Technical Taskforce of Corona in Pregnancy- Lebanon

COVID-19 Virus Infection and Pregnancy

Outpatient COVID-19 GUIDELINES

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This booklet is prepared by the Technical Taskforce of Corona in Pregnancy- Lebanon as part of Guidelines related to COVID-19 infection and role of OBGYN for outpatient

مقدمة

تعمل اللجنة الوطنية التقنية للكورونا والحمل في وزارة الصحة العامة على إعداد بروتوكولات وطنية موحدة تتعلق بمتابعة الحمل والطلق والولادة وما بعد الولادة للمصابات او المشتبه بإصابته ن بالكورونا، وذلك لتوحيد وتسهيل الأعمال الطبية للزميلات والزملاء .كما وتعمل أيضًا على إعداد مواد تدريبية لتدريب الزملاء من خلال ورش عمل عن طريق تقنيات التواصل المعلوماتية، اضافة الى مواد تثقيفية تحاكي تساؤلات الحامل وأسرتها فيما يتعلق بالحماية والمتابعة والممارسات الصحية اليومية .كما وتعمل اللجنة على رصد ومتابعة حالات الحمل المصابة بالكورونا لضمها الى السجل الوطني للإحصاء.

المعلومات حول كورونا تتجدد بشكل دوري وسريع وتتغير معها بعض الارشادات .سوف تصلكم الموارد

من اللجنة تباعًا بحسب الدراسات والأدلة التي يتم تجديدها وتحديثها.

تتطلع اللجنة الى تعاونكم واقتراحاتكم في هذا المجال.

د فيصل القاق

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1. Objective

This document addresses the current COVID 19 pandemic. The goals are to:

1. reduce patient risk through healthcare exposure, understanding that health systems/healthcare providers may become the most common vector for transmission
2. reduce the public health burden of COVID transmission throughout the general population

2. General Guidelines

- Prevention of spread should be #1 priority
- Social distancing of at least 6 feet
- Prop open doors in all clinical areas as much as is appropriate to avoid patients/providers needing to touch handles
- Anything elective or not urgent can be postponed
- Each patient should be called to decide on need for next visit and/or test
- Consider telehealth when feasible
- No support person/visitor with patients for outpatient visits, certain exceptions may apply
- All patients are best triaged via phone in order to assess their need for inpatient support or supplemental testing
- Symptomatic patients should in general be presumed infected, and self-isolate for 14 days
- Symptomatic patients who nonetheless arrive to hospital or office should be managed as if they are COVID-19 positive
- Increase sanitization; Hand sanitizer available at front desk, throughout waiting area; Wipe down seats in waiting area morning, lunch, and after hours
- Pregnancy alone in the setting of new-flu like symptoms is enough to warrant influenza and COVID-19 testing

No guideline can cover every scenario. Use this guidance and clinical judgement to avoid any contact as much as feasible
Please stay tuned as guidance will continue to change frequently

3. Antenatal Visits

3.1 Obstetric Visit Timing

Antenatal care is based on years of evidence to keep mothers and babies safe in pregnancy. Most of the antenatal and postnatal care should therefore be regarded as essential care. However, with this pandemic, the general principle is to minimize **IN PERSON** office visits.

We have put forth recommendations for the general (+/- 1-2 weeks) timing of **IN PERSON** visit. As the pandemic expands, consideration for even less visits should be considered. On the other hand, if an emergent visit is needed (e.g. ectopic symptoms), this should occur promptly. We recommend that, where practical, appointments should be conducted on the telephone or using videoconferencing as appropriate for follow up of medical comorbidity etc., provided there is a reasonable expectation that maternal observations or tests are not required. At each visit, in person and telehealth, documentation regarding patient having home blood pressure cuff and home blood pressure log should be completed.

