



# How to prepare your unit for Coronavirus

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## Lessons learned from the ISUOG Webinar

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# *How to prepare your unit for Coronavirus - Lessons learned*

COVID-19: preparedness and challenges. The lesson learned from the Lombardy region - F. Castelli, Italy

- ***COVID-19 spreads rapidly and ramps very quickly in terms of epidemic curve***
- ***Hospitals need to have an emergency plan in terms of dedicated beds and staff as well as equipment and PPE***

Departmental organization: what is needed, what needs to be cancelled - S. Chan, Hong Kong

- ***Teaching, meetings, elective surgeries and other non-urgent business to be cancelled; husbands, visitors and unnecessary staff not allowed in delivery and consultation rooms.***
- ***Patients triaged with temperature check and checklist/questionnaire.***
- ***Good communication is essential; clear workflow and protocols to be adapted locally.***

Obstetric management: immediate actions - L. Poon, Hong Kong

- ***Delivery in tertiary referral centers to standardize care and management. Isolation of suspected/confirmed cases.***
- ***Confirmed cases to be monitored for fetal growth and AFI 2-4 weekly.***
- ***Intrapartum care: COVID-19 itself is not an indication for CS; individualize time and mode of delivery; shorten 2<sup>nd</sup> stage of labor; low threshold to expedite delivery; water birth not recommended; delayed cord clamping not recommended.***

Protecting staff, PPE, staff wellbeing, levels of sickness to be expected - J. Lee, Singapore

- ***Social distancing, PPE and hand hygiene are crucial. Frontline staff to use N95/FFP2 masks after training and fit test. Masks to be worn by patients with suspicious symptoms.***
- ***Mental and social health support are recommended given the high risk of burnout.***