Antenatal Visits During the COVID-19 Pandemic

Updated March 11, 2021

This guidance is intended for health-care workers during antenatal visits and is based on known evidence as of March 5, 2021.

Summary of Key Changes in this Update

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>1/27/21</td>
<td>Vaccination recommendation added.</td>
</tr>
<tr>
<td>3</td>
<td>12/18/20</td>
<td>Overall principles section updated to align with BC Centre for Disease Control (BCCDC) guidance on isolation.</td>
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<tr>
<td>3</td>
<td>12/18/20</td>
<td>General information and definitions sections updated.</td>
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<tr>
<td>3</td>
<td>09/30/20</td>
<td>Added– additional information section providing links to personal protective equipment (PPE) information.</td>
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<tr>
<td>3</td>
<td>09/30/20</td>
<td>Review of evidence – Additional information provided from Canada Family Physicians, The National Institute for Health and Care Excellence (NICE) and Queensland Health.</td>
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<tr>
<td>3</td>
<td>09/30/20</td>
<td>Minimum antenatal visits for low risk patients during COVID-19 Pandemic table:</td>
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<tr>
<td></td>
<td></td>
<td>• Clarified guidance that the minimum number of appointments provided should be based on the pregnant individual’s mental and physical requirements. The minimum number of visits recommended for a low-risk patient during the COVID-19 pandemic has been changed from eight to 10.</td>
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<td></td>
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<td>• Highlighted that this schedule is a minimum number of recommended antenatal visits and that the patient’s clinical picture needs to be taken into consideration and should be reassessed at every visit.</td>
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<tr>
<td>3</td>
<td>09/30/20</td>
<td>Addition next to table of minimum antenatal visits for low risk patients during COVID-19 pandemic table. Three symbols were added to underline the importance key information:</td>
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<tr>
<td></td>
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<td>• BE AWARE: The recommended number of visits is a minimum.</td>
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<td>• REMINDER: The patient’s clinical picture should always guide the number of visits and their format (virtual versus in-person visit).</td>
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<td>• KEY POINT: Where appropriate, virtual visits instead of in-person visits should continue to minimize chance of exposure to COVID-19.</td>
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</table>
General Information

SARS-CoV-2 is a novel coronavirus that causes COVID-19 illness in adults and children. Pregnant women/individuals are three times more likely to end up in the intensive care unit (ICU) than those with COVID-19 who are not pregnant.

Recognizing that labels can be severely stigmatizing, the BC Centre for Disease Control (BCCDC) released a COVID-19 language guide in August 2020. The guide is meant to prevent stigmatization and support health-care providers in ensuring the language they use makes their patients feel safe and not judged.

To prevent the spread of SARS-CoV-2, BC has implemented a number of public health measures.

Definitions

COVID-19 definitions:

- **Confirmed case:** A person with laboratory confirmation of infection with the virus that causes COVID-19, performed at a community hospital or reference laboratory (National Microbiology Laboratory or a provincial public health laboratory) running a validated assay. This consists of detection of at least one specific gene target by a nucleic acid amplification test assay (e.g., real-time polymerase chain reaction test or nucleic acid sequencing).
- **Probable epi-linked case:** A person who has not had a laboratory test:
  - with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough, AND
  - who is a close contact with a confirmed case of COVID-19, OR
  - who lived in or worked in a closed facility known to be experiencing an outbreak of COVID-19 (e.g., long-term care facility, prison).
- **Probable lab case:** A person who has had a laboratory test:
  - with fever (over 38 degrees Celsius) or new onset of (or exacerbation of chronic) cough, AND
  - who meets the COVID-19 exposure criteria and in whom a laboratory diagnosis of COVID-19 is inconclusive.
- **Case contact:** Individual is asymptomatic but was exposed to a health-care provider, household member, co-worker, or anyone else with whom is a probable or confirmed case of COVID-19. For example, a newborn who is asymptomatic born to a woman/individual with probable or confirmed case of COVID-19 is classified as a contact.

