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 2nd 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.**