

COVID and OB Anesthesia (April 1, 2020)

C. Pitter, MD, FRCPC

Consults

All OB Anesthesia Leads have reported that they will be instituting a system to perform most Obstetric Anesthesia consults by telephone or teleconferencing.

Discharge after Vaginal Delivery

In the interests of getting patients out of hospital as soon as possible, we have removed the requirement for a parturient to have an IV for 12 hours post labour epidural. The minimum discharge criteria have been amended to the patient being able to walk and urinate, with pain and nausea well-controlled.

PPE

PPE continues to be the biggest topic of conversation and source of controversy. Currently it is understood that we will follow the AHS protocols for PPE. One possible exception under discussion is that ZWOC has decided that COVID positive patients who are actively coughing in second stage labour will be an indication for all of the health care team in the labour room to be in N95 masks. **New direction on PPE for neonatal resuscitation is expected today.**

Self- Isolation of Pregnancy

Discussion had begun about having pregnant patients begin self-isolation at somewhere between 34-37 weeks.

Nitrous Oxide for Labour

Due to concerns about aerosolization, coupled with limited efficacy, nitrous oxide will not be offered for labour analgesia until the COVID crisis is past.

Support Persons

In line with the AHS protocols, each patient will only be allowed a single support person who will be screened and identified with a wrist band. Support persons will stay in the patient's room. Any individuals with ILI symptoms will not be admitted.

COVID clinics

Planning is underway for an obstetric clinic for COVID positive patients.

Vital Signs Post-Cesarean

There has been a request by nursing to decrease the intensity of vital sign monitoring of patients post-cesarean section, as far as it is consistent with safety. I have reviewed the 2019 recommendations from SOAP and feel that such a move is very appropriate even if we were not in the midst of a crisis where unnecessary checks increase the workload on nursing staff as well as potentially increase the risk of spreading the virus. **I have drafted a new vital sign protocol which has received approval from all 4 site leads and have submitted the changes to SCM for implementation.**

Prenatal Bloodwork

OB is reviewing the need for all prenatal testing and attempting to minimize it. I raised the issue that we are currently accepting CBC results less than 1 month old for anesthetic pre-op assessment, but if patients are not getting the CBC before admission, that we will have to do it on admission, with the attendant possibility of delays to elective cesareans. Discussion is ongoing.

Early Warning Signs for Cesarean in COVID +

In consultation with OB and IM, we are starting to develop some guidance around maternal indications for cesarean section in the COVID+ patient. Suggestions are welcome.

