THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA
LA SOCIÉTÉ DES OBSTÉTRICIENS ET GYNÉCOLOGUES DU CANADA

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Frequently Asked Questions for Managing Pregnant Patients in the COVID-19 Pandemic

The SOGC, working with our ID Committee and the Public Health Agency of Canada, will attempt to find answers for all your COVID-19 questions.
Please note that the information on best practice is rapidly evolving, we can only be accurate to the time of writing. Links are provided to source documents with accession dates, please double check the source for any updates.
Please always check for specific guidance in your jurisdiction,
Do give us feedback and send your questions to SOGC at info@sogc.com.

What is the advice on prenatal care during this COVID-19 outbreak? Can telephone consults be done instead of physically seeing the patient and if so which prenatal visits are less important than others to do that?

- Any reduction or alteration in antepartum care will need to be individualized according to the particular circumstances of the patient, the capacity of the health system, and access to virtual visits.
- Recent literature supports some reduction in frequency of visits in the later trimesters if the first trimester screening indicates a low-risk pregnancy but there is no consensus on a reduced schedule at this time.
- Virtual visits and telephone support should be offered where appropriate.

What should hospitals do with respect to planning for separating affected moms/babies?

- We do not recommend that the babies of COVID-19 positive mothers be separated from them, as long as the mother is not too sick to be able to provide care for her baby.
- Mothers who are COVID-19 positive or who may have COVID-19 should practice good handwashing, and use mask.
- Women with COVID-19 who choose to breastfeed may do so with appropriate handwashing and a mask.

How do ORs handle a caesarean section for a woman with COVID-19 who requires intubation? Are there suggestions for delays in OR post-intubation to allow droplets to settle?

- Intubation is a potential aerosol generating procedure. PPE, including N95 respirators, should be used based on published advice from CDC, WHO and expert guidance. Please check the sources cited as this information is changing rapidly. The Society for Obstetric Anesthesia and Perinatology currently advises:

- *Donning and doffing takes time. Avoid crash situations by anticipating needs.*
- *Early epidural analgesia may reduce the need for general anesthesia for emergent caesarean delivery.*
- *A COVID-19 diagnosis itself is NOT considered a contraindication for neuraxial anesthesia.*
- *Avoid emergent caesarean deliveries as much as possible - proactive communication with obstetrical and nursing teams.*
- *For respiratory distress intubate early using appropriate PPE.*
- *Assign the most experienced anesthesia provider whenever possible for procedures (neuraxial, intubation)*
- *Avoid junior learners in direct care of COVID-19 patients.*
- *Minimize the number of personnel in the room.*

- *If general anesthesia and intubation is required;*
- *Anesthesia providers and necessary assistants should wear N95 respirators or powered air-purifying respirators (PAPRs) prior to pre-oxygenation*
- *Apply N95 respirator or face shield impermeable gown, gloves, and head covers.*
- *Use donning and doffing check lists and trained observers.*
- *Minimize to only essential personnel during intubation - use your best judgement, while making sure you have some assistance readily available*
- *If GA indicated, and it is a life-threatening situation, wear PPE including anN95 respirator - All personnel in the OR at the time of intubation should also wear an N95 and, if not wearing a N95respirator or PAPR should contact occupational health*
- *Pre-oxygenation (»5 L/min flow) should occur with a circuit extension and HEPA filter at the patient side of the circuit*
- *Use a closed suction system (if available).*
- *Intubation should occur via a means to maximize success on first attempt and minimize any need to provide bag-mask ventilation (video-laryngoscope)*
- *Extubation is equally, if not more of a significant risk; minimize personnel, utilize N95respirator and PPE Precautions. If proceeding with extubation at the end of case, extubate in the OR, keep PPE (PAPR/N95) on until after extubation. Consider transporting intubated to a negative pressure room (e.g. ICU) for emergence/ extubation.*

https://soap.org/wp-content/uploads/2020/03/SOAP_COVID-19_Obstetric_Anesthesia_Care_031620-2.pdf Accessed March 21, 2020

https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019 Accessed 21-03-2020

Can I have my partner with me when I come to hospital?

- A support person in labour is important, and not considered a visitor; their presence, and the support that they give, is valued by the whole team that will be caring for you
- Anyone who accompanies a woman in labour must be screened to ensure that they are not sick, and do not develop symptoms.
- During the pandemic some regions or hospitals have made the difficult decision not to allow anyone to accompany the woman (or pregnant person). We now know that anywhere from 30 to 50 % of people who test positive to COVID-19 have no symptoms at all, making screening at the time of labour very difficult. In many places there are shortages of the PPE and staff, to ensure that accompanying persons are not sick, do not become sick, and do not pose a risk to anyone else on the unit.
- Check with the facility where you are planning to give birth to find out if you will be able to bring someone with you.
- In almost all cases you will be limited to one person, or possibly to one person plus a doula. A restriction to one person means only one per person with no hand offs/tag teaming. Come prepared to stay with the laboring women throughout labour. In most cases support persons will not be able to re-enter if they leave the room, nor to order in food.
- The person who you have identified should take extra precautions to avoid exposure to COVID-19 during the weeks leading up to your due date, practicing meticulous hygiene and physical distancing.
- The CDC provides some general and useful guidance.

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html#manage_access Accessed 21-3-2020

What about after my baby is born? Can my partner stay with me and our baby?

- Check with your hospital or facility to see how the COVID-19 pandemic may have changed policies. In many places, shortages of staff and PPE have resulted in reductions in the time that anyone else is able to stay with the new mother.

Are N95 respirators to be worn at delivery?

- N95 respirators are not required for vaginal delivery: patients who are positive for COVID-19 should wear masks (and wash hands). Physicians should wear regular masks with face shield (plus gown and glove).
- If the patient is positive for COVID-19 and unstable, or at risk of sudden deterioration, aerosol precautions, including N95 respirators are prudent.
- At caesarean delivery the need to change to GA may arise rapidly, N95 respirators are advised.
  https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019 Accessed 21-03-2020

Should there be dedicated COVID-19 patient clinics?

- All patients should be screened coming into the hospital and visitors should be limited.
- A visitor restriction to one person means only one per person with no hand offs/tag teaming.
- If a patient has any fever, cough, respiratory illness they must put on a mask and sanitize or wash their hands.
- If patient is known to have COVID-19, there should be a dedicated waiting space and clinic room.
- Hospitals with high volume of COVID-19 positive patients or persons under investigation may find it efficient to cohort COVID-19 patients.