

COVID-19 - SOGC

Caring for Pregnant Women & Update for Pregnant Health Care Workers

This document is adapted from the Society of Obstetricians and Gynecologists of Canada (SOGC)

- The SOGC's Infectious Disease Committee has created this committee opinion to help guide maternity care providers in the care of pregnant women based on the evidence to March 13, 2020.
- While the numbers of pregnant women infected with COVID-19 are not large [from available studies], the data from these case series has consistently demonstrated that pregnant women are at neither a greater risk of infection nor a greater risk of severe morbidity (e.g. need for ICU admission or mortality) compared to non-pregnant women of the same age. (March 27, 2020 - Update pg 2)

Antepartum care

- Obstetrical patients with respiratory symptoms should be asked to wear a surgical mask immediately upon presentation to the health care facility.
- Women suspected of having or having been exposed to COVID-19 should be triaged quickly, given a mask to wear, and transferred to a single-occupancy room as quickly as possible.
- Testing should be performed as per local guidelines and recommendations. Pregnancy does not appear to alter test performance.
- Expectant management at home may be appropriate for many women. For women requiring admission, droplet/contact infection precautions are adequate.
- Health care providers should consider delaying routine antepartum care appointments for women who have or are being tested for COVID-19. Self-quarantine as per local protocols is appropriate.
- The use of N95 respirators is only required for aerosol-generating procedures (e.g., intubation). The duration and discontinuation of precautions should be determined in accordance with Public Health Agency of Canada guidelines, and provincial and territorial guidance.
- Health care providers can consider empiric antibiotic therapy for superimposed bacterial pneumonia in women with confirmed COVID-19 infection or severe respiratory disease. First-line antibiotics are oral amoxicillin for stable patients and ceftriaxone for severe disease, based on general recommendations for the management of pneumonia. **Corticosteroids should not be used as they may contribute to adverse outcomes**
- For maternal surveillance, close monitoring or initiation of an obstetrical early warning system is advised.
- Antepartum fetal surveillance of confirmed cases of COVID-19 should occur monthly and include fetal ultrasound assessment for growth and anatomy.

Intrapartum care

- Droplet/contact precautions should be used, including wearing a surgical mask with eye protection, a gown and gloves.
- Use of N95 respirators should be reserved for aerosol-generating procedures (e.g., intubation).
- Unnecessary health care personnel in the room should be minimized.
- No symptomatic support persons should be allowed in the delivery suite or the hospital.
- Intrapartum fetal monitoring in the form of EFM should be considered given evidence showing fetal distress during labour.
- Cesarean delivery should be reserved for obstetrical indications.
- There is no data to indicate that the second stage of labour generates aerosols and, as such, droplet/contact precautions are sufficient for vaginal delivery.
- Given that intubation is considered an aerosol-generating procedure, the surgical team should wear N95 respirators for cesarean delivery in case there is a need for general anesthesia.
- There is no evidence to avoid delayed cord clamping or to encourage early cleansing of the infant. Routine practices such as skin-to-skin contact (with the mother wearing a mask and after having washed her hands) and delayed cord clamping should continue.

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- **Elective cesarean delivery should be delayed, if possible, until a woman is no longer considered infectious.**
- Appropriate patient transfer planning should be made so as to minimize exposure of other patients in the hospital.
- **Hospital birth is preferred to home birth for women who have or are being tested for COVID-19** in light of the challenges associated with ensuring appropriate personal protective equipment in the home setting and the high rates of fetal distress that are reported in the literature.
- Regardless of the gestational age at which a pregnant woman was infected COVID-19, the newborn infant should be tested for COVID-19 at birth (i.e., nasopharyngeal swab and umbilical swab for COVID-19 polymerase chain reaction)

Postpartum and Newborn Care

- Management in the post-partum period should be guided by a patient-centred discussion about the available evidence and its limitations.
- We do **not** recommend universal isolation of the infant from either confirmed or suspected infection in the mother. However, depending on a family's values and availability of resources they may choose to separate infant from mother until isolation precautions for the mother can be formally discontinued.
- Women should practice good handwashing before, and use of a mask, while engaging in infant care.
- Women who choose to breastfeed should be allowed to do so after appropriate handwashing and while wearing a mask. It is possible that the mother can transmit antibodies to the infant through breastmilk; however, there is limited evidence of this transmission and the potential benefits are unclear.

What would you say to reassure pregnant women in Canada during this uncertain time?

- There's incredible planning going on 24/7 to ensure (hospitals) are prepared and ready to provide safe care to mothers and their babies in the midst of this pandemic.
- The SOGC is in constant communication with other obstetrical organizations and expert panels to make sure our recommendations are consistent.
- Within every institution, there's been a great deal of care taken to map out, step-by-step, how to get every mother and baby through their labour and delivery safely.
- According to the SOGC statement, pregnant health-care workers can continue working during the pandemic. If the woman is in a position where she may be exposed to a patient suspected of having COVID-19, she should wear the necessary personal protective equipment (*see update below*).
- The SOGC notes that whenever possible, the pregnant health-care worker should avoid unnecessary exposure to a patient suspected of having the virus.

Update to guidelines for pregnant women who are [Health-Care Workers](#) March 27, 2020 SOGC

- While the numbers of pregnant women infected with COVID-19 are not large [from available studies to date], the data from these case series has consistently demonstrated that pregnant women are at neither a greater risk of infection nor a greater risk of severe morbidity (e.g. need for ICU admission or mortality) compared to non-pregnant women of the same age. (*message reinforced on page 1*)
- Moreover, the vast majority of infants born to pregnant women infected with COVID-19 are healthy at birth with near-term prematurity being the most commonly reported adverse pregnancy outcome.
- Adverse pregnancy outcomes reported in the literature appear to be proportional to the degree of maternal respiratory illness.
- To date, consistent with our experience with other respiratory viruses such as MERS, SARS and influenza, there has been no evidence of vertical transmission of COVID-19.
- For these reasons, pregnant women in essential services, including HCW, can continue to work during the COVID-19 pandemic.
- In situations where a worker may be exposed to a person who is suspect or confirmed to have COVID-19, appropriate personal protective equipment should be used.

- No additional PPE measures are required for pregnant HCW beyond those that are advised for non-pregnant HCW.
- Given that the data on COVID-19 during pregnancy is in its infancy, where staffing allows, avoiding unnecessary exposure to patients with suspected or known COVID-19 should be considered.
- Pregnant women with comorbidities including cardiac disease, hypertension and pulmonary disease may wish to contact their prenatal care provider with respect to their risk of COVID-related morbidity and may wish to modify their risk of exposure accordingly.

The Infectious Disease Committee of the SOGC commits to reviewing the available literature on a regular basis and will alter recommendations if appropriate as the body of medical knowledge grows throughout and following the COVID-19 pandemic.

[SOGC Frequently Asked Questions](#) Mar 21, 2020

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