- 12 weeks: In person OB visit
  - Dating/NT ultrasound
  - Laboratory work ordered
- 20 weeks: In person OB visit for morphology scan
- 28 weeks: In person OB visit
  - 1 hr PC, Tdap, Rhogam
  - Kick counts hand out (Appendix A)
- 32 weeks: In person OB visit
  - Blood pressure cuff (Appendix B)
    - Provide handout on appropriate blood pressure technique
  - Kick counts hand out (Appendix A)
  - Cesarean delivery scheduling
  - Many patients may not need an in-person 32-week visit (telehealth when feasible)
- 36 weeks: In person OB visit
  - GBS testing
  - Follow up if patient doesn't have BP cuff at home
  - Kick counts hand out (Appendix A)
  - Induction of labor/CS scheduling as appropriate
  - Counsel on 39-week induction
- 38-weeks: In person OB visit only if no BP cuff at home.
- Post-partum:
  - Patient will be called for appointment

4. Screening, Triage, and Evaluation for COVID 19

4.1 Phone Triage

Every patient should **ideally** be called to confirm her appointment and the below algorithm is followed. If the patient happens to call for an appointment, the same algorithm is followed.

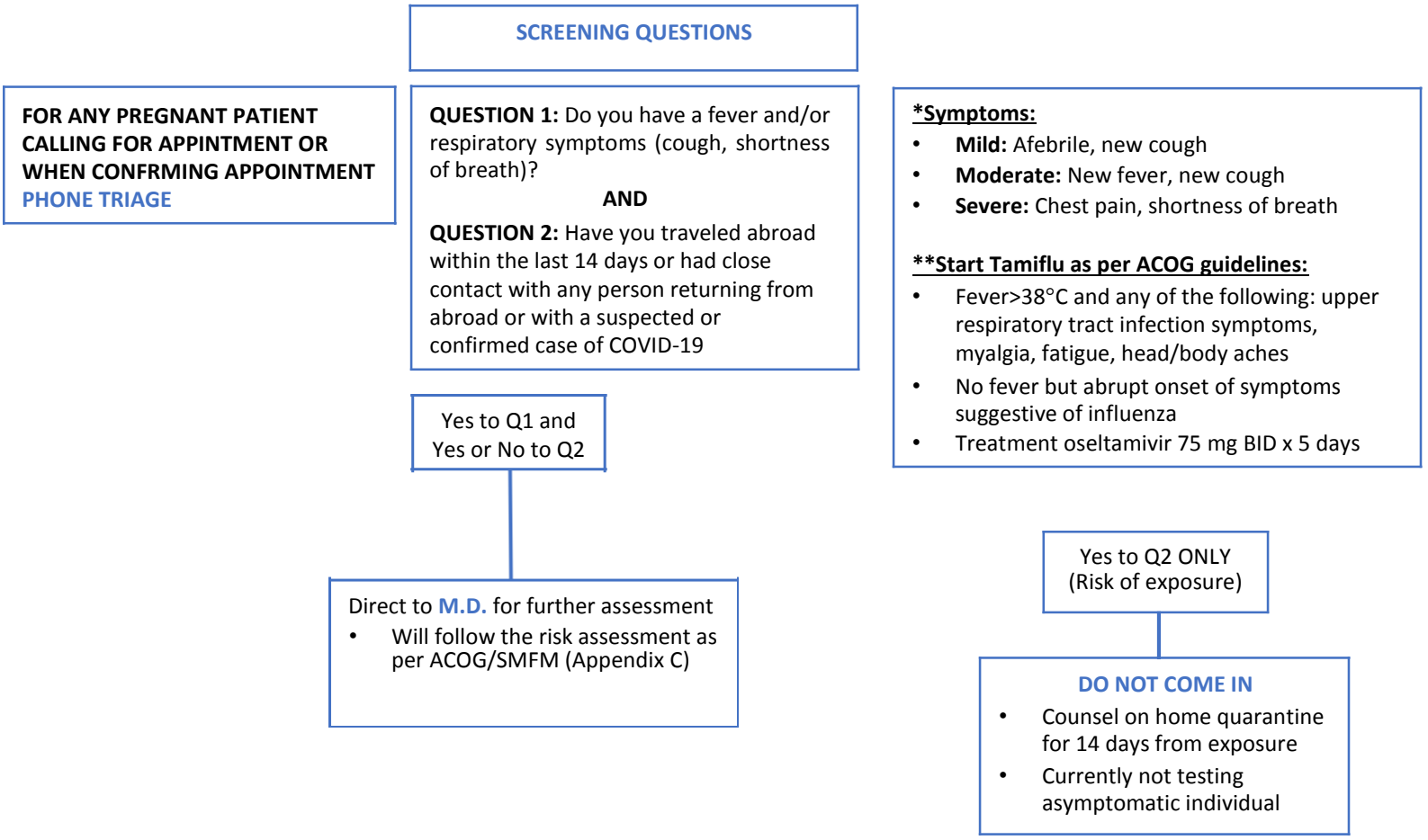


Figure 1: Phone triage algorithm for obstetrics.

4.2 Office Triage

For patients who present to Clinic without a phone triage, the same algorithm outlined above will be followed. However, the registered nurse/physician will continue the assessment as per Appendix A. Where applicable, the nurse will assess, in consultation with thephysician, the need to do COVID-19 testing and whether she needs admission or can be sent home.

5. Patient Counseling

Pregnant women should be made aware that:

- Available data on COVID-19 does not indicate that they are at increased risk. However, pregnant women are known to be at greater risk of severe morbidity and mortality from other respiratory infections such as influenza. As such, they should be considered an at-risk population for COVID-19. Therefore, they should do the same things as the general public to protect themselves from illnesses:
    - Cover their cough (using your elbow is a good technique)
    - Avoid people who are sick
    - Clean hands often using soap and water or alcohol-based hand sanitizer
- If they get infected with COVID-19, they are most likely to have no symptoms or a mild illness from which you will make a full recovery.
- If they develop more severe symptoms or for a prolonged period, this might imply that they are developing a more significant chest infection that requires more close attention. In such cases, they should be instructed to contact their physician or Labor Floor straight away for further advice.
