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PHILIPPINE INFECTIOUS DISEASES SOCIETY FOR OBSTETRICS AND GYNECOLOGY * PHILIPPINE SOCIETY OF MATERNAL AND FETAL MEDICINE * PHILIPPINE SOCIETY OF NEWBORN MEDICINE * PEDIATRIC INFECTIOUS DISEASE SOCIETY OF THE PHILIPPINES

APPROACH TO THE MANAGEMENT OF COVID-19 IN PREGNANCY AND THE NEWBORN

Persons Under Monitoring (PUM)
See attached Triage Algorithm

Confirmed COVID-19 Patient

Assess Obstetric Condition

In Labor

Term

- Do intrapartal monitoring using EFM
- Consider to expedite delivery prior to onset of severe maternal respiratory condition or fetal distress
- Require all personnel in contact with the patient to wear appropriate PPE

Preterm

Conservative Management

- Initiate use of antenatal corticosteroids. Refer to a specialist / subspecialist as necessary
- Avoid tocolysis for confirmed COVID-19 patients with spontaneous PTL in an attempt to delay delivery to administer antenatal corticosteroids
- Require all personnel in contact with the patient to wear appropriate PPE
- Observe strict infection prevention and control measures

For Delivery

Neonatal Care

- Separate the baby from the mother temporarily in different isolation rooms until both COVID-19 test results are available and are negative. If testing was not done, separate them until 14 days from resolution of symptoms or 14 days from the last significant exposure if the mother is asymptomatic (PUM).
- Test the baby immediately after birth if mother is COVID-19 positive. Test the baby as well, if the PUI mother becomes positive after delivery. If the PUI mother is negative and the baby is asymptomatic, may not test the baby.
- Offer expressed breastfeeding with strict adherence to sterile process and handling. If the mother opts to breastfeed, ensure strict compliance to standard and droplet precautions throughout breastfeeding.
- Do rooming-in only when both COVID-19 test results are positive. Advise mothers with respiratory symptoms to wear mask properly. Practice strict hand hygiene at all times.
- Manage unstable baby accordingly with isolation precautions. Refer to a specialist / subspecialist as necessary.
- Do routine hearing and newborn screening tests prior to discharge when feasible.
- Discharge early once stable.

MOTHER WITH OTHER OBSTETRIC AND/OR MEDICAL INDICATIONS FOR ADMISSION

- ADMIT patient to designated isolation room
- Require all personnel in contact with the patient to wear appropriate PPE
- Test PUI cases and send for home quarantine with proper instructions and counselling
- Send mild cases of confirmed COVID-19 for home quarantine with proper instructions and counselling
- Coordinate with RESU for strict monitoring and surveillance
- Do antenatal surveillance *** every 2-4 weeks

Stable Maternal and Fetal Condition

MOTHER WITH SEVERE OR CRITICAL RESPIRATORY CONDITION

- ADMIT patient to designated isolation room
- Require all personnel in contact with the patient to wear appropriate PPE
- Manage medical condition accordingly with specialist / subspecialist
- Document maternal status with CT-scan or CXR with abdominal shield
- Document fetal status by FHR monitoring once daily or more frequent as indicated
- Consider fetal lung maturation by giving ACS for non-critically ill patients
- For viable pregnancies, consider induction of labor prior to onset of severe respiratory condition
- Consider assisted vaginal delivery to shorten the second stage of labor in a symptomatic woman in exhaustion or hypoxic condition
- Perform cesarean delivery if critical or in severe respiratory failure such as septic shock, acute organ failure or fetal distress
- Do early cord clamping
- Institute appropriate neonatal resuscitation measures as necessary
- Render standard newborn care

Postpartum Care

- Monitor postpartum patient in the same isolation area by the same COVID-19 Delivery Team
- Discharge early once stable, if mild case but coordinate with RESU for monitoring and surveillance
- Transfer post CS patient to designated isolation room
- Require all transport personnel to wear appropriate PPE to be removed once patient has been transferred

Discharge early once stable.

Legend:
PPE – Personal Protective Equipment; ACS – Antenatal Corticosteroids; PTL – Preterm Labor; RESU – Regional Epidemiology and Surveillance Unit
* COVID-19 Delivery Team – Obstetrician (1-2); Pediatrician (2-3); Anesthesiologist (1); Nurse (1-2)
** Appropriate Personal Protective Equipment – 1. Well-fitting N95 mask (fit-tested); 2. Eye protection (goggles or face shield);
3. Impermeable gown; 4. Surgical gloves; 5. Shoe cover. The reader is referred to the Guidelines on Infection Control for COVID-19
*** Antenatal Surveillance – Growth monitoring, APH with uti/ doppler; Detailed anatomic scan at 18-24 weeks for infection acquired during 1st and early 2nd trimester

Disclaimer: This guideline was formulated through a collaborative effort from the above professional societies mainly to guide clinicians who will be handling COVID-19 in this special population. The recommendations were made after careful review of currently available limited published data with the consensus of a panel of experts. We will be updating this guideline accordingly as more information becomes available as this disease is still evolving. This can be adopted and modified based on your institution’s capacity and standing policies.
References:


