

1. Are ALL patients with scheduled procedures required to come in to be SARS-CoV2 tested before their scheduled arrival?

No—the option exists for those who want and have the ability to be pre-tested, especially for those who would change their delivery plans based on the results (e.g. elective inductions). Patients who are not tested prior to arrival will be tested on admission however, barring extenuating circumstances, their induction will not be delayed until the test is resulted.

2. How, where, and when do I send my patient for SARS-CoV2 testing before their scheduled procedure?

- The Lavin Pavilion is now prepared to complete pre-procedure testing for our patients with scheduled procedures. This service will be available for all scheduled inductions and cesareans scheduled at or after 8pm on Friday 4/17. Orders will be placed by the central COVID triage RN team.
- Patients will be contacted by the central scheduling and registration team and directed to present to Lavin between 7a-9a the day of OR day prior to their scheduled procedure, depending on the time of the procedure. If they do not get through to the patient, they will leave specific instructions via voicemail if able. All communications will be documented as telephone encounters in EPIC. We continue to work toward a solution to close the loop with the providers if the patient hasn't been reached.
- If the patient reports having a prior positive test to the reg/sched team, they will NOT be directed to Lavin as a repeat test is not clinically indicated.
- Patients who are unable or do not wish to be tested before their scheduled arrival will be tested upon presentation for their scheduled appointment. Inductions should present at their scheduled time while scheduled cesareans should arrive 3 hours in advance of their appointment if their test wasn't completed at Lavin. To reduce disruptions in throughput, we request that you communicate with your patients the clinical processes associated with COVID test results. We also request that, in general inductions not be delayed while COVID tests are pending.

3. How will I get the SARS-CoV2 results for those tested prior to their procedure?

Tests will be result by 4pm the day the test is performed. Results will be available in EPIC and should be reviewed by the OB providers and discussed with the patients as appropriate. The L&D nursing team will also review results for all scheduled cases and will, as a safeguard, notify the on call provider of any positive results.

4. Should my patient delay her scheduled procedure if her SARS-CoV2 test is positive?

Medically indicated deliveries/scheduled cesareans:

Depending on the medical reason for her delivery, it may not be clinically safe to delay delivery by 7 days. Furthermore, women with existing medical complications may be at more significant risk of clinical deterioration in the setting of SARS-CoV2. Thus expediting delivery while asymptomatic may be prudent for the overall health of the patient and her fetus. Accordingly, we recommend that, in general, they proceed with their induction or cesarean.

Elective inductions:

In response to a positive test, some patients may want to delay their elective procedure to facilitate having a support person with them at delivery and enabling the baby to remain in the room (review [Prior COVID + Test Protocol](#)). However, delaying delivery runs the risk that they could go into labor before 7 days passes, or that while waiting the patient becomes symptomatic and possibly quite sick. Existing data are limited, but suggest clinical symptoms develop in 70-80% of pregnant women who initially are asymptomatic but test positive. This decision will require a discussion between the provider and patient with shared decision-making.

5. How do I reschedule my patient if she chooses to defer?

There are two circumstances in which repeat testing should be performed. First, if she has been an outpatient, 72 hours has passed since the prior negative test, and she now needs to

be admitted to Prentice, she should be re-tested. Second, if a prior test is negative and she has new onset symptoms of COVID-19 (e.g. fever in labor ≥ 101.1 F after <12 hours rupture of membranes), without an alternative explanation, a repeat test should be considered.

6. If my patient was tested on a previous admission and had a negative result, does she need to be re-tested at time of admission?

There are two circumstances in which repeat testing should be performed. First, if she has been an outpatient, 72 hours has passed since the prior negative test, and she now needs to be admitted to Prentice, she should be re-tested. Second, if a prior test is negative and she has new onset symptoms of COVID-19 (e.g. fever in labor ≥ 101.1 F after <12 hours rupture of membranes), without an alternative explanation, a repeat test should be considered.

7. My patient tested positive for COVID-19 prior to her admission, how will her care differ from others? Should she be re-tested at time of admission?

Maternal and newborn care will follow the [Prior COVID + Test Protocol](#).

8. Should my inpatient antepartum patient be re-tested prior to delivery?

Antepartum patients should be re-tested if they move toward delivery and it has been >72h since their last test.

9. What PPE is required for patients in L&D?

PPE requirements are driven by the COVID-19 status of the patient. Please review the PPE guide on the [L&D Department page](#) for further details.

10. How should I track patients who have a positive SARS-CoV2 test?

If you have a pregnant patient in your office that tests positive, please either add her to the existing EPIC known positive list entitled "OB COVID CONFIRMED" and/or let Jess Rosati and Emily Miller know to add her to this list. If her COVID test was performed in an outside lab,

NMH PRENTICE OB COVID-19 FAQs (updated 4/17/20)

please add a noted within the problem list to document the date of symptom onset and date of the positive test. This will allow us to streamline their care on arrival to L&D.