- If they are well now and had no complications in past pregnancies and have a routine scan or antenatal visit due soon, they better call for advice on whether to proceed with the appointment or reschedule it.
- If they have any concerns, then they should contact their physician as usual.
- If they have an urgent problem related to pregnancy but not related to COVID-19, to get in touch using the same emergency contact details or present to Emergency Department, if they believe they need immediate attention.
- If they have symptoms of COVID-19, they should contact their physician or nurse and they would arrange the right place and time to come for their visit.
- They are discouraged to show up without an appointment to an outpatient clinic.
- There may be a need to space the antenatal visits as per provider recommendations on a case-by-case basis. This will be communicated with the patients. They should be instructed not to reduce the number of their antenatal visits without agreeing first with their care provider. For details refer to section 3.1.
- When they attend their antenatal visits, they will be asked to limit the number of visitors and preferably come alone. This will include being asked to not bring children with them to their maternity appointments. For details refer to section 5.

6. Visitor Policy

6.1 General Policy

- **Only ONE** family/friend/partner to outpatient appointments, preferably none
- Patients asked NOT to bring children

6.2 Special Circumstances

- Prenatal Diagnosis Unit: We will allow video conferencing or cell phone use during ultrasound in lieu of having a support person there. Support person may be present when patient taken for counseling for significant anomaly etc.
- Special Needs: Patients with special needs will be allowed to have their support person there to help per discretion of provider.
- Procedures: Patients may bring one support person during procedure.
- Children: Because children are frequently vectors of transmission, children will not be allowed in patient care areas. If there is another adult, they will be asked to leave the office with children. If children are symptomatic, patient will be asked to reschedule. It is strongly recommended that children not be brought to any outpatient office visit.
- Symptoms present: Patients may be asked to reschedule non-urgent care if they or any visitors they bring are symptomatic.

7. Ultrasound Unit Policies and Procedures

General principles are offered below, antenatal surveillance should be tailored to individual patient/provider concerns and risk factors. These changes are made with the understanding that coming for an office visit at this time incurs potentially significant both personal and public health risks such that risk/benefit of surveillance needs to be reevaluated and surveillance timing streamlined.

