

**NYSNA Recommendations and Resources for Reopening during COVID-19**  
**Maternal Child Health Settings: NYSNAs Nursing Education & Practice and Health & Safety**



Unit	Pre-Screening	Criteria for Testing	Unit Modifications	PPE	Cleaning	Visitor Access	RN to Patient Ratio
<b>Maternal Child Health</b>	Utilize telemedicine platforms for patients identified as low OB/GYN risk.  Pregnant patients with suspected or confirmed COVID should notify the hospital ahead of time.  Triage areas should be well ventilated and PUIs should be in private room with door closed with access to private bathroom.  Limit and monitor points of entry to the facility.  Each individual should wear a mask and checked for a fever.	PUI's should be prioritized for testing.  If patient presents with any of the following they should be tested: <ul style="list-style-type: none"> <li>• Cough</li> <li>• Sore throat</li> <li>• Chills</li> <li>• Repeated shaking with chills</li> <li>• Muscle pain</li> <li>• Headache</li> <li>• Loss of taste or smell</li> <li>• Contact with someone known to have COVID-19</li> <li>• Fever of 100 F</li> <li>• Shortness of breath</li> </ul>	Suspected COVID-19 patients should be placed in isolation.  Airborne infection isolation rooms should be used when any patient needs an aerosol aerating procedure.  Limit transport and movement of patient outside of room (use portable x-rays etc)  Patients suspected of COVID should labor and deliver in same room.  Air handling systems with appropriate directionality, filtration, and exchange rate should be installed and maintained. AIRR should have a minimum of 6 air exchanges per hour and air from these rooms should be exhausted directly to the outside or through a HEPA filter before recirculation.  All doors should remain closed except when entering or leaving.	N95's or higher, gown, gloves and eye protection	Hand hygiene by using ABHR with 60-95% alcohol or washing hands with soap and water for at least 20 seconds.  Use EPA registered hospital-grade disinfectants on frequently touched surfaces or objects.  Laundry, food service utensils and medical waste should be performed in accordance with standards in infection control procedures.	Limited to one patient support person in the delivery room who must first be screened.  Encourage use of alternative visitor interactions such as video calls, cell phones and tablets.  PPE for visitors should include: surgical mask, gown, and gloves.  Encourage frequent hand washing.	AWHONN recommends that each L and D unit have one discharge nurse available for patients.  Implementation of 2010 AWHONN staffing guidelines:  1:3 nurse to couplet patient assignment  1:1 in second stage of labor  1:1 for mother in 3 <sup>rd</sup> stage, 1:1 for infant  Transition to all RN staff
	<b>Resources:</b> <a href="https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html">https://www.cdc.gov/coronavirus/2019-ncov/hcp/inpatient-obstetric-healthcare-guidance.html</a> <a href="https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines_rev6.pdf">https://www.aha.org/system/files/media/file/2020/05/COVID-19-Maternal-Guidelines_rev6.pdf</a> <a href="https://onlinelibrary.wiley.com/doi/pdf/10.1111/1552-6909.12145?origin=publication_detail">https://onlinelibrary.wiley.com/doi/pdf/10.1111/1552-6909.12145?origin=publication_detail</a>						