Anesthetic Management of Pregnant Patients with Presumptive or Confirmed COVID-19

Patients Included as Presumptive or Confirmed COVID-19

- Active COVID-19 Infection
- Suspected COVID-19 Person Under Investigation (Rule-Out COVID-19)
- Potential COVID-19 Risk- Patient Symptomatic
- Unable to assess symptoms and no COVID results available

Location of Patients

If the patient does not require ICU for current medical condition, she will be observed/ labor in **LDR 4** (current isolation room). If LDR 4 is occupied, additional patients will be placed in other LDR rooms as designated by OB team. Any pregnant patient who needs increased level of care will be in the ICU.

Labor Analgesia

- Early neuraxial analgesia is preferred to decrease the risk of needing general anesthesia for emergency cesarean delivery.
- Contact, eye, and droplet precautions are required. Patient should be wearing surgical mask.
- We will not take epidural carts into L&D rooms or ICU. Supplies for epidural anesthesia will be placed in plastic bag and brought to the area and discarded after completion of procedure (plastic bag on top of yellow cart in L&D Workroom). Emergency airway equipment is always available in the epidural carts in L&D and in the emergency airway cart in the ICU.
- Bupivacaine 0.25% and phenylephrine 100 mcg/mL x 10 mL will be placed in epidural kits. Fentanyl can be obtained from whichever unit the patient is on and epidural infusion can be ordered from the pharmacy if not on L&D.
- There will be a dedicated PIEB pump for this patient population
- Minimize anesthesia staff in the room. Consider ICU faculty, dedicated OB faculty, or night faculty as possibilities.

Cesarean Deliveries

- All cesarean deliveries and other obstetric surgical procedures for patients currently in L&D will be done in L&D OR1.
- All cesarean deliveries and other obstetric surgical procedures for patients currently in the ICU will be done in MOR 14 or 15 (or other agreed upon room if currently occupied). See perioperative guidelines for other MOR possibilities.
- Due to the possibility of needing airway intervention, it is recommended that providers wear N-95 or CAPR in addition to observing contact and eye precautions.
- Supplies for spinal anesthesia will be located in the OB COVID-19 anesthesia cart (found either in OB workroom or L&D OR1). This cart will also have supplies for endotracheal intubation if necessary. Medications will be obtained from OB workroom if done in L&D OR1 or from the Main OR pharmacy if done in the MOR.
- A Pall filter (Drawer 6 of L&D COVID cart) should be inserted *BETWEEN* the ETT and CO_2 sampling line if the anesthesia machine circuit is used. Do not open unless you plan on using it.
- Minimize anesthesia staff in the room. Consider dedicated OB faculty or others if able.

- If oxygen therapy is needed, **use a mask**, not nasal cannula, to decrease aerosol generation. This should be connected to an oxygen tank **not** the anesthesia machine as there is no filter that can be applied to the nasal cannula. The oxygen mask should be applied over the surgical mask on the patient's face.
- Patients who do not undergo any aerosol generating procedure may be transported to L&D recovery without waiting in the OR. The patient should wear a surgical mask during transport.
- Stable patients who underwent general anesthesia can be extubated in the OR. Patients must remain in the OR for 30 minutes after extubation to allow aerosols to be cleared. Then the patient can be transported to L&D recovery; patient should wear a surgical mask during transport.
- Patients returning to the ICU should return to the ICU and be extubated in the ICU, if appropriate. See **Surgical and Neurosciences Intensive Care Unit Guidelines for Postoperative Care of Patients of Varying COVID-19 Statuses (**https://intranet.anesth.uiowa.edu/documents/default.aspx?mode=1&doc=3d97c6ad-1195-4be7-9afa-8ad703c8b0fe&guid=18770489-1156-439F-B6FA-B7CDB95D1BA8)

Clinical Technicians

- Will be available to assist with procedures from outside the room.
- If cesarean delivery is called on L&D and there is only a single clinical technician in house, then back-up must be called in if available
    - Anesthesia work room staffing
        - Weekend days: 1 anesthesia tech and 1 extern
        - Weekend nights: 1 anesthesia tech
        - Back-up anesthesia tech from home: 11 PM Friday night to 11PM Sunday night

Definitions

MOR: Main Operating Room
LDR: Labor and Delivery Room
OB: Obstetric
ICU: Intensive Care Unit
L&D: Labor and Delivery Unit
ETT: endotracheal tube
OR: Operating Room
PIEB: Programmed Intermittent Epidural Bolus