

**Maternal Pyrexia  $\geq 37.8^{\circ}\text{C}$**

## ASSESS THE PATIENT

Take into account the full clinical picture including full MEOWS score and the overall maternal and fetal wellbeing

### 1. Assess for an UNDERLYING SOURCE of infection:

- **Chorioamnionitis:** Offensive liquor, prolonged ruptured membranes > 24 hrs, known GBS carrier
- **Urinary Tract Infection:** Symptoms e.g. dysuria, frequency, positive urine dipstick for leucocytes/nitrates
- **Endometritis:** Offensive liquor, lower abdominal pain, vaginal discharge
- **Perineal / LSCS wound infection:** Purulent wound discharge
- **Mastitis:** Breast engorgement, redness, localised abscess
- **CNS – Meningo-encephalitis:** Non blanching rash, headache, photophobia, neck stiffness
- Other apparent or confirmed source

### 2. Screen for COVID 19 risk factors / symptoms of acute onset:

- Persistent cough with or without sputum ( )
  - Shortness of breath ( )
  - Hoarseness ( )
  - Nasal discharge or congestion ( )
  - Sore Throat ( )
  - Wheezing ( )
  - Sneezing ( )
  - Recent exposure to confirmed COVID 19 case ( )
  - Lymphopenia ( )
  - Anosmia ( )
- MOVE TO ISOLATION IF NOT ALREADY and DON PPE

## MANAGEMENT

### Patient HAS an apparent source of infection as above and is NEGATIVE for COVID 19 screening questions

- Treat in accordance with local antimicrobial guidelines
  - If suspected SEPSIS – do not delay antibiotic therapy and initiate SEPSIS 6 immediately
  - Do not screen for COVID 19 \*\*
  - Reassess if the clinical situation changes, e.g. patient develops cough
- \*\*NB in patients with PPROM have higher suspicion for COVID and take swabs**

### Patient DOES NOT have an apparent source of infection and is NEGATIVE for COVID 19 screening questions

- If no suspicion of sepsis, (patient feels well normal CTG and otherwise normal MEOWS) commence conservative measures: IV fluids, IV paracetamol, reassess / repeat temperature in 1 hour
- Consider starting broad spectrum antibiotics depending on the overall condition of the patient and full clinical picture
- For patients with a persistent temperature in the absence of an apparent source, commence broad spectrum antibiotics and screen for COVID 19

### Patient HAS an apparent source of infection as above and is POSITIVE for COVID 19 screening questions

- Treat in accordance with local antimicrobial guidelines
- If suspected SEPSIS – do not delay antibiotic therapy and initiate SEPSIS 6 immediately
- Test the patient for COVID 19
- Refer to the TRUST guidance for managing COVID suspected patients \*
- Inform Anaesthetist, Consultant Obstetrician and Neonatal team

### Patient DOES NOT have an apparent source of infection and is POSITIVE for COVID 19 screening questions

- Consider starting broad spectrum antibiotics depending on the overall condition of the patient and full clinical picture
- Test patient for COVID 19
- Refer to the TRUST guidance for managing COVID suspected patients \* and manage labour according to SOP
- Inform Anaesthetist, Consultant Obstetrician and Neonatal team

### \*FOR ALL PATIENTS WHO REQUIRE TESTING FOR COVID 19 IN LABOUR / Post-partum

Isolate the patient and birth partner – to remain in delivery suite room, or move to COVID side room on ward.

Give surgical mask to patient and birth partner

Care-giver to don FRSM and PPE as per guidance - Minimise the number of staff caring for the patient

Treat with paracetamol and IV fluids.

Contact the **Infectious Disease Consultant regarding treatment - 65207**

Apply facial O2 if needed, to maintain SaO2 > 94%.

Escalate to Critical Care outreach / Anaesthetic consultant if severe SOB or unable to maintain SaO2

Patient to remain in Delivery suite room until COVID 19 result available.

If the patients' condition improves and is otherwise deemed fit for discharge, the patient could be discharged directly to home with the advice to remain on home isolation until the COVID 19 results are available