Serial Surveillance for SARS-CoV-2 in hospitalized antepartum women

Noelia M. Zork, MD, Ms. Amrita Markan, BSN, Jean-Ju Sheen, MD, Janice AUBEY, MD, MPH, Lisa Saiman, MD, MPH, Dena Goffman, MD

PII: S0002-9378(21)00451-8

DOI: https://doi.org/10.1016/j.ajog.2021.04.222

Reference: YMOB 13810

To appear in: American Journal of Obstetrics and Gynecology

Received Date: 5 April 2021

Accepted Date: 7 April 2021

Please cite this article as: Zork NM, Markan A, Sheen J-J, AUBEY J, Saiman L, Goffman D, Serial Surveillance for SARS-CoV-2 in hospitalized antepartum women, *American Journal of Obstetrics and Gynecology* (2021), doi: https://doi.org/10.1016/j.ajog.2021.04.222.

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2021 Elsevier Inc. All rights reserved.



4	Title Codd Codd State Codd Codd Codd Codd Codd Codd Codd Cod
1	Title: Serial Surveillance for SARS-CoV-2 in hospitalized antepartum women
2	
3	
4	Authors: Noelia M. ZORK ¹ , MD; Ms. Amrita MARKAN, BSN ² ; Jean-Ju SHEEN ¹ , MD; Janice AUBEY,
5	MD, MPH ³ ; Lisa SAIMAN, MD, MPH ^{4,5} ; Dena GOFFMAN ¹ , MD
6	
7	
8	1 Department of Obstetrics, Gynecology and Reproductive Science, Division of Maternal Fetal
9	Medicine, Columbia University Irving Medical Center, New York, NY
10	
11	2 Department of Nursing, New York-Presbyterian Hospital, New York, NY
12	
13	3 Department of Obstetrics, Gynecology and Reproductive Science, Columbia University Irving
14	Medical Center, New York, NY
15	
16	4 Department of Pediatrics, Columbia University Irving Medical Center, New York, NY
17	
18	5 Department of Infection Prevention & Control, NewYork-Presbyterian Hospital, New York, NY
19	
20	
21	
22	The authors report no conflicts of interest.
23	
24	
25	
26	Corresponding author:
27	Noelia M. Zork, MD
28	622 West 168 th St. PH16-66
29	New York, NY 10032
30	Office phone: 212-305-6293
31	Email: nmz2110@cumc.columbia.edu

32	Objective:
33	During New York City (NYC)'s first wave of COVID-19 in the spring of 2020, NewYork-
34	Presbyterian Hospital/Columbia University Irving Medical Center instituted universal SARS-CoV-
35	2 testing for all admitted pregnant women (1). No visitors were permitted on the antepartum
36	unit during the peak of the pandemic. As local infection rates decreased, one support person
37	was allowed for each patient. During NYC's second COVID-19 wave, which began in October
38	2020, the one-support-person policy was maintained. Due to concerns that hospitalized
39	pregnant women could be within the SARS-CoV-2 14-day incubation period on admission or
40	could become infected by asymptomatic support persons, polymerase chain reaction (PCR)
41	testing for SARS-CoV-2 via nasopharyngeal swabs were obtained every 5 days for all women
42	above 23 weeks gestation who had prolonged hospitalizations for obstetric indications. In this
43	letter, we report the outcomes of repeat testing.
44	
45	Study design:
46	From November 23, 2020 to March 3, 2021, results of all SARS-CoV-2 PCR swabs sent from the
47	antepartum unit were collected. Serial testing was only performed for patients whose
48	admission test was negative and who could require urgent delivery, as an unrecognized SARS-
49	CoV-2 infection could have significant anesthetic and neonatal implications. Results were
50	evaluated in the context of the local 7-day positivity rate for our hospital's zip code (10032).
51	Table 1 details our visitor policy.
52	
53	Results:

169 swabs were performed on 72 patients. None of these patients became SARS-CoV-2 positive during their hospitalization. Patients were re-tested an average of 2.34 times (range 1- 13). The 7-day positivity rate for our hospital's zip code was 5.3% on November 28 and peaked at 10.2% on January 8. These rates were higher than the overall positivity rate for Manhattan and all of NYC during the same time (2).

Conclusions:

Despite allowing visitors to the antepartum unit during a time of high local positivity rate for SARS-CoV-2, hospitalized pregnant women did not become infected. This may reflect the effectiveness of visitor screening for COVID-19 symptoms upon presenting to the hospital, the self-monitoring of symptoms by our patients' family members, the enforcement of universal masking of patients and visitors, social distancing, and hand hygiene. This testing practice, intended to promote safety, proved to be costly in terms of testing resources and staff workload without adding clear benefit. In addition, several women refused repeat testing due to discomfort.

Similar findings were noted in a larger non-obstetric patient population. Serial SARS-CoV-2 testing was performed every 5 days in 4580 hospitalized patients in a large tertiary care center and 96.9% had negative results (3). Only 1% converted from a negative to a positive test during admission.

We plan to continue to test all admitted pregnant women for SARS-CoV-2 and to perform a second test on hospital day 5, in case a patient is admitted during the incubation period for SARS-CoV-2. Subsequent testing for SARS-Co-V-2 will be performed for patients with

signs, symptoms or exposure, or in anticipation of delivery. We hope our experience will be useful to other institutions faced with similar challenges.

References

- 1. Breslin N, Baptiste C, Gyamfi-Bannerman C, et al. Coronavirus disease 2019 among asymptomatic and symptomatic pregnant women: two weeks of confirmed presentations to an affiliated pair of New York City hospitals. Am J Obstet Gynecol MFM 2020;2:100118.
- 2. https://www1.nyc.gov/site/doh/covid/covid-19-data.page
- 3. Kobayashi T, Trannel A, Holley S, et al. Coronavirus Disease 2019 Serial Testing Among Hospitalized Patients in a Midwest Tertiary Medical Center, July–September 2020, Clinical Infectious Diseases, 2020

Table 1. Visitation Guidelines for Obstetric Units at New York-Presbyterian/Columbia University Irving Medical Center

- Support persons must be 18 years or older
- One designated support person is selected by patient and, when possible, remains the same person throughout the admission
- Upon arrival, support persons undergo temperature and symptom screening, screening for COVID-19 illness within past 10 days, COVID-19 exposure within past 14 days, and relevant travel history as per New York State Department of Health restrictions.
- Sick visitors are not permitted to enter the hospital
- Upon arrival, support persons perform hand hygiene and must wear a surgical mask throughout their visit. If cloth masks are used, they must be worn over a surgical mask.
- Support persons must remain at the patient's bedside throughout their visit.
- Visitation hours for obstetric patients are 24 hours a day

Table 1. Visitation Guidelines for Obstetric Units at New York-Presbyterian/Columbia University Irving Medical Center

- Support persons must be 18 years or older
- One designated support person is selected by patient and, when possible, remains the same person throughout the admission
- Upon arrival, support persons undergo temperature and symptom screening, screening for COVID-19 illness within past 10 days, COVID-19 exposure within past 14 days, and relevant travel history as per New York State Department of Health restrictions.
- Sick visitors are not permitted to enter the hospital
- Upon arrival, support persons perform hand hygiene and must wear a surgical mask throughout their visit. If cloth masks are used, they must be worn over a surgical mask.
- Support persons must remain at the patient's bedside throughout their visit.
- Visitation hours for obstetric patients are 24 hours a day