**Newborn:** Infant in the first 28 days after birth.

**Pregnant woman/individual:** The term individual is used in this guideline to be inclusive of transgender individuals who are pregnant.

**Mother/individual-newborn dyad:** Grouping of the mother/individual and the newborn in an interactional situation and the underlying philosophy of family-centered care, referred to, also, as dyad.
Additional Information

For the most up-to-date information on personal protective equipment (PPE), please refer to health authority-specific guidance and the BCCDC personal protective equipment.

For more information on self-isolation or quarantine for COVID-19, please refer to:

- Dos and don’ts of self-isolation (for COVID-19 confirmed or probable cases)
- How to self-monitor (for case contacts or travellers returning to Canada)
- Daily self-monitoring form for COVID-19 (for case contacts or travellers returning to Canada)

Overall Principles

Self-Isolate Per Regional Health Authority Infection Control Policies:

- Patients that are confirmed, probable epi-linked or probable lab cases of COVID-19 should be advised to self-isolate as per regional health authority infection control policies. Continue appropriate isolation as per BCCDC’s public health recommendations on self-isolation. Patients can also be referred to the BC COVID-19 app to access the self-assessment tool or check-in tab.
  - Those who are not severely immunocompromised with mild to moderate symptoms that can be managed at home can return to their routine activities once the following criteria are met:
    - At least 10 days have passed since the onset of symptoms; AND
    - Fever has resolved without the use of fever-reducing medication; AND
    - Symptoms (respiratory, gastrointestinal, and systemic) have improved.
  - Those with more severe illness (e.g., admitted to hospital due to COVID-19), or who are immunocompromised, can return to their routine activities once the following criteria are met:
    - Twenty days have passed since the onset of symptoms; AND
    - Fever has resolved without use of fever-reducing medication; AND
    - Symptoms (respiratory, gastrointestinal, and systemic) have improved. Coughing may persist for several weeks and does not mean the individual is infectious and must self-isolate.

- Members of the general public who are identified by public health officials as close contacts of confirmed COVID-19 cases should isolate for a minimum of 14 days, undergo daily self-monitoring, and continue isolation and report to public health if symptomatic. If symptoms are severe (e.g., shortness of breath), call ahead and go to the nearest emergency department.
- If possible, do not move patient between sites. Sites should be able to manage their own patients as per their own emergency operations committee and COVID-19 plan.

COVID-19 Vaccination in Pregnancy:

- If pregnant women/individuals are eligible and no contraindications exist, they should be offered the COVID-19 vaccine at any time once it is available to them. This is based on the recommendation made by the Society of Obstetricians and Gynecologists of Canada (SOGC).
- Anyone that receives the vaccination should be reminded that current public health guidelines still apply (e.g., physical distancing of two metres, hand washing, and wearing a mask when in a public indoor space).
**Antenatal Care for Women/Individuals with Confirmed COVID-19:**

- Antenatal patients should be educated on the signs and symptoms of worsening COVID-19 disease and provided emergency contact information for their primary obstetrical care provider.
  - Refer to the [BC COVID-19 assessment tool](#) to help determine whether they may need further assessment or testing.
- A diagnosis of COVID-19 alone is not a reason for admission to hospital.
- If a pregnant woman/individual is advised to go to the hospital, they should be told to call the unit before entering the hospital and self-identify as being a confirmed case of COVID-19. Advise them to wear a face mask and let them know they will be provided with, and required to wear, a medical mask when they arrive at the hospital.
- When the pregnant woman/individual is outside of their infectious window or self-isolation as determined by public health, they should be offered an ultrasound to assess fetal growth. Some individuals who clear the COVID-19 virus continue to have a dry cough for several weeks and are not considered infectious.
- Any enhanced fetal surveillance for confirmed COVID-19 cases is based on the clinical condition of the pregnant woman/individual and should be performed in conjunction with consultation with the reproductive infectious disease team at BC Women’s Hospital + Health Centre.
- Routine antepartum fetal surveillance of confirmed COVID-19 cases should occur monthly and include fetal ultrasound assessment for growth and anatomy.

