COVID-19
Provincial Guidance on the Universal Precautions and Provisions for Obstetrical Care

Note: latest updates will appear in blue

Definitions

COVID-Non-suspect (green zone patient) are those who do not meet criteria for testing AND/OR those deemed “recovered” by Public Health or by Infection Prevention and Control (if an inpatient).

COVID-Suspect (orange zone patient) are those who meet criteria for COVID-19 testing OR as deemed by clinician judgment. In general these patients should be referred for testing or are patients who have been tested and the results are pending.

COVID-Positive (red zone patient) are those who have been tested and have a positive test result AND who have not been deemed “recovered” by Public Health or by Infection Prevention and Control (if an inpatient).

Rapid Testing for COVID-19

Where available, rapid testing for COVID-19 should be considered for admitted patients where labour or delivery is anticipated to occur within the next 24h to assist with decision making as it relates to PPE and cohorting for both the mother/infant dyad and infants requiring NICU admission. Labour and delivery should be considered a high-priority setting for implementation of rapid-testing capacities. Where local epidemiology suggests uncontained community transmission, consideration should be given to asymptomatic screening of labouring patients. A suggested algorithm for use in conjunction with an asymptomatic screening protocol for labouring patients can be found in Appendix A and a patient resource for those who are asymptomatic but test positive for COVID-19 can be found in Appendix B.

Personal Protective Equipment for use with All Obstetrical Patients during the COVID-19 Pandemic

PPE in the peripartum period must balance risk of staff exposure from mother or infant with the need to provide close contact care in the same physical space. There are isolated reports of vertical transmission of COVID-19 in the literature and, at this point, we cannot predict which infants may be born positive for COVID-19. An aerosol-generating medical procedure (AGMP) (e.g. positive pressure ventilation or intubation) is often required as part of newborn resuscitation and, this too, is unpredictable. Definitions and Provincial Requirements for PPE are available at https://sharedhealthmb.ca/files/ppe-provincial-requirements-acute-sub-acute-labour-delivery.pdf.

Point of Care Risk Assessment (PCRA): Performed

In the following clinical settings, physicians and staff may assess that the risk of an AGMP is low, based on independently exercised professional judgment. Furthermore, they may be confident that in the event of a newborn AGMP, they can maintain a 2-meter distance during such an intervention. The following guidance is intended to inform minimum appropriate protection for the provider making the PCRA.
### Clinical Encounter

<table>
<thead>
<tr>
<th>GREEN ZONE NEGATIVE COVID TEST</th>
<th>GREEN ZONE COVID TEST PENDING</th>
<th>ORANGE ZONE</th>
<th>RED ZONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epidural Insertion &amp; Routine patient care (antepartum/triage/labour and postpartum)</td>
<td>Routine Care (procedural mask) plus eye protection</td>
<td>Routine Care (procedural mask) plus eye protection</td>
<td>Enhanced Droplet Contact Precautions (EDCP) (Procedural mask)</td>
</tr>
<tr>
<td>Vaginal Delivery/Anticipation of Imminent Delivery</td>
<td>Routine Care (procedural mask) plus eye protection</td>
<td>Routine Care (procedural mask) plus eye protection</td>
<td>EDCP with N95 within 2 meters of neonatal AMGP</td>
</tr>
<tr>
<td>Cesarean Section with Regional anesthesia and low risk of conversion to GA</td>
<td>Routine Care (procedural mask) plus eye protection</td>
<td>EDCP with N95 mask for all staff</td>
<td>EDCP with N95 within 2 meters of neonatal AMGP</td>
</tr>
<tr>
<td>Cesarean Section with high-risk of conversion to general anesthetic</td>
<td>Routine Care (procedural mask) plus eye protection</td>
<td>EDCP with N95 mask for all staff</td>
<td>EDCP with N95 within 2 meters of neonatal AMGP</td>
</tr>
</tbody>
</table>