7.1 General Guidelines

- Contact patients the day before their appointment by phone to screen for history of travel and symptoms. Patients who are symptomatic, have been diagnosed with COVID19 within the last 2 weeks, or are considered a person under investigation (PUI) will be instructed not to come for their ultrasound examination.

- Before the visit, patients will be informed that they should not bring a visitor to accompany them to the appointment, unless medically necessary (section 6.2). If a patient brings a visitor, the visitor must be screened as well.

- On the day of the scheduled ultrasound examination, patients should be screened again.

- Minimize clutter in the ultrasound rooms and remove all unnecessary items (e.g., extra bins, chairs).

- Reduce the number of transducers on the ultrasound machine to 2 (one low-frequency 1-6 MHz) and one high-frequency (2-9 MHz). Keep the transvaginal probe outside the examination room. Remove and store all other transducers when not in use, especially those that are fragile and may be damaged by cleaning solutions, such as electronic and mechanical three-dimensional (3D) probes with membrane footprints.

- Clean ultrasound rooms thoroughly each morning before patients arrive and again in the afternoon after all patients have been scanned. Items to be cleaned include computer keyboard and mouse, doorknobs, patient beds, guest chairs, ultrasound machines, sonographer chairs, countertops, and cabinet door.

- Before and after each ultrasound examination:
  - Wash hands with soap and warm water or with an antimicrobial cleanser for at least 20 seconds.
  - Clean ultrasound transducers and cords
  - Wear disposable gloves (latex-free) during ultrasound examination and change after each patient

- General operations procedures may not apply in this situation due to extraordinary circumstances. It is suggested to shorten the ultrasound examination duration as much as feasible. Consider saving movie clips for fetal anatomy rather than images to expedite the examination. Adjust the ultrasound examination based upon indications and need.

7.2 Scheduling of Obstetric Ultrasound

- Dating ultrasound (12 weeks):
  - Combine dating/NT to one ultrasound based on LMP
  - For patients with unknown LMP or EGA>14 weeks, may schedule as next available
- Morphology scan (20 weeks):
  - Attending review for any suboptimal anatomy, consider follow up views in 4-8 weeks rather than 1-2 weeks
  - BMI>40 kg/m^2: schedule at 22 weeks
  - Cervical length screening:
    - Universal cervical length screening with morphology scan
    - No prior PTB: No additional follow up cervical length screening
      - If >25mm no further ultrasounds or therapy
      - If ≤25mm Rx vaginal progesterone
    - Prior PTB:
      - Serial cervical length 16-24 weeks: if prior preterm birth (PTB) 16-34 weeks/history of cervical insufficiency/prior cerclage
      - One-time cervical length with morphology scan: if prior PTB 34-36 weeks
- Growth ultrasounds: schedule with planned in person visit when possible
  - All single third trimester growth at 32 weeks
  - Follow up previa/low lying at 34 weeks
  - Begin serial growth at 28 weeks (not 24 weeks) with rare exception
  - Consider every 6-8 weeks rather than every 4 weeks follow up for most patients

8. General Principles

- Physicians should ensure that patients with certain high-risk conditions are provided necessary prenatal care and testing when needed.

- Physicians should also consider creating a plan to address the possibility of a decreased health care workforce, potential shortage of personal protective equipment, limited isolation rooms, and should maximize the use of telehealth (via telephone or videoconferencing) across as many aspects of prenatal care as possible.

- Physicians should be aware that record keeping remains paramount.

- Health Care Workers (HCW) who come in contact with a COVID-19 patient while not wearing personal protective equipment (PPE) can remain at work. This is because in most instances this will be a short-lived exposure, unlike exposure in a household setting that is ongoing. HCWs should:

    - not attend work if they develop symptoms while at home (off-duty), and notify their line manager immediately

    - self-isolate and immediately inform their line manager if symptoms develop while at work

Appendix A: Fetal Movement Counts What is a fetal movement count?

