Protocol for PPE in Labor and Delivery Operating Rooms for Non-PUI and COVID Obstetrical Patients during Cesarean Delivery

It has been recently recommended that all obstetrical patients that are undergoing cesarean delivery be treated as if they are COVID or PUI patients with respect to PPE utilized in the labor and delivery operating rooms. The logic for this recommendation is that there is a chance that we may be doing a cesarean section on an asymptomatic unknown COVID positive patient and there is a chance that this patient may need to be intubated thus creating an exposure risk to the operating room providers and staff. Using this logic which has us assume all patients are assumed COVID positive unless proven negative can have some significant and adverse consequences with respect to Material and equipment utilization, workforce management, physical plant logistics, laboratory services, patient experience.

Materials and Equipment: If we consider all patients COVID/PUI patients until proven otherwise will force us to utilize our limited COVID/PUI PPE on low risk patients with low probability of aerosolized procedure. Thus, we are markedly increasing the risk that we will not have this equipment and supplies when the pandemic becomes significantly worse... which it will in the opinion of both local, state, and national epidemiologic experts.

Workforce/ Physical plant: If we consider all patients COVID/PUI patients until proven otherwise will force us to separate many mothers and neonates upon delivery which would require almost twice as much nursing and space than we currently have access to.

Laboratory Services: If we consider all patients COVID/PUI patients until proven otherwise will result in utilizing as significant amount of time, reagent and laboratory workforce on a patient population that currently has a remarkable low prevalence of disease. This will interfere and/or delay the testing of patient who have recognized symptoms.

Patient Experience: If we consider all patients COVID/PUI patients until proven otherwise will result in subjecting extremely low risk patient and patient families to a significant degree of psychosocial anxiety and stress at a time when we need their focus and attention on finding the strength to navigate labor.

Due to the above outlined issues and accompanied logic, the Women’s and Children’s service line has put forth the attached algorithm for the triage, laboring and delivering of obstetrical patients in the Women’s center. This algorithm is based on our current resources and current prevalence of disease. The algorithm will be regularly evaluated as our resources and disease prevalence changes.
Adopted from:

- NCDHHS (March 12, 2020) Interim Guidance for Use of Personal Protective Equipment (PPE) While Caring for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19)
- CDC (March 10, 2020) Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings