Outpatient Assessment and Management for Pregnant Women With Suspected or Confirmed Novel Coronavirus (COVID-19)

This algorithm is designed to aid practitioners in promptly evaluating and treating pregnant persons with known exposure and/or those with symptoms consistent with COVID-19 (persons under investigation [PUI]). If influenza viruses are circulating, influenza may be a cause of respiratory symptoms and practitioners are encouraged to use the ACOG/SMFM influenza algorithm to assess need for influenza treatment or prophylaxis.

Please be advised that COVID-19 is a rapidly evolving situation and this guidance may become out-of-date as new information and data on COVID-19 in pregnant women becomes available. Please refer to the Centers for Disease Control and Prevention (CDC) [https://www.cdc.gov/coronavirus/2019-nCoV/index.html] and ACOG COVID-19 web pages: [https://www.acog.org/topics/covid-19] for comprehensive resources and guidance on COVID-19.

Assess Patient’s Symptoms and Exposures
Symptoms typically include fever ≥38°C (100.4°F) or one or more of the following:
- Cough
- Difficulty breathing or shortness of breath
- Chills
- Repeated shaking with chills
- Headache
- Sore throat
- New loss of taste or smell
- Unprotected exposure to known COVID-positive individual
- Muscle or body aches
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

Any Positive Answers
Recommend testing for SARS-CoV-2 infection*

Conduct Illness Severity Assessment
- Does she have difficulty breathing or shortness of breath?
- Does she have difficulty completing a sentence without gasping for air or needing to stop to catch breath frequently when walking across the room?
- Does patient cough more than 1 teaspoon of blood?
- Does she have new pain or pressure in the chest other than pain with coughing?
- Is she unable to keep liquids down?
- Does she show signs of dehydration such as dizziness when standing?
- Is she less responsive than normal or does she become confused when talking to her?

Any Positive Answers
Routine Prenatal Care

Assess Clinical and Social Risks
- Comorbidities (Hypertension, diabetes, asthma, HIV, chronic heart disease, chronic liver disease, chronic lung disease, chronic kidney disease, blood dyscrasia, and people on immunosuppressive medications)
- Obstetric issues (eg, preterm labor)
- Inability to care for self or arrange follow-up if necessary

Any Positive Answers

Low Risk
- Refer patient for symptomatic care at home including hydration and rest
- Monitor for development of any symptoms above and re-start algorithm if new symptoms present
- Routine obstetric precautions

No Positive Answers
Admit patient for further evaluation and treatment. Review hospital or health system guidance on infection control measures to minimize patient and provider exposure

Any Positive Answers

Moderate Risk
See patient as soon as possible in an ambulatory setting with resources to determine severity of illness.
When possible, send patient to a setting where she can be isolated. Clinical assessment for respiratory compromise includes physical examination and tests such as pulse oximetry, chest X-ray, or ABG as clinically indicated. Pregnant women (with abdominal shielding) should not be excluded from chest CT if clinically recommended.

If no respiratory compromise or complications and able to follow-up with care
Admit patient for further evaluation and treatment. Review hospital or health system guidance on infection control measures to minimize patient and provider exposure

If yes to respiratory compromise or complications

Elevated Risk
- Recommend she immediately seek care in an emergency department or equivalent unit that treats pregnant women. When possible, send patient to a setting where she can be isolated.
- Notifying the facility that you are referring a PUI is recommended to minimize the chance of spreading infection to other patients and/or healthcare workers at the facility
- Adhere to local infection control practices including personal protective equipment

Any Positive Answers

Abbreviations: ABG, arterial blood gases; CDC, Centers for Disease Control and Prevention; HIV, human immunodeficiency virus.

*Testing recommendations may vary based on facility and/or local guidance, community spread, and availability of testing

This information is designed as an educational resource to aid clinicians in providing obstetric and gynecologic care, and use of this information is voluntary. This information should not be considered as inclusive of all proper treatments or methods of care or as a statement of the standard of care. It is not intended to substitute for the independent professional judgment of the treating clinician. Variations in practice may be warranted when, in the reasonable judgment of the treating clinician, such course of action is indicated by the condition of the patient, limitations of available resources, or advances in knowledge or technology. The American College of Obstetricians and Gynecologists reviews its publications regularly; however, its publications may not reflect the most recent evidence. Any updates to this document can be found on www.acog.org or by calling the ACOG Resource Center.

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