A fetal movement count is the number of times that you feel your baby move during a certain amount of time. This may also be called a fetal kick count. A fetal movement count is recommended for every pregnant woman. You may be asked to start counting fetal movements as early as week 28 of your pregnancy. Pay attention to when your baby is most active. You may notice your baby's sleep and wake cycles. You may also notice things that make your baby move more. You should do a fetal movement count:

- When your baby is normally most active.
- Preferably, at the same time each day.

A good time to count movements is while you are resting, after having something to eat and drink.

How do I count fetal movements?

1. Find a quiet, comfortable area. Sit, or lie down on your side.

2. Write down the date, the start time and stop time, and the number of movements that you felt between those two times. Take this information with you to your health care visits.

3. For 2 hours, count kicks, flutters, swishes, rolls, and jabs. You should feel at least 10 movements during 2 hours.

4. You may stop counting after you have felt 10 movements.

5. If you do not feel 10 movements in 2 hours, have something to eat and drink. Then, keep resting and counting for 1 hour. If you feel at least 4 movements during that hour, you may stop counting.

Contact a health care provider if:

- You feel fewer than 10 movements in 2 hours.
- Your baby is not moving like he or she usually does.

Appendix B: How to Check Your Blood Pressure At Home?

What Kind of Monitor to Buy?

There are three types of blood pressure monitors: automatic, semi-automatic, and manual. We recommend purchasing an automatic blood pressure monitor in the 1st trimester of pregnancy.

How to use a blood pressure monitor at home?

Here's how to get an accurate reading:

- Wait 30 minutes before measuring blood pressure if you have smoked a cigarette, had a drink containing caffeine, or exercised. These typically raise blood pressure.
- Attach the cuff to the arm that you don't use to write.
- Sit still, with your back straight and supported and your feet flat on the floor. Support your arm on a table. Your upper arm should be level with your heart.
- Take your readings at the same time of day
- Keep a record of your blood pressure—Talk with your OB doctor regarding how often you should be checking your blood pressure.

What is a normal blood pressure?

- The systolic (top) number should be LESS than 140 and diastolic (bottom) number should be LESS than 90.
    - If you have hypertension, speak with your doctor about appropriate limits
- If your blood pressure is elevated, rest for 15 minutes and repeat it
- If your blood pressure is ≥140/90 then call your OB provider
- If your blood pressure is ≥160/100 this can be an emergency and you need to speak with your OB provider

- This is a helpful website: https://www.babycenter.com/0_monitoring-your-bloodpressure-at-home_10415175.bc

