Guideline for the Care of Pregnant Women/Individuals with COVID-19 or Persons Under Investigation (PUI) in the Community

Updated: March 17, 2021

This guidance is intended for primary maternity care providers managing care of pregnant women/individuals and their healthy newborns. It is based on known evidence as of March 5, 2021.

Summary of Key Changes in this Update

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<th>Summary of Changes</th>
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<tr>
<td>3</td>
<td>1/27/21</td>
<td>Vaccination recommendation added.</td>
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<td>3</td>
<td>12/18/20</td>
<td>Overall principles updated to align with BCCDC guidance on isolation.</td>
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<tr>
<td>3</td>
<td>12/18/20</td>
<td>Definitions updated as per BCCDC updates.</td>
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<tr>
<td>3</td>
<td>11/20/20</td>
<td>General information updated to align with other updated BCCDC COVID documents.</td>
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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, in August 2020, the B.C. Centre for Disease Control (BCCDC) released a COVID-19 language guide. The guide is meant to prevent stigmatization of individuals and groups 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, B.C. 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 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 has 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.

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

Additional Information

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

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)](https://www.bccdc.ca/health-topics/coronavirus-disease-2019/covid-19-self-isolation-
- [How to self-monitor (for case contacts or travellers returning to Canada)](https://www.bccdc.ca/health-topics/coronavirus-disease-2019/covid-19-self-monitoring-forms-

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](https://www.bccdc.ca/health-topics/coronavirus-disease-2019/covid-19-self-isolation-). Patients can also be referred to the [B.C. COVID-19 app](https://www.bccdc.ca/health-topics/coronavirus-disease-2019/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 the 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.

Refer to the BCCDC resource for self-isolation.

If clinical conditions permit, perinatal care should be carried out virtually.

The delivering hospital and primary care provider should be informed by public health if a pregnant woman/individual ≥ 20 weeks gestational age has a confirmed case of COVID-19 in the community.

Consult reproductive infectious disease at B.C. Women’s Hospital by paging 604 875-2161 when there is a pregnant woman/individual at any gestational age with a confirmed case of COVID-19.

A diagnosis of COVID-19 alone is not a reason for admission. The majority of pregnant women/individuals can be managed in the community, unless there is a need for higher level of care of respiratory conditions or routine obstetrical care for labour.

**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 who receives the COVID-19 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 B.C. 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 B.C. 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.

Summary of Previous Updates

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<tr>
<td>2</td>
<td>03/31/20</td>
<td>General information and definitions sections added to provide general context and consistency between B.C.’s other perinatal/neonatal COVID-19 documents.</td>
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<tr>
<td>2</td>
<td>03/31/20</td>
<td>Document reformatted for flow. Algorithms moved to the end and summary of updates added at the beginning to provide a quick overview of changes.</td>
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<tr>
<td>2</td>
<td>03/31/20</td>
<td>Link provided in overall principles to BCCDC self-isolation guidance along with key principles.</td>
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<tr>
<td>2</td>
<td>03/31/20</td>
<td>Addition of assessment tool link under antenatal care.</td>
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References

Pregnant Women/Individuals with Confirmed COVID-19 or Person Under Investigation (PUI)
General Guidelines for Community Providers in BC

LEGEND

Process

Data

Screening and testing as per public health guidelines for patients in the community

Testing: Follow public health guidance.

Unless a medical or urgent obstetrical issue requires admission, manage pregnant patients at home as you would a non-pregnant patient:

- Use tele-health/virtual health, as appropriate
- If patient is confirmed COVID-19 case, organize monthly obstetric growth/fluid scan once pregnant patient is out of isolation window*
- Screen for symptoms and test for all who screen positive

Confirmed COVID-19 case/and or a PUI

Notify the following:

- Planned delivery hospital (in case patient comes to triage/labour and delivery unit ≥ 20weeks GA)
- Local medical health officer
- Reproductive infectious disease consultant at the BC Women’s Hospital (604 875-2161) for advice and recommendations

*Isolation window:

- Antenatal patients that are confirmed, probable epi-linked or probable lab cases of COVID-19 should be advised to self-isolate at home when possible. Continue appropriate isolation as follows:
  - At least 10 days have passed since onset of symptoms; AND
  - Fever has resolved without the use of fever-reducing medication; AND
  - Symptoms (respiratory, gastrointestinal, and systemic) have improved
- 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) the contact should call ahead and go to the nearest emergency department.