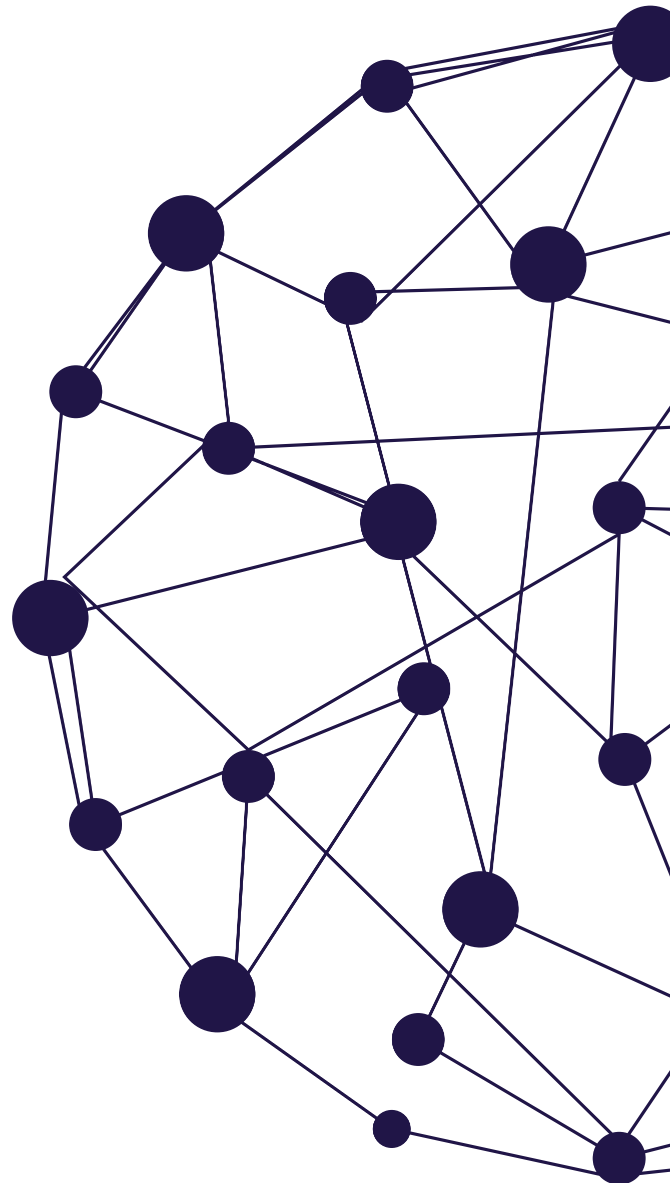
COVID-19

Suggestions for the care of the perinatal population

March 15, 2020



CAPWHN's response to coronavirus (COVID-19)

CAPWHN believes that it is important for perinatal nurses to provide the most up to date, evidence-informed, education regarding coronavirus to their patients. The rapidly changing information can be confusing and have an emotional impact on our perinatal patients and their families.

The duration and discontinuation of precautions should be determined in accordance with Public Health Agency of Canada guidelines and provincial and territorial guidance. It is important to note that differences between provincial/territorial guidelines may exist due to the ongoing evaluation of local regulations, therefore, nurses should refer to guidelines from their respective provinces/territories.

CAPWHN supports the content presented by the Society of Obstetricians and Gynaecologists of Canada (SOGC) Infectious Disease committee opinion. The content below is modified from that opinion. As information and evidence is evolving, this information may change. CAPWHN is aware that recommendations for general population also pertains to perinatal population. This information is provided based on requests from CAPWHN members.

These suggestions are made with the intention of promoting the safety and health of perinatal patients, their newborns and their families during the current COVID-19 pandemic. Efforts to maintain a family-centered approach to care should be considered in enacting these suggestions.

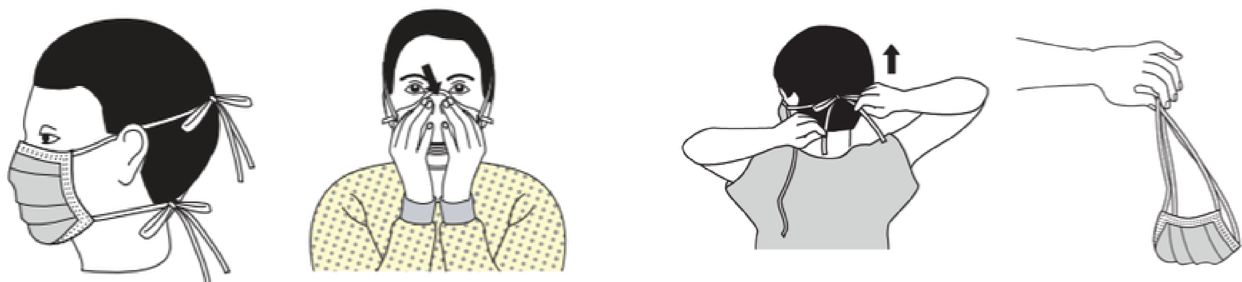
The Clinical Practice Committee

Screening

Throughout the perinatal period it is important to respect health care facility policies regarding screening, hand hygiene and infection control precautions. These screening procedures will help determine individualized precautions necessary, such as whether or not masks are needed during labour.

- Screening characteristics to be considered may include:
  - symptoms of influenza-like illness/fever/cough;
  - having travelled to an area where the virus is known to be circulating, and/or travel outside Canada within the last 14 days; or
  - having been in close contact with a probable or confirmed case of COVID-19 or someone who has travelled to an affected area.