**For Treatment:**

- Ideally, care should be done by a multidisciplinary team, which may include internal medicine, infectious diseases, critical care, anesthesia and obstetrics and gynecology.
- For maternal surveillance, close monitoring or initiation of an obstetrical early warning system is appropriate.
- Delivery for pregnant women/individuals should be expedited for fetal reasons or if it is felt that delivery will help maternal resuscitation.
  - If delivery is required, maternal stabilization should be the priority.
- All imaging should be carried out as per non-pregnant patient protocols.
- Consider empiric antibiotic therapy for superimposed bacterial pneumonia or severe respiratory disease. Note: As we gather data, this recommendation may change.
  - First-line antibiotics are oral amoxicillin for stable patients and ceftriaxone for severe disease, based on general recommendations for the management of pneumonia.
- Initiation of antepartum corticosteroids for fetal maturation could be considered as per current guidelines if preterm delivery is indicated or anticipated based on maternal condition.

**Environmental Scan**

**World Health Organization (WHO) Recommendation for Antenatal Care**

- For antenatal care, WHO recommends eight prenatal contacts to reduce perinatal mortality and improve the experience of pregnancy care. There is good evidence of improved perinatal outcomes when there are a minimum of eight contacts. There is no evidence that an increased number of visits beyond eight contacts results in improved outcomes, although it has been shown to improve maternal satisfaction.
PHAC guidelines acknowledge that the number of routine prenatal visits was not determined by evidence. PHAC recommends that the routine number of prenatal visits be determined by the physical and psychosocial needs of the patient, the family, and the unborn baby.

A course of seven to 11 prenatal visits is standard in developed countries. A Cochrane review found that when this number was reduced in high-income countries, patient outcomes were not worsened, but patient satisfaction was reduced. In low- and middle-income countries, perinatal mortality has been found to increase as the number of visits is reduced.

In reviewing which interventions at an in-person prenatal visit are mandatory, the only required and evidence-based intervention is checking blood pressure to diagnose and treat pre-eclampsia, a leading cause of maternal mortality. Measuring weight beyond the first prenatal visit has not been shown to improve outcomes. Listening to the fetal heart tones has not been shown to change pregnancy outcomes. There is also insufficient evidence that abdominal palpation or measuring symphysial fundal height improves pregnancy outcomes.

College of Family Physicians of Canada (CFPC)

CFPC recognizes the need for modification of antenatal visits during the COVID-19 pandemic and, as such, provided an interim antenatal visits schedule that identifies 10 antenatal interactions between the pregnant individual and the health-care provider. It is, however, reinforced that during each visit, the health-care provider must assess the pregnant woman/individual to determine the most appropriate prenatal visit schedule and the type of visit.

Other Jurisdictions

The National Institute for Health and Care Excellence (NICE) guidance on antenatal visits recommends a modified schedule of 10 visits where all visits after 18 weeks gestation are in-person. Guidance reinforces the need to identify women/individuals who may require additional care and to minimize the chances of COVID-19 transmission.

Queensland Health (Australia) clinical guideline recommends the promotion and use of online/virtual platforms for patient education and antenatal care visits. Health-care providers are encouraged to assess individual circumstances to determine the frequency and type of visits (in-person or telehealth). To reduce the risk of virus transmission, the guideline also encourages the replacement of in-person visits with telehealth visits where it is clinically safe to do so. A minimum of nine antenatal visits is outlined, with a combination of face-to-face and telehealth, but also with a caveat that highlights the need to modify the schedule based on patient, health-care provider, and model-of-care needs.
Recommendations for Prenatal Care Contacts in BC During the COVID-19 Pandemic

1. Low-risk, healthy pregnant women/individuals need a minimum of 10 visits (virtual or in-person) with a health-care provider during their pregnancy.
   - A multiparous woman/individual may require fewer visits than one that is identified as nulligravida or primigravida.
   - In-person visits should only be carried out when the expected benefit of the in-person visit outweighs the risks to the pregnant woman/individual and health-care provider.

