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**CLINICAL APPROACH TO THE MANAGEMENT OF COVID-19 IN PREGNANCY AND THE NEWBORN**

**Suspected COVID-19 Patient**
- **Assess Obstetric Condition**

**Confirmed COVID-19 Patient**
- **Term**
  - Do intrapartum monitoring using EFM
  - Consider to expedite delivery prior to onset of severe maternal respiratory condition or fetal distress
  - Require all personnel in contact with the patient to wear appropriate PPE
  - Observe strict infection prevention and control measures

**Probable COVID-19 Patient**
- **Preterm**
  - Identify use of antenatal corticosteroids. Refer to a specialist/subspecialist as necessary
  - Avoid tocolysis for confirmed COVID-19 patients with spontaneous PTL in an attempt to delay delivery to administer antenatal corticosteroids
  - Require all personnel in contact with the patient to wear appropriate PPE
  - Observe strict infection prevention and control measures

**In Labor**
- **Conservative Management**
  - ADMIT patient to designated isolation room
  - Require all personnel in contact with the patient to wear appropriate PPE
  - Test suspected or probable COVID-19 cases and send home or to community isolation facilities for quarantine with proper instructions and counseling
  - Send home mild cases of confirmed COVID-19 to community isolation facilities for quarantine with proper instructions and counseling
  - Coordinate with RESU for strict monitoring and surveillance
  - Do antenatal surveillance every 2-4 weeks

**Not in Labor**
- **Stable Maternal and Fetal Condition**
  - Require all personnel in contact with the patient to wear appropriate PPE
  - Test suspected or probable COVID-19 cases and send home or to community isolation facilities for quarantine with proper instructions and counseling
  - Send home mild cases of confirmed COVID-19 to community isolation facilities for quarantine with proper instructions and counseling
  - Coordinate with RESU for strict monitoring and surveillance
  - Do antenatal surveillance every 2-4 weeks

**Postpartum Care**
- **Monitor postpartum patient in the same isolation area by the same COVID-19 Delivery Team**
- **Transfer post C5 patient to designated isolation room**
- **Require all transport personnel to wear appropriate PPE to be removed once patient has been transferred**
- **Counsel for family planning and if amenable start as soon as possible**
- **Discharge early mild cases once stable to transfer to community isolation facilities for quarantine. Coordinate with RESU for monitoring and surveillance**

**NEONATAL CARE**
- **Separate the baby from the mother temporarily in different isolation rooms until both COVID-19 test results are available and are negative. If testing was not done, separate them until 14 days from resolution of symptoms OR clinical improvement (feverible for at least 3 days, improving respiratory symptoms and at least 7 days have passed since symptoms first appeared) OR 14 days from the last significant exposure if the mother is asymptomatic (previously classified as PUM). If the mother chooses to room-in with her baby, or if the facility does not have the capability of caring for the baby in a separate area, the baby should remain at least 6 feet from the mother at all times. Advise mothers to wear mask properly. Always practice strict hand hygiene.**
- **Test the baby at 24 hours of age if mother is COVID-19 positive. Repeat test at 48-72 hours of age if the initial test is negative and the baby is symptomatic. Test the baby as well, if the suspected or probable COVID-19 mother becomes positive after delivery or if the baby develops symptoms. If the mother is negative and the baby is asymptomatic, *may* not test the baby.**
- **Offer expressed breast milk with strict adherence to sterile process and handling. If the mother opts to breastfeed*, ensure strict compliance to standard and droplet precautions throughout breastfeeding.**
- **Manage unstable baby accordingly with isolation precautions. Refer to a specialist/subspecialist as necessary.**
- **Do routine hearing and newborn screening tests prior to discharge when feasible.**
- **Discharge early once stable. Follow-up within 48-72 hours and observe baby for development of symptoms until 14 days from birth. Instruct mother or caregiver of the necessary precautions in the household.**
- **The SHARED DECISION to carry-out rooming-in and direct breastfeeding shall be made by the mother and the health care team after thorough discussion of the potential risk of transmission of the virus to the baby and developing COVID-19 as well as the established immediate and long-term benefits of breastfeeding and other interventions to the baby.**

**MOTHER WITH SEVERE OR CRITICAL RESPIRATORY CONDITION**
- **ADMIT patient to designated isolation room**
- ** Require all personnel in contact with the patient to wear appropriate PPE**
- **Manage medical condition accordingly with specialist/subspecialist**
- **Document maternal status with CT-scan or CXR with abdominal shield**
- **Document fetal status by FHR monitoring once daily or more frequent as indicated**
- **Consider fetal lung maturation by giving ACS for non-critically ill patients**
- **For viable pregnancies, consider induction of labor prior to onset of severe respiratory condition**
- **Consider assisted vaginal delivery to shorten the second stage of labor in a symptomatic woman in exhaustion or hypoxic condition**
- **Perform cesarean delivery if critical or in severe respiratory failure such as septic shock, acute organ failure or fetal distress**
- **Do immediate cord clamping**
- **Institute appropriate neonatal resuscitation measures as necessary**
- **Renderson standard newborn care**

**IMMINENT DELIVERY**
- **ADMIT to a designated isolation area (Tent / Emergency Room / OR-DR)**
- **Identify a COVID-19 Delivery Team**
- **Require all personnel in attendance to wear the appropriate PPE**
- **Require all transport personnel to wear appropriate PPE to be removed once patient has been transferred**
- **Deliver by NSD, assisted delivery or C5 to be attended by COVID-19 Delivery Team**
- **Do properly timed cord clamping and cutting within 1-3 minutes or until pulsation stops**
- **Institute appropriate neonatal resuscitation measures as necessary**
- **Render standard newborn care**
- **Consider assisted vaginal delivery to shorten the second stage of labor in a symptomatic woman in imminent delivery**

**DISCLAIMER**: This guideline was formulated through a collaborative effort from the above professional societies mainly to guide clinicians who will be handling COVID-19 in this special population. The recommendations were made after careful review of currently available limited published data with the consensus of a panel of experts. We will be updating this guideline accordingly as more information becomes available as this disease is still evolving. This can be adopted and modified based on your institution’s capacity and standing policies.

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**Legend**: COVID-19 – Coronavirus Disease 2019; PUI – Patient Under Investigation; PLU – Person Under Monitoring; PPE – Personal Protective Equipment; ACS – Antenatal Corticosteroids; PTL – Preterm labor; RESU – Regional Epidemiology and Surveillance Unit

**COVID-19 Delivery Team** – Obstetrician (1-2); Pediatrician (1-2); Anesthesiologist (1); Nurse (1-2)

**Appropriate Personal Protective Equipment** – 1. Well-fitting N95 mask (fit-tested); 2. Eye protection (goggles or face shield); 3. Impermeable gown; 4. Surgical gloves; 5. Shoe cover. The reader is referred to the Guidelines on Infection Control for COVID-19.

**Antenatal Surveillance** – Growth monitoring, AFi with Ultrasound; Detailed anatomic scan at 18-24 weeks for infection acquired during 1st and early 2nd
References:


3. American College of Obstetricians and Gynecologists Practice Advisory: Novel Coronavirus (COVID-19), March 13, 2020


19. Lu Qi, MD, PhD and Shi Yuan, MD, PhD. Coronavirus disease (COVID-19) and neonate: What neonatologist need to know, Journal of Medical Virology, February 26, 2020.


23. Poupolo, Karen, et al. Management of Infants Born to Mothers with COVID-19, American Academy of Pediatrics Committee on Fetus and Newborn, Section of Neonatal Perinatal Medicine, and Committee on Infectious Diseases, April 2, 2020


31. Trevisanuto, D. et al., Neonatal Resuscitation Where the Mother Has a Suspected or Confirmed Novel Coronavirus (SARS-CoV-2) Infection: Suggestion for a Pragmatic Action Plan, Neonatology, April 24, 2020, DOI: 10.1159/000507935


TECHNICAL WORKING GROUP

(Front Row)
CHRISTIA S. PADOLINA, M.D. (President, POGS) middle
BENJAMIN D. CUENCA, M.D. (Vice-President, POGS) second to the left
ERWIN R. DE MESA, M.D. (President, PIDSOG) second to the right
MARIORIE I. SANTOS, M.D. (President, PSMFM) first from left
BELEN AMPARO E. VELASCO, M.D. (President, PSNBM), first from right

(Standing from left)
MELCHOR C. DELA CRUZ, JR. M.D. (POGS), HENRIETTA S. LUCASAN, M.D. (POGS), MAREESOL C. TIOPIANCO, M.D. (POGS/San Lazaro Hospital),
CARMELA G. MADRIGAL-DY, M.D. (PSMFM), MARTHA MILLAR-AQUINO, M.D. (PIDSOG), MARIA ANGELA NICOLE S. PERRERAS, M.D. (PIDSP/RITM),
JAY RON O. PADUA, M.D. (PIDSP/San Lazaro Hospital), CHERYL T. TIUSECO, M.D. (PIDSOG), FLORIDA F. TALADTAD, M.D. (PIDSOG)

(Not in the picture)
SALVACION R. GATCHALIAN, M.D. (President, PPS), JOSELYN A. EUSEBIO, M.D. (Vice-President, PPS),
MARY ANN C. BUNYI, M.D. (President, PIDSP), MARIA JULIETA VICTORIANO-GERMAR, M.D (POGS)