- All individuals (patients, employees, visitors, delivery personnel), on entry to a health care facility, should perform hand hygiene.
- Individuals with respiratory symptoms, of any cause, should wear a procedure/surgical mask. For patient information, a diagram of how to apply and remove masks might be helpful to post with masks (e.g. the diagram below from the Center for Disease Control).
- COVID-19 test process is the same for pregnant and non-pregnant women and is based on local Public Health direction.



https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf

Visitors

We suggest following local guidelines by the Public Health/Provincial organizations. These may include:

- limiting visitors to only 1 person per patient. This may be the pregnant person's partner or designated support person;
- children under the age of 18 may be limited from visiting within the hospital at any time, so patients should be advised to plan accordingly to ensure siblings can be cared for during your birth admission;
- any family member who is symptomatic, has had close contact with potential COVID-19 person, travelled outside Canada within the last 14 days, andor other risks factors as identified by local authorities should self-quarantine for 14 days;
- patient lounges, and common rooms may be closed;
- It is advisable to limit the presence of non-symptomatic family and household contacts in the delivery suite and visitation should be permitted in accordance with locally developed infection prevention and control protocols;
- Photographing the birth for family members not able to be present should follow facility guidelines for photography and ensure the consent of staff present at the birth.
- Use of technology such as video conferencing applications (e.g. Skype, ZOOM, or facetime) could be used as alternatives for connections with family and support persons. This is depend on hospital availability.

Care for all perinatal persons

- Consider delay in routine appointments. Creative approaches to appointments may be considered such as provincial telehealth networks (e.g. Ontario Telehealth Network).
- Corticosteroids are still appropriate per obstetrical recommendations.
- Expectant management at home for obstetrical patients may be appropriate.
- Decision for Caesarean Birth is based on maternal fetal status as per obstetrical recommendations.

Risk Factors

Perinatal patients with suspected or confirmed COVID-19

It is important to remember all patients, regardless of COVID-19 status, should continue to monitor for any concerning maternal and/or fetal signs (e.g. fetal movement counting). Pregnant persons, regardless of gestational age, should be discouraged from travelling outside of Canada.

- If a person and/or their support person becomes symptomatic at home, they should be directed to call their local public health unit.

- If a person and/or their support person presents for care and screens positive on any of the characteristics mentioned in screening, it is recommended to:
  - Triage quickly;
  - Give them a mask to wear (N95 are not recommended);
  - Place the individual in a single occupancy waiting area or room (e.g. clinic, triage or labour room with a door; refer to site-policy regarding negative-pressure room requirements); and
  - Do not cohort with other patients.

- Consideration of the reason for presentation is a factor. Some facilities are using Obstetrical Triage Acuity Scale (OTAS) criteria:
  - OTAS 1-2: move into Labour & Delivery.
  - OTAS 3-5: there is more time to monitor and a triage room may be considered.

- Use droplet/contact precautions for health care providers, including wearing a procedure/surgical mask with eye protection.
  - In accordance with hospital guidelines, use of an N95 mask (respirator) is recommended in aerosol generating situations such as intubation (e.g. if GA is a possibility at Caesarean Birth or trial of assisted vaginal birth).
  - Evidence does not indicate that active second stage of labour is aerosol generating.

- Obstetrical care providers may consider delay of Elective Caesarean, if possible, until a patient is asymptomatic.

- Fetal Surveillance
  - Antepartum fetal surveillance should occur as part of scheduled routine care.
  - Intrapartum surveillance should consider EFM as there is evidence that labour may increase fetal compromise.
  - Maternal pulse and oxygen saturation are important variables to include as part of intrapartum assessment.
  - Use of an Obstetrical Early Warning system to identify concerning maternal vital signs (e.g. MEOWS).

- All pregnant patients should be made aware of recommendations for reducing their risk of seasonal influenza, including advisability of immunization. Pregnant patients should be advised that seasonal influenza will not confer protection from COVID-19, but can reduce the risk of concominate infection.

Newborn Care

If a person was COVID-19 positive, the newborn should be tested for COVID-19 at birth (i.e., nasopharyngeal swab and umbilical swab for COVID-19 polymerase chain reaction). If the mother was not tested but suspected of being COVID-19 positive, consider testing of the newborn.

SOGC infectious disease committee does 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.

Based on available evidence, continue with:

- delayed cord clamping;
- skin to skin with mother after mother completes hand hygiene;
    - If the mother is symptomatic, she should also wear a mask.
- bathing baby as per facility practice;
- breast feeding encouragement and support.
    - "For breastfeeding mothers: considering the benefits of breastfeeding and the insignificant role of breast milk in transmission of other respiratory viruses, breastfeeding can continue. If the breastfeeding mother is a case, she should wear a surgical/procedure mask when near the baby, practice respiratory etiquette, and perform hand hygiene before and after close contact with the baby" (Government of Canada, 2020).

All those providing infant care (individuals, family and staff) should practice hand hygiene before care. Use of a mask according to facility guidelines and presence of symptoms in newborn.

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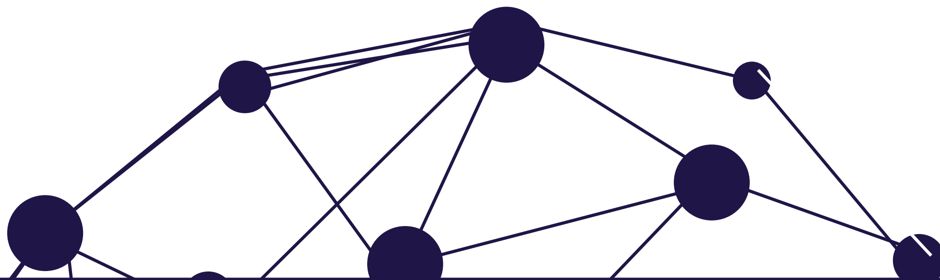

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