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<tr>
<th>MINIMUM Antenatal Visits for Low Risk Patients During COVID-19 Pandemic</th>
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<tr>
<td><em>please note the gestational age outlined below are estimate timelines</em></td>
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<tr>
<th>First Trimester</th>
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<td>1&lt;sup&gt;st&lt;/sup&gt; visit</td>
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<th>Second Trimester</th>
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<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; visit</td>
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<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; visit</td>
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<th>Third Trimester</th>
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<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; visit</td>
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<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt; visit</td>
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<td>6&lt;sup&gt;th&lt;/sup&gt; visit</td>
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Weekly visits following 40 weeks visit until delivery.
2. Care for pregnant women/individuals at risk including obstetrical risks, fetal risks, medical co-morbidities or psychosocial issues:
   - Create an individualized care plan to determine the schedule of visits. Not all contacts need to be in-person; when appropriate, virtual care can be considered.
   - Determining the frequency for appropriate blood pressure screening (either by home monitoring or during in-person visits) can be individualized but must continue within an interval range that prioritizes vigilant, universal blood pressure monitoring for all pregnant patients, particularly in the third trimester.

3. All laboratory tests and ultrasounds that are time sensitive should still be completed. There is no change to the timing nor method of these screens due to COVID-19. (e.g., STI screening; dating ultrasound (US) scan; prenatal genetic screening, including nuchal translucency or NT ultrasound if patient eligible; detailed anatomical US scan at 20-22 weeks; 24-28 weeks gestational diabetes screen; 35-37 weeks Group B Strep screen).
   - Some BC hospital outpatient labs and community labs have either temporarily closed or have reduced hours due to the pandemic. Check the list on the Perinatal Services BC website before sending your patient for laboratory work.
   - Continue to use the BC standard maternity outpatient laboratory requisition (June 2018) - https://www2.gov.bc.ca/assets/gov/health/forms/1935fil.pdf
   - Continue to use the prenatal genetic screening laboratory requisition (June 2017) www.perinatalservicesbc.ca/Documents/Screening/Prenatal-HCP/PrenatalBiochemistryLabReq.pdf for ordering (SIPS and Quad) serum aneuploidy screening.
   - Continue to follow the interim BC guideline on syphilis screening for all pregnant women/individuals, including the recommended 1st trimester and at delivery (or at 35+ weeks for home births).
   - Continue to order gestational diabetes screening as per BC protocol. The Society of Obstetricians and Gynaecologists of Canada provided an interim recommendation for modifying the method for gestational oral glucose tolerance test during the pandemic. However, unless the COVID-19 public health situation worsens in BC, it is recommended to maintain the current GDM screening.
## Summary of Previous Updates

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of Changes</th>
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| 2       | 05/13/20   | Statement on pregnancy outcomes removed:  
• “Pregnancy outcomes with confirmed COVID-19. To date, information is available on about 60 cases of pregnant women with confirmed COVID-19 in China. The pregnancy outcomes have been reported to be good overall, with spontaneous iatrogenic preterm labour being the most reported adverse pregnancy outcomes.” |
| 2       | 05/12/20   | Screening during pregnancy section expanded.                                                                                                                                                              |
| 2       | 04/24/20   | Summary of changes table added to provide quick summary of changes in current version.                                                                                                                     |
| 2       | 03/27/20   | General information and definitions:  
Section added to provide general context and consistency between BC’s other perinatal/neonatal COVID-19 documents.                                                                                     |


