Co-Morbidities for Increased Risk of Complication in COVID19
- Immunocompromised patient
  - History of transplant
  - Autoimmune condition treated with biologics
  - Use of prednisone ≥ 20mg/day
  - Poorly controlled HIV
- Pre-pregnancy BMI ≥ 40
- Poorly controlled DM
- Maternal cardiac disease
- Hypertension requiring medical management (including worsening GHTN or PEC)
- Renal disease
- Moderate-Severe Respiratory Disease
- Neurologic disease (ALS, MS)
- Active Cancer

Candidates for Home Care:
- Clinically stable: symptoms not worsening and responding to supportive measures
- Caregiver available at home who can adhere to guidelines
- Ability to self-isolate
- Resources for access to food and other necessities

Warning Signs: (patient should be sent to hospital)
- Unable to speak in complete sentences or short of breath walking to bathroom
- Bluish hue around lips
- Significant chest pain
- Confusion or difficulty arousing
- RR > 25; HR > 110 bpm, O2 < 95%
- Patient not reachable via phone on multiple attempts; consider arranging wellness check

Supportive Therapies Safe for Use in Pregnancy for URI Symptoms*
- Oral Hydration: 8-10 8oz glasses per day
- Anti-Pyretics:
  - Acetaminophen 625mg q4 hours
- Decongestants:
  - Pseudoephedrine (avoid in first trimester)
  - Nasal saline spray
  - Ipatropium nasal spray
  - Topical menthol/eucalyptus/camphor ointment
- Anti-Histamines
  - Diphenhydramine
  - Chlorpheniramine
- Sore Throat:
  - Cromolyn sodium spray
  - Lozenges/Sprays
- Cough Suppressants:
  - Dextromorphan

*There is no known treatment for SARS-Co-V2; these medications are suggestions for symptomatic relief

High-Risk Antenatal Testing (Consider scheduling on L&B)**
- IUGR with abnormal dopplers or EFW < 3%
- Poorly controlled GDM or pregestational DM
- Preeclampsia/GHTN

**Other high risk conditions should be considered on a case-by-case basis