: _

Location of COVID-19 test: _

Permission granted for PRIORITY registry: yes no

The patient gave verbal consent after the following was read to her: "I agree that my contact information can be given to researchers at the University of California, San Francisco (UCSF) to contact me about the PRIORITY Study. The PRIORITY Study is a study of pregnant and recently pregnant women who are: either patients under investigation for COVID-19 or a confirmed case of COVID-19."

Date submitted to PRIORITY registry: _

Pregnancy Considerations (follow-up visits):Normal Fetal Movement: yes noPerforming Fetal Kick Counts: yes no

Date FKCs taught: _

Contractions: yes no; if yes frequency: every _ minutesLeakage of fluid: yes noVaginal bleeding or discharge: yes no**Assessment of symptoms (follow-up visits):****Fever:** yes noIs it new, unchanged, improved, worse from yesterday? new unchanged improved worse

Highest fever last 24 hours: _

Are you taking any acetaminophen/Tylenol for fevers? yes no**Cough:** yes noIs it new, unchanged, improved, worse from yesterday? new unchanged improved worseProductive cough? yes no**Shortness of Breath:** yes noIs it new, unchanged, improved, worse from yesterday? new unchanged improved worsePresent when sitting still? yes noPresent only when moving around? yes noPresent when trying to sleep or laying down? yes no**Loss of smell?** yes noIs it new, unchanged, improved, worse from yesterday? new unchanged improved worse**Loss of taste?** yes noIs it new, unchanged, improved, worse from yesterday? new unchanged improved worse**Diarrhea?** yes noIs it new, unchanged, improved, worse from yesterday? new unchanged improved worse**Are you able to drink fluids and keep them down?** yes noIs it new, unchanged, improved, worse from yesterday? new unchanged improved worse**What other symptoms do you have?** _**PLAN:**

Next visit: _

Follow-up protocol for COVID in Pregnancy

Appendix C: Guidance on frequency of visits and ultrasounds.

Indication	Gestational Age			Frequency			Comments
	24w	32w	36w	Once	q4w	q6w	
Pregestational diabetes mellitus						X	
Chronic HTN on medications						X	Once if no meds
Current preeclampsia/gestational HTN					X		
History of severe pre-eclampsia						X	
History of IUGR or SGA						X	
Current IUGR					X		
Sickle cell disease						X	
CKD						X	
Multiples - Mono/Di*					X		
Multiples -Mono/Mono					X		
Multiples -Di/Di					X		
GDMA2						X	
Lupus, no renal dysfunction						X	
Prior unexplained IUFD						X	
Organ Transplant						X	
Maternal Cardiac Disease						X	
Uncontrolled Thyroid Disease				X			
Current tobacco or substance use				X			
AMA (≥ 35 years old)				X			
Gestational diabetes A1				X			
Chronic HTN off medications				X			
Abnormal placentation				X			At 34-36 weeks
Uterine fibroids >5cm				X			

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INDICATION FOR NST	Gestational Age to begin 1x/wk	Gestational age to begin 2x/wk	COMMENTS	COVID 19
AMA	36			Fetal kick counts instead of NST
CHOLESTASIS	DIAGNOSIS			
DECREASED FETAL MOVEMENT	DIAGNOSIS			One time only
PREGESTATIONAL DIABETES	32	36		Weekly only
GDMA2	32	36		Weekly only 36 weeks if no medications
CHRONIC HTN	32			Weekly with home BP monitoring
GESTATIONAL HTN		DIAGNOSIS		Weekly with home BP monitoring
PRE-ECLAMPSIA		DIAGNOSIS		Weekly with home BP monitoring
CKD	32			Weekly with Doppler. Sub BPP when possible
IUGR		DIAGNOSIS		Weekly with Doppler. Sub BPP when possible
ELEVATED DOPPLERS		DIAGNOSIS		
SLE	32			
FETAL ARRHYTHMIA	DIAGNOSIS			
MONO/DI TWINS	32			
DI/DI TWINS			Only if additional indication	
OBESITY/BMI<40	32			Fetal kick counts instead of NST
OLIGOHYDRAMNIOS	DIAGNOSIS			
POLYHYDRAMNIOS	DIAGNOSIS			Diagnosis or at 32 weeks if <32wk diagnosis. Only for AFI>30
PRIOR IUFD	32		1wk prior to IUFD	
SICKLE CELL DISEASE	32			Kick counts if well controlled