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Please be advised that COVID-19 is a rapidly evolving situation and this guidance may become out-of-date as new information on COVID-19 in pregnant women becomes available from the Centers for Disease Control and Prevention (CDC).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

**Abbreviations:** ABG, arterial blood gases; CDC, Centers for Disease Control and Prevention; HIV, human immunodeficiency virus.

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**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
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

**Conduct Illness Severity Assessment**

- Does she have difficulty breathing or shortness of breath?
- Does she have difficulty completing a sentence without gasping for air or needing to stop to catch breath frequently when walking across the room?
- Does patient cough more than 1 teaspoon of 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?

**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)
- Inability to care for self or arrange follow-up if necessary

**Assessment Results**

- **No Positive Answers**
  - Routine Prenatal Care
  - If no respiratory compromise or complications and able to follow-up with care, Admit patient for further evaluation and treatment. Review hospital or health system guidance on isolation, negative pressure and other infection control measures to minimize patient and provider exposure.

- **Any Positive Answers**
  - Consider elevated or moderate risk.
  - See patient in an ambulatory setting with resources to determine severity of illness.
  - If yes to respiratory compromise or complications, admit patient for further evaluation and treatment. Review hospital or health system guidance on isolation, negative pressure and other infection control measures to minimize patient and provider exposure.

- **Elevated Risk**
  - Recommend she immediately seek care in an emergency department or equivalent unit that treats pregnant women. When possible, send patient to a setting where she can be isolated.
  - Notifying the facility that you are referring a PUI is recommended to minimize the chance of spreading infection to other patients and/or healthcare workers at the facility. Adhere to local infection control practices including personal protective equipment.

- **Moderate Risk**
  - See patient as soon as possible in an ambulatory setting with resources to determine severity of illness.
  - When possible, send patient to a setting where she can be isolated. Clinical assessment for respiratory compromise includes physical examination and tests such as pulse oximetry, chest X-ray, or ABG as clinically indicated. 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.
  - Monitor for development of any symptoms above and re-start algorithm if new symptoms present.
  - Routine obstetric precautions.