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Initial Assessment of Clients Presenting for Intrapartum Care:
Summary of Key Considerations in the Context of COVID-19

Perform rapid initial obstetric and COVID-19 assessment

- Usual rapid assessment: Airway, breathing, circulation, vaginal bleeding, level of consciousness, convulsions, fever, and abdominal pain.
- COVID-19 signs and symptoms: Fever ≥ 38°C, cough, difficulty breathing, shortness of breath, chest tightness, other cold/flu symptoms, muscle aches, and gastrointestinal symptoms (e.g., nausea, diarrhea).

If no suspicion of COVID-19 infection

Maintain quality of routine and complications care
- Provide routine and complications assessment and other care, with referral as needed, using recommended infection prevention and control (IPC) precautions.

If suspicious of COVID-19 infection

Initiate COVID-19 IPC and continue assessment and care
- Mask and separate clients with signs of COVID-19 (at least 1 m between suspected and other clients); engage response team including IPC staff.
- Apply droplet and contact precautions, using airborne precautions for aerosol-generating procedures.
- Provide emergent care according to the World Health Organization's (WHO's) *Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected.*
- Counsel on coughing, sneezing, and hand hygiene.

Assess severity of signs or symptoms of COVID-19
- Difficulty breathing or shortness of breath
- Gasping for air when speaking or walking
- Coughing blood
- Pain or pressure in chest when not coughing
- Dizziness when standing
- Lack of responsiveness or confusion

Assess clinical risks for serious complications of COVID-19
- Comorbidities (hypertension; diabetes; asthma; HIV; heart, liver, lung, kidney, or blood disease; immune suppression)

Assess epidemiologic risks (for 14 days before symptom onset)
- Contact with probable or confirmed case
- Recent travel to or residence in area with COVID-19 transmission

Assess respiratory compromise per facility capacity
- Complete and repeat physical examination as clinically indicated.
- Perform pulse oximetry, chest x-ray, arterial blood gas, chest CT with abdominal shielding.

Test for COVID-19 per criteria and facility capacity
- Test clients with acute respiratory illness and epidemiologic risk AND those with acute respiratory illness needing hospitalization.
- If possible, prioritize symptomatic pregnant clients for testing.

Weigh risks and benefits of transfer

- When possible, notify receiving facility of client under investigation and discuss best setting for pregnancy and COVID-19 care.
- When possible, send client to setting with capacity for isolation and advanced care for respiratory compromise (ventilation).
- Adhere to IPC guidelines during transport and handover.

Regardless of setting

- Provide client-centered, respectful, skilled care and support.
- Discuss balance of benefits and harms of corticosteroids with woman to ensure informed decision. WHO recommends antenatal corticosteroid therapy for women at risk of preterm birth from 24 to 34 weeks of gestation when there is no clinical evidence of maternal chorioamnionitis, gestational age is reliable, and adequate childbirth and newborn care is available.
- Base mode of birth on obstetric indications (cesarean delivery only when medically justified).
- Provide counseling related to risk of adverse pregnancy outcomes, safe infant feeding, self-care, postnatal care, and appropriate IPC to prevent COVID-19 transmission.
- Follow local guidance for surveillance and carefully monitor all those with epidemiologic history of contact.