**Point of Care Risk Assessment: Deferred**

Alternatively, a PCRA may be deferred and an extended-use N95 respirator utilized for all settings EXCLUDING green zone patients with negative COVID results on the same day/next day of when the test was done. As a result, staff in the same setting may wear differing PPE based on whether they performed a PCRA or not, and may be confident that they are each appropriately protected. Providers are reminded that double masking is not recommended as it increases risk of self-contamination.
Support Persons for Obstetrical Patients during the COVID-19 Pandemic

At this time, to reduce transmission of COVID-19, visitor restrictions have been imposed on health care facilities around the province. Visitors provide social support and are not part of the care/decision-making team. Essential Care Partner access, however, will be supported in Labour, delivery and postpartum, as obstetrical outcomes are improved with 1:1 personal support in this interval. Background, definitions and guidelines are available at https://sharedhealthmb.ca/files/covid-19-inpatient-visit-principles-level-red.pdf.

Further recommendations about whether a support partner can be present in the operating room if a Cesarean section is performed are outlined below:

<table>
<thead>
<tr>
<th>Patient Zone</th>
<th>Essential Care Partner in OR</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange Zone</td>
<td>No essential care partner¹</td>
<td>Medical staff should be aware of the psychological stress of being without a support person in this clinical situation. Use of virtual resources and other hospital resources may be considered to minimize this psychological stress.</td>
</tr>
<tr>
<td>Red Zone</td>
<td>No essential care partner¹</td>
<td>Medical staff should be aware of the psychological stress of being without a support person in this clinical situation. Use of virtual resources and other hospital resources may be considered to minimize this psychological stress.</td>
</tr>
<tr>
<td>Green Zone (with pending or negative test)</td>
<td>1 essential care partner²</td>
<td>In case of a Cesarean section under neuraxial anesthesia, the support person is allowed in the operating room wearing procedural mask. In case of a Cesarean section requiring General Anesthetic (GA), the partner is asked to exit the OR prior to GA.³</td>
</tr>
</tbody>
</table>

¹ In exceptional circumstances, the team may choose to allow one (1) essential care partner into the OR.
² The support person must pass screening at the point of entry into the facility to be admitted as an essential care partner (ECP).
³ Prior to a Cesarean section under neuraxial anesthesia, a team member should be designated to escort the ECP out of the room in the event of conversion to GA.
Alterations to the Delivery of Routine Antenatal Care for Obstetrical Patients During the COVID-19 Pandemic

Depending on local epidemiology and the burden of circulating SARS-CoV-2 virus, it may be advisable to modify elements of prenatal care to reduce the risk of further viral transmission within the community and health-care environment. Modifications should be carefully considered and weighed against the individual medical and obstetrical indications for care.

Specifically, modifications are most appropriate for low-risk obstetrical patients and may not be appropriate for all obstetrical patients. Medically indicated obstetrical assessment should not be obstructed on account of COVID-status. Nota Bene: at a low burden of disease similar to that seen in Manitoba at the time this version was edited (June 15th, 2020), it is advisable to resume care using pre-pandemic protocols, where possible.

1. Consider spacing antenatal appointments for low-risk pregnancies according to the antenatal care model suggested by the WHO: 12, 20, 26, 30, 34, 36, 38 and 40 weeks gestation (WHO, 2016).
2. Consider virtual (telephone or online platform) appointments if patients have questions at more frequent intervals, but do not require a physical exam.
3. Collaboration between multidisciplinary antenatal care providers (e.g. fetal assessment, endocrinology, obstetrics etc) should be encouraged to limit the number of visits to the healthcare office or facility.
4. A modified approach to screening for gestational diabetes may be considered depending on local laboratory availability and infrastructure:
   - At 26-28 weeks, offer screening with an HbA1c and non-fasting random plasma glucose:
     - Women with an A1c of < 5.7% and a random plasma glucose < 11.1 mmol/L require no further testing or treatment
     - Those with an A1c ≥ 5.7 or a random plasma glucose of ≥ 11.1 mmol/L are identified as having GDM and should be referred to the inter-professional diabetes and pregnancy health-care team”
5. A modified approach to screening for persistent dysglycemia in the post-partum period using a A1c alone may be considered.

