Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

26 Cohorting prenatal care during the COVID-19 pandemic

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OBJECTIVES: Pregnant women with COVID-19 symptoms, exposures, or a positive test must be quarantined while receiving essential obstetrical care. The objective of this study is to demonstrate feasibility of a cohorted obstetrical COVID-19 clinic.

METHODS: We conducted an IRB-approved, retrospective cohort study of gravid women seen at our health-system's OB COVID-19 clinic. The clinic utilizes the ACOG algorithm to identify women at risk and has a separate location for patients with diagnosed or presumed COVID-19 to receive obstetric care while maintaining quarantine.

The clinic is staffed by a trained OB-COVID team, including 2 medical assistants and/or nurses, and one Maternal-fetal-medicine specialist. The providers have developed expertise in donning and doffing personal protective equipment and serve as a resource for the three-hospital health system.

Demographic data, pregnancy complications and outcomes, and COVID data were abstracted. Data were analyzed using descriptive statistics.

RESULTS: Between March 18th and June 22nd, 2020 there were 55 women seen in OB-COVID clinic, of whom 35 tested positive for COVID-19.

Of 42 patients with exposures, 15(35%) were family-related, 13(30%) were work-related, another 13(30%) had unknown exposure, and 2(5%) were travel-related. Of those with known exposures, those with family-related exposure were most likely to test positive (80%), followed by work-related (69%). Latinx women were more likely to test positive for COVID than other racial/ethnic groups ($p<0.01$) (Table).

Among the 35 COVID-positive women, 2(6%) were asymptomatic, 29(83%) had mild, 3 (9%) had moderate, and 1(3%) had severe disease. Only 4 patients required hospitalization, one of whom was asymptomatic but had lab abnormalities. Length of stay ranged from 2 to 6 days, and 2 patients received Remdesivir. No patients have developed growth restriction and 13 (24%) of the women have delivered (Table).

CONCLUSIONS: The clinic is a novel risk mitigation strategy for pregnant COVID-positive patients across the health system and develops experts in donning and doffing personal protective equipment while ensuring that patients with COVID-19 in pregnancy receive consistent care.

Table 1: Characteristics of Patients Managed by Obstetric COVID-19 Clinic

	Total population	COVID Diagnosis		
	Overall n=54(%)	COVID-19 Negative n=19(%)	COVID-19 Positive n=35(%)	p-value
Median maternal age, (IQR)	30 (25,35)	31 (26,35)	29 (25,35)	0.59
Race / Ethnicity				<0.01
White	10 (18.9)	6 (31.6)	4 (11.8)	
Black	14 (26.4)	7 (36.8)	7 (20.6)	
Latinx	25 (46.3)	3 (15.8)	22 (64.7)	
Asian	4 (7.6)	3 (15.8)	1 (2.9)	
Median BMI, (IQR)	30.7 (26.9, 36.1)	27.7 (26.4, 36.1)	31.8 (28.7, 36.4)	0.16
Multiparous	37 (69.8)	12 (32.4)	25 (67.6)	0.54
Chronic Hypertension	5 (9.3)	3 (15.8)	2 (5.7)	0.33
Type 2 Diabetes	2 (3.7)	2 (10.5)	0 (0.0)	0.12
Median gestational age at OB-COVID clinic visit, wks (IQR)	28.7 (19.9,36)	24.4 (21,36)	29.0 (18.6,35.4)	0.90
Presented with fevers	22 (40.7)	3 (15.8)	19 (54.3)	0.01
Presented with cough	29 (53.7)	9 (31.0)	20 (57.1)	0.57
Presented with dyspnea	20 (37.0)	6 (31.6)	14 (40.0)	0.38
Visit Reason				0.26
COVID symptoms	25 (46.3)	11 (57.9)	14 (40.0)	
Routine OB care	29 (53.7)	8 (42.1)	21 (60.0)	
Delivered	13 (24.1)	5 (26.3)	8 (22.9)	>0.99
Mode of delivery (n=13)				>0.99
Vaginal	8 (61.5)	3 (60.0)	5 (62.5)	
Planned Cesarean	3 (23.1)	1 (20.0)	2 (25.0)	
Unplanned Cesarean	2 (15.4)	1 (20.0)*	1 (12.5)[a]	

*Unplanned due to arrest of dilation
[a]Unplanned due to fetal distress without evidence of maternal hypoxia or desaturation