



FAQs regarding routine COVID-19 testing in pregnancy

1. What do we do if the COVID test is pending at the time of labor onset? What is the visitor policy?
 - a. If the test is pending at the time of labor onset or at the time of scheduled induction or CS, the patient should be treated as a PUI.
 - b. We can make a **visitor policy exception*** for asymptomatic patients and visitors allowing one support person to stay with the patient, using modified droplet precautions for staff and masking the visitor when they are out of the room.
2. What do we do if the patient presents in labor without COVID testing?
 - a. Order and obtain testing at the time of arrival, treat patient as PUI
 - b. See visitor policy exception above
3. How do we counsel patients who refuse testing?
 - a. We will treat them as a PUI and will place an order for testing on admission. The order for testing will flag them in Epic as a PUI.
 - b. See visitor policy exception above for asymptomatic patients/visitor
4. How should we handle transfer patients who have not been tested?
 - a. We will treat them as a PUI and will place an order for testing on admission. The order for testing will flag them in Epic as a PUI.
 - b. See visitor policy exception above for asymptomatic patient/visitor
5. What is the recommendation for routine prenatal visits after a positive COVID test?
 - a. Routine follow up should be performed in the virtual setting as much as possible.
 - b. Antenatal fetal surveillance should be performed using modified droplet precautions at the OB clinic. Immediate rooming and patient masking is indicated.
6. How long after a positive test is a patient considered to be infected?
 - a. For patients positive for COVID, isolation can be discontinued for patients positive for COVID if all of the following criteria are met:
 - i. At least 14 days from onset of symptoms
 - ii. Afebrile for 72 hours without the use of fever reducing medications
 - iii. Improvement in initial COVID 19 symptoms
 - iv. 2 successive negative tests (NP swabs) collected at least 24 hours apart
 - v. For patients under investigation with a negative test if PCR is negative and patient does not have clinical/imaging features that suggest COVID-19, Modified Droplet Precautions can be discontinued. Consider ID consult if you are unsure about discontinuing isolation.
 - b. The flag removal right now would be by IPAC.
 - c. COVID positive patient management as noted above is coordinated by Infectious Diseases/IPAC

7. What do we do if a patient is negative at 38 week testing and does not go into labor by 40 weeks?
 - a. Screen the patient and support person for contacts and symptoms per routine
 - b. Treat as COVID negative unless they screen positive for symptoms or contacts at admission
8. If a patient tests negative at 38 weeks, do we repeat her testing before her scheduled induction or cesarean delivery?
 - a. No, we have approval and capacity for only one test per patient at this time.
9. Should fetal intervention/fetal surgery patients have COVID testing?
 - a. If there is time to test for coronavirus prior to a procedure (e.g., at least 72 hours), testing should be attempted, regardless if the procedure is determined to be urgent or semi-urgent.
 - b. If a procedure is emergent or urgent enough that waiting for a test would affect progression of disease/morbidity, testing should not delay surgery (e.g., procedure needs to be done sooner than 72 hours or testing is not feasible in that time frame).
10. Can outpatient COVID testing be ordered in different sites (i.e. MCHS)?
 - a. Yes, the COVID test can be ordered for a different region than the home site

***Visitor Policy Exception on the FBC:** For asymptomatic “PUI” patients without known exposures, we may allow one support person to stay with the patient, observing modified droplet precautions.