This guidance summary highlights key points of the IPC surgical protocol for obstetric procedures and is intended for health-care providers. It is based on known evidence as of March 21, 2021. For the complete protocol, see *Infection Prevention and Control (IPC) Protocol for Obstetrical Procedures During COVID-19*. Adult and pediatric procedures have their own guidance.

**Risk assessment and risk categorization should be agreed upon by surgical team. Consult the updated symptom list and patient risk category table in the COVID-19 surgical patient assessment form. Regardless of risk category, individual team members may choose to wear an N95 respirator.**

### Presence of a Support Person

> **The expectation is that a support person will be present during labour and delivery.** The determination of the support person as an essential visitor is defined by each health authority or facility staff, in collaboration with the patient/or substitute decision-maker and health-care team.

> **All patients and support persons** arriving at the birthing unit must be assessed for risk factors and symptoms of COVID-19 in the context of their household, and tested when indicated.

  - For a support person who is **symptomatic of COVID-19 infection or within their infectious window**, they are generally excluded from the delivery suite and operating room and should undergo testing.

  - For a support person **under quarantine, or in a unique circumstance where a support person who is symptomatic or within their infectious window is necessary to be present**, local infection prevention and control teams should be contacted for guidance on the presence or exclusion of

### Considerations for Pre-Operative COVID-19 Testing

> **Test patients with signs or symptoms consistent with COVID-19 infection**, even if their symptoms can be explained by another diagnosis (for example, fever in labour).

> **The following asymptomatic pre-operative patients** should be tested for COVID-19:

  - Those from outbreak units/facilities (or those with enhanced surveillance).
  - Those who have been instructed by public health to self-isolate.
  - Those who are asymptomatic but whose support person or household members have symptoms of COVID-19 or are a close contact of COVID-19.

> **Universal pre-operative testing of all patients may be triggered** by health authority leadership in areas with high COVID-19 prevalence (recommendation: if test positivity rate exceeds 5% for a sustained period of time, incidence rate is greater than 10.1/100,000, and there are more than two COVID-19 acute care outbreaks in the health authority).

  - When a criterion is triggered, consideration to test all patients admitted to labour and delivery should occur, given the likelihood of operative delivery.

> **At this time, there is no change to protocols based on immunization status.** The immunization status of a health-care worker or patient should not influence infection control precautions or a patient’s risk stratification.
Do not delay obstetric surgery for testing or test results.

Obstetric surgery is time-sensitive and **should proceed as medically indicated, regardless of the patient’s COVID-19 status.**

A patient’s clinical status may change during the course of labour and postpartum care. **During the pre-surgical huddle, re-assess the patient’s risk category.**

**N95 respirators** should be used by the surgical team if a patient is deemed to be in the yellow or red COVID-19 risk category, even with neuraxial analgesia (see [pg.7](#)).