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Please be advised that COVID-19 is a rapidly evolving situation and this guidance may become out-of-date as new information on COVID-19 in pregnant women becomes available from the Centers for Disease Control and Prevention (CDC).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

### Assess Patient’s Symptoms
Symptoms typically include fever ≥38°C (100.4°F) or one or more of the following:
- Cough
- Difficulty breathing or shortness of breath
- Gastrointestinal symptoms

**Yes**

#### Conduct Illness Severity Assessment
- Does the patient have new onset difficulty breathing?
- Does she have difficulty completing a sentence without gasping for air or needing to stop to catch breath frequently when walking across the room?
- Is the patient coughing up blood?
- Does she have new pain or pressure in the chest other than pain with coughing?
- Is she unable to keep liquids down?
- Does she show signs of dehydration such as dizziness when standing?
- Is she less responsive than normal or does she become confused when talking to her?

**No Positive Answers**

#### Assess Clinical and Social Risks
- Comorbidities (Hypertension, diabetes, asthma, HIV, chronic heart disease, chronic liver disease, chronic lung disease, chronic kidney disease, blood dyscrasia, and people on immunosuppressive medications)
- Obstetric issues (eg, preterm labor, multiple gestation)
- Essential visit

**No Positive Answers**

#### Low Risk
- Refer patient for symptomatic care at home including hydration and rest, schedule drive-thru testing
- Monitor for development of any symptoms above and re-start algorithm if new symptoms present
- Routine obstetric precautions
- All pregnant patients discharged home will receive a follow-up phone call from RN daily until results are available. If negative, RN can stop daily calls.

**No Positive Answers**

#### Elevated Risk
- Patients being seen in the clinic requiring hospital admission, the clinic will notify the Transfer Center and alert them of a PUI. Patient will be isolated upon arrival. Clinic will notify L&D Team of PUI
- Patients not requiring admission, but need to be further evaluated by the OBGYN EC, clinic staff will notify the OBGYN Evaluation Center of arrival of PUI.
- Transfer Center notifies department receiving patient and staff will implement appropriate isolation protocols. Treat per LIP orders/ refer to OBGYN EC Triage Protocol.

**Any Positive Answers**

### Assess Risk

#### Moderate Risk
- See patient as soon as possible in an ambulatory setting with resources to determine severity of illness. Patient calls ahead, mask at door, isolate upon arrival
- Clinical assessment for respiratory compromise includes physical examination and tests such as pulse oximetry. Consider rapid POC flu testing and COVID-19 if clinically indicated. If patient is flu positive there is no need to test for COVID-19, if flu is negative test for COVID-19
- Strongly consider chest x-ray
- Pregnant women (with abdominal shielding) should not be excluded from chest CT if clinically recommended.

#### Low Risk
- Refer patient for symptomatic care at home including hydration and rest, schedule drive-thru testing
- Monitor for development of any symptoms above and re-start algorithm if new symptoms present
- Routine obstetric precautions
- All pregnant patients discharged home will receive a follow-up phone call from RN daily until results are available. If negative, RN can stop daily calls.

**No Positive Answers**

#### Elevated Risk
- Patients being seen in the clinic requiring hospital admission, the clinic will notify the Transfer Center and alert them of a PUI. Patient will be isolated upon arrival. Clinic will notify OB Resident of PUI. Transfer Center notifies department receiving patient and staff will implement appropriate isolation protocols. Treat per LIP orders/ refer to OBGYN EC Triage Protocol.

**Any Positive Answers**

### If no respiratory compromise or complications and able to follow-up with care

- Patients being seen in the clinic requiring hospital admission, the clinic will notify the Transfer Center and alert them of a PUI. Patient will be isolated upon arrival. Clinic will notify OB Resident of PUI. Transfer Center notifies department receiving patient and staff will implement appropriate isolation protocols. Treat per LIP orders/ refer to OBGYN EC Triage Protocol.

### If yes to respiratory compromise or complications

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.

This information is designed as an educational resource to aid clinicians in providing obstetric and gynecologic care, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. The American College of Obstetricians and Gynecologists reviews its publications regularly; however, its publications may not reflect the most recent evidence. Any updates to this document can be found on www.acog.org or by calling the ACOG Resource Center.