Appendix C

ACOG
The American College of Obstetricians and Gynecologists

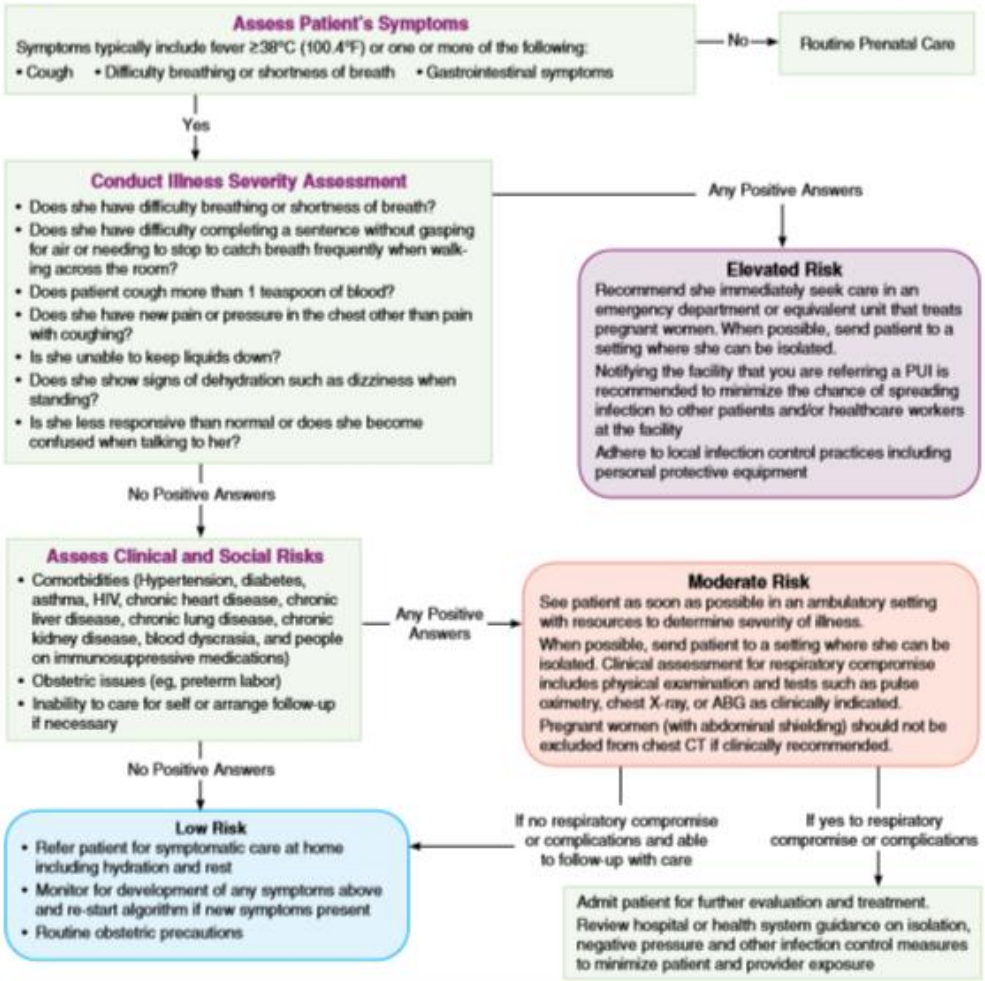
Society for Maternal-Fetal Medicine
High-risk pregnancy experts

Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus (COVID-19)

Unlike influenza and other respiratory illnesses, based on a limited number of confirmed COVID-19 cases, pregnant women do not appear to be at increased risk for severe disease. However, given the lack of data and experience with other coronaviruses such as SARS-CoV and MERS-CoV, diligence in evaluating and treating pregnant women is warranted.

This algorithm is designed to aid practitioners in promptly evaluating and treating pregnant persons with known exposure and/or those with symptoms consistent with COVID-19 (persons under investigation [PUI]). If influenza viruses are still circulating, influenza may be a cause of respiratory symptoms and practitioners are encouraged to use the ACOG/SMFM influenza algorithm to assess need for influenza treatment or prophylaxis.

Please be advised that COVID-19 is a rapidly evolving situation and this guidance may become out-of-date as new information on COVID-19 in pregnant women becomes available from the Centers for Disease Control and Prevention (CDC). https://www.cdc.gov/coronavirus/2019-nCoV/index.html



Abbreviations: ABG, arterial blood gases; CDC, Centers for Disease Control and Prevention; HIV, human immunodeficiency virus.

Healthcare providers should immediately notify their local or state health department in the event of a PUI for COVID-19 and should contact and consult with their local and/or state health department for recommendations on testing PUIs for COVID-19.

References and Additional Resources:

American Institute of Ultrasound in Medicine (AIUM)

AIUM Official Statement: Guidelines for Cleaning and Preparing External- and Internal-Use Ultrasound Transducers Between Patients & Safe Handling and Use of Ultrasound Coupling Gel

Centers for Disease Control and Prevention (CDC) COVID-19 Resources

EPA Approved Disinfectants for COVID-19
Healthcare Professionals: Frequently Asked Questions and Answers
Resources for Healthcare Facilities
Interim Guidance for Risk Assessment of Healthcare Personnel with Potential Exposure in Healthcare Setting

COVID-19 | SMFM.org - The Society for Maternal-Fetal Medicine

SMFM Resources: Coronavirus (COVID-19)

COVID-19 | ACOG.org - The American College of Obstetricians and Gynecologists

ACOG Resources: COVID-19
ACOG/SMFM: Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus (COVID-19)

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