Alterations to the Delivery of Routine Intrapartum Care for All Obstetrical Patients the COVID-19 Pandemic

1. A growing number of cases of COVID-19 have reportedly been diagnosed intrapartum. As such, especially if local epidemiology is suggestive of community transmission, COVID-19 should be on the differential diagnosis for any symptoms of COVID-19 developing during the intrapartum period (e.g. intrapartum fever) and testing for COVID-19 should be considered. This is most important if an alternate etiology of fever in labour (e.g. chorioamnionitis) is felt to be unlikely.
2. Use of nitrous oxide is permitted on laboring units for the duration of the COVID-19 pandemic provided that the appropriate single-use N95-N99 filter is used. Nota bene: This represents a change in practice since the outset of the pandemic. The use of nitrous oxide had
temporarily been suspended early in the pandemic while further information about transmission was being acquired. Given that there is no positive-pressure involved in the nitrous oxide delivery system used on labour units, this form of analgesia is not considered an aerosol generating medical procedure. As such, the staff in the room need no additional PPE beyond what is routinely recommended (determined by patient zone). This recommendation applies to patients of all zones and regardless of type of exhaust scavenging system available on the laboring unit.

3. It is recommended that orange and red zone patients are asked to wear a procedural mask during labour and delivery to further reduce the risk of droplet transmission between patient and staff providers. In regions or periods of significant community transmission of COVID-19, it is reasonable to require all labouring patients, regardless of zone, to wear a procedural mask during labour and delivery as tolerated.

Alterations to the Delivery of Routine Postpartum Care for Obstetrical Patients the COVID-19 Pandemic Where feasible, consideration should be given to carrying routine postpartum visits over a virtual platform.

1. In anticipation of virtual postpartum visits, patient education during the peripartum period should be maximized. Topics that should be covered prior to discharge should include, but is not limited to, family planning, breastfeeding, and postpartum depression. Appropriate prescriptions and instructions on medication initiation/administration may be provided prior to postpartum discharge from care.

Management of Obstetrical Patients with Suspected or Confirmed COVID-19 (Orange Zone or Red Zone)

For specific management of obstetrical patients who are COVID-suspect (orange zone) or COVID-confirmed (red zone), please refer to Provincial Guidance on the Management of COVID-suspect and COVID-confirmed Obstetrical Patients and their Newborn.
Management of patients who were previously infected with COVID-19

It is known that PCR-based COVID tests may remain positive for a prolonged period following infection. More, it is felt that re-infection does not occur within the first 3 months following infection. For the newborn, cases have been described where the infant becomes positive several weeks following birth. The following frame was developed to account for these variables when managing patients with a history of COVID infection.

<table>
<thead>
<tr>
<th>Time-frame since pregnant patient was deemed recovered by Public Health or IP&amp;C</th>
<th>Asymptomatic swab required for pregnant patient?</th>
<th>PPE Considerations</th>
<th>Special considerations for infant</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1 month ago</td>
<td>No</td>
<td>Green, routine precautions if cleared by public health and asymptomatic</td>
<td>If going to NICU treat as orange and infant swabbed can become green if swab is negative. Mom can visit while awaiting swab</td>
</tr>
<tr>
<td>1-3 months ago</td>
<td>No</td>
<td>Green, routine precautions</td>
<td>Green, routine precautions</td>
</tr>
<tr>
<td>&gt;3 months ago</td>
<td>Yes</td>
<td>Determined based on mother’s asymptomatic screening swab (“green swab pending” at outset)</td>
<td>Determined based on mother’s asymptomatic screening swab (manage as “green swab pending” at outset)</td>
</tr>
</tbody>
</table>
Appendix A. Minimum PPE Algorithm for Patients Admitted to Labour and Delivery in the Context of Universal Rapid Testing at Admission.

**Notes:**
1. As per the Rapid PCR COVID-19 Testing for Labouring Patients Algorithm test asymptomatic labouring patients when admitted to L&D (or in Obstetrical Triage with an admission order where applicable), where delivery is anticipated in the same day or the next calendar day.
2. If it is anticipated that the patient will remain undelivered after the COVID swab expires, based on the same day/next day rule, plan for testing before the last man of the day.
3. For recently recovered COVID positive labouring/postpartum patients Additional Precautions will be discussed with the IPAC team and determined on a case by case approach.
4. A point of care risk assessment may be deferred and an extended-use N95 respirator utilized for all settings EXCLUDING green zone patients with a negative COVID result on the same day/next day from when the test was

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**February 4, 2021** COVID-19 Provincial Guidance on Universal Precautions and Provisions for Obstetrical Care (Update to Jan 20, 2021 Memo – New Information Highlighted)
Appendix B. Patient Handout following a Positive Screening Test in an Asymptomatic Pregnant Patient.

Testing Positive for COVID-19 without Symptoms: What does it mean and what next?

Most people who get sick with COVID-19 will have mild symptoms and many individuals may not recognize their symptoms as important. Some cases, for example, present with only headache, which, after a poor night’s sleep or stressful day may not seem like a sign of infection. We know that many cases of COVID-19 are missed during pregnancy, and random testing shows as many as 30% of patients testing positive without any current symptoms.

Can a positive result be an error?
The COVID-19 test examines genetic material, which is very specific to each virus. While there are other viruses that can resemble the COVID virus, it is extremely rare that they will confuse the laboratory system. A positive result is more than 99% accurate.

What does a positive test really mean?
The nasal swab used to test for COVID-19 samples one part of a person’s airway at one point in time. If there are enough fragments of the COVID virus to be detectable in the laboratory, the test will be positive. These fragments are like fingerprints - they are proof the virus has been there, but it doesn’t tell us when the infection began. This can mean one of two things:

- A positive result without symptoms may be very early in the infection process and be “pre-symptomatic” which means that the infection hasn’t had enough time to show symptoms like cough, aches and pains, or fever. We have seen many pregnancies test positive before childbirth without any symptoms which later develop a cough up to 5 days after delivery.
  - These individuals are considered contagious to others.
- Alternatively, a positive result without symptoms may identify an old infection. We know that people with COVID-19 can continue to test positive for weeks or months after their symptoms have gone away.
  - These individuals are NOT considered contagious.

How can I know if my test reflects a new infection?
Infectious disease experts study patterns in laboratory results, and with the right equipment can sometimes identify a new infection based on the number of virus particles in a given sample. Not every lab has this option. When we cannot be sure, it is safest to assume an individual is contagious to cause the absolute least harm.

What does a negative test really mean?
Because a swab samples a person’s airway at a particular moment in time, it can only prove that there is not enough COVID virus to be detected in the lab right then. Given more time, a very tiny exposure could develop into an infection that has enough virus particles that a new test will recognize them. For example, dust on a shelf is only noticeable once there is enough of it to show up on your finger if you wipe it. However, the next day it may be different. Our studies show that we can trust a negative test to be accurate for 1-2 days. After two days, the situation can change.
Patients admitted to hospital may be tested repeatedly after a negative swab, to monitor for a brand new, emerging infection.

I did everything I was supposed to, how is it possible that I got COVID-19?
Social distancing, careful hand washing and use of masks all reduce the risk of getting COVID-19 in important ways, but nothing is perfect. A diagnosis of COVID-19 is not proof that an individual was careless; in some cases they were extremely diligent. It is simply proof that this infection is