**COVID-19 Ambulatory Obstetric Care Guidelines**

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Classification of Disease Severity by NIH (note: severe/critical merit hospital admission)

* **Asymptomatic**: SARS-CoV-2 test (+) with no symptoms
* **Mild**: usual signs or symptoms **without** SOB, dyspnea, or abnormal chest imaging
* **Moderate**: added e/o lower respiratory dx (clinically or by imaging) but SaO2≥94% on RA
* **Severe**: RR >30 bpm, SaO2<94% on RA, Pa/FiO2 <300 or lung infiltrates >50%
* **Critical**: respiratory failure, septic shock and/or multiple organ dysfunction

Anticoagulation

For patient who are asymptomatic:

* Antenatal: aspirin 162mg until delivery; no anticoagulation
* Postpartum: d/c aspirin; consider COVID as a single risk factor when calculating postpartum risk score to initiate anticoagulation per usual protocol.

For patients who are mild or moderate:

* Antenatal: aspirin 162mg until delivery; no anticoagulation
* Postpartum: d/c aspirin; consider COVID as a single risk factor when calculating postpartum risk score to initiate anticoagulation per usual protocol.

For patient who were severe or critical upon discharge from hospital:

* Antenatal: aspirin 162mg until delivery; prophylactic Lovenox 40 mg daily for 6 weeks; switch to heparin at 36 weeks (10,000 U BID SQ)
* Postpartum: d/c aspirin; resume prophylactic Lovenox 40 mg daily for 6 weeks

**Outpatient Antenatal Surveillance after COVID in Pregnancy**

* Assess fetal growth - consider doing fetal growth ultrasound around 32-34 weeks once following criteria are met:
  + Once symptoms have resolved (date of positive test if asymptomatic)
  + AND it has been at least 21 days since last fetal growth ultrasound
  + AND patient is in the third trimester
* Pregnant patients hospitalized with mod/severe/critical COVID: Start biweekly NSTs or weekly modified BPP or weekly BPP/NST at 34 weeks (if beyond 34 weeks at time of infection, commence at that time)
* Must use diagnosis code **COVID-19 affecting pregnancy, antepartum O98.519/U07.1** when order NST and ultrasounds.
* Send placenta to pathology for all patients testing positive for COVID-19 during the pregnancy, regardless of severity of illness (including asymptomatic)
* Consider delivery at 39 weeks if not indicated

**Outpatient Treatment Modalities (NB: limited by availability**

**Monoclonal antibodies:** Only offered outpatient; preference given to patients with risk factors who are not up to date with COVID-19 vaccines and/or those who have not been admitted for a COVID indication.

* Molnupiravir (Merck): oral nucleoside analog that is contraindicated in pregnancy.
* **Paxlovid** (Pfizer): An anti-viral oral med that OBs can prescribe (very specific standard work that must be followed to do this). It is recommended for the treatment of outpatients with mild to moderate COVID-19 infection with a positive COVID test and who are at high risk of clinical progression. Pregnancy is included among the conditions that put individuals at high risk for clinical progression. This makes pregnant patients, including those with pregnancy as their only risk factor, eligible to receive outpatient oral treatment with Paxlovid. SMFM and ACOG support its use for pregnancy and lactation. Clinicians should weigh the available data against the individual risks of COVID-19 infection in pregnancy.

Paxlovid includes nirmatrelvir and ritonavir. There are no available human data on the use of **nirmatrelvir** during pregnancy to evaluate for a drug-associated risk of major birth defects, miscarriage, or adverse maternal or fetal outcomes. Published observational studies on **ritonavir** use in pregnant patients have not identified an increased risk of birth defects and this medication has been used extensively during pregnancy in people living with HIV, suggesting it has an acceptable safety profile in pregnancy.

**Instructions for Use**: Treatment should be initiated orally as soon as possible after diagnosis of COVID-19 and within 5 days of symptom onset. PAXLOVID should be administered orally with or without food. The recommended dosage is 300 mg of nirmatrelvir (two 150 mg tablets) with 100 mg of ritonavir (one 100 mg tablet), with all three tablets taken together twice daily for 5 days.

**Eligible patients:** Pregnant patients with a confirmed positive COVID test with mild to moderate symptoms that started within the last 5 days.

Fact Sheet Link: (<https://www.fda.gov/media/155050/download>)

Sources:

ACOG. Covid-19 FAQs for Obstetricians-Gynecologists, Obstetrics. Last update 1-10-22.

CDC. Transcript from Senior Medical Officer US FDA Stephanie Troy, MD. Presented 1-12-22.

MDHHS. Covid-19 vaccines FAQs. Last update 1-10-22.