



CLINICAL GUIDELINE

OB Patients with COVID 19

A. EFFECTIVE DATE:

January 18, 2022

B. PURPOSE:

To ensure consistency of care for all UConn Health OB patients with COVID 19; to identify patients who may be candidates for Monoclonal Antibody (MCA) treatment; to ensure that obstetric patients with COVID 19 receive appropriate care and follow up.

C. SCOPE:

This guideline applies to UConn Health Obstetric patients who meet the following criteria:

1. Have tested positive for COVID 19 within the past 7 days, or
2. Are unvaccinated and in close contact with an individual who has tested positive for COVID 19, or
3. Are vaccinated and in close contact with an individual who has tested positive for COVID 19 *and* are immunocompromised for a reason other than pregnancy (e.g. chemotherapy, SLE, et al.)

D. DEFINITIONS:

None

E. MATERIAL(S) NEEDED:

None

F. PROCEDURE:

UConn Health OB Patient COVID 19 Treatment Guidelines

1. Patient Name and T00# number forwarded to OB/MFM RN Pool for coordination of care.
2. Maternal Fetal Medicine (MFM) nurse contacts patient for telephone assessment
3. MFM nurse reviews case with MFM Attending covering inpatient service to determine next step(s):
 - If patient needs Urgent L&D Evaluation: MFM nurse contacts L&D charge nurse and MFM R3 and provides patient information
 - If patient is candidate for MCA treatment (< 7 days out from symptom onset): MFM attending places order "Ambulatory Referral to UT Therapeutic Infusion" and completes hard stops with comment "Patient is Pregnant."

- If patient needs home care with outpatient follow up: MFM nurse reviews GUIDELINE FOR OUTPATIENT MONITORING OF OBSTETRIC PATIENTS WITH COVID 19 with patient and documents discussion. (Telehealth visit may be scheduled with MFM attending at the MFM attending or patient request)

D. MFM nurse contacts patient on day 8-9

1. If still symptomatic: continue isolation; add weekly NST on L&D if >28 weeks until cleared to return to clinic
2. If Symptoms Resolved: Cleared for clinic visit after day #10. NST in clinic if indicated

E. Outpatient appointments (patients WITHOUT severe COVID 19 and who are NOT immunocompromised)

1. Maternal ambulatory visits – guidelines for resuming appointments in the office

a. *“I think or know I had COVID-19, and I have symptoms”* cleared to return to clinic when:

- 10 days since symptoms first appeared **and**
- 24 hours with no fever without the use of fever-reducing medications **and**
- Other symptoms of COVID-19 are improving*

*Loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation

b. *“I tested positive for COVID-19 but have no symptoms”* cleared to return to clinic when:

- 10 days since positive test

- If patient develops symptoms after testing positive, follow guidance above for *“I think or know I had COVID-19, and I have symptoms.”*

2. Fetal testing – general guidelines for antepartum testing during pregnancies complicated by COVID 19

a. Within 10 days **and** no symptoms or mildly symptomatic

> 24 weeks MFM growth ultrasound after cleared to return to clinic

> 28 Weeks: symptoms not resolving by day 8-10, q week NST on L&D until cleared to return to clinic

b. MFM serial growth scans to screen for placental insufficiency in all recovered patients

c. q week bpp starting at 24 weeks for all patients with mod-critical disease requiring hospitalization for treatment of covid

If patient tests positive over a weekend or holiday, OB attending or resident should contact MFM on call for instructions on how to proceed.

*immunocompromised conditions: cancer, sickle cell disease, patient on chronic corticosteroids or autoimmune conditions requiring immunosuppressant such as SLE, inflammatory bowel disease, multiple sclerosis, psoriasis, rheumatoid arthritis, transplant patient, HIV/AIDS, rare immunodeficiency syndrome

G. ATTACHMENTS:

1. Guideline for Outpatient Monitoring of Obstetric Patients with COVID 19

H. REFERENCES:

None

I. SEARCH WORDS:

None

J. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University of Connecticut Student Code, other applicable University Policies, or as outlined in any procedures document related to this policy.

K. STAKEHOLDER APPROVALS:

On File

L. COMMITTEE APPROVALS:

None

M. FINAL APPROVAL:

- | | |
|---|---------------------------|
| 1. <u>Bruce T. Liang, MD (Signed)</u>
Bruce T. Liang, MD
Interim Chief Executive Officer & EVP for Health Affairs
Dean, School of Medicine | <u>11/07/2022</u>
Date |
| 2. <u>Anne Horbatuck (Signed)</u>
Anne D. Horbatuck, RN, BSN, MBA
Clinical Policy Committee Co-Chair | <u>11/02/2022</u>
Date |
| 3. <u>Scott Allen, MD (Signed)</u>
Scott Allen, MD
Clinical Policy Committee Co-Chair | <u>11/03/2022</u>
Date |
| 4. <u>Caryl Ryan (Signed)</u>
Caryl Ryan, MS, BSN, RN
Chief Operating Officer, JDH
VP Quality and Patient Services & Chief Nursing Officer | <u>11/03/2022</u>
Date |

N. REVISION HISTORY:

Date Issued: 01/18/2022

Date Revised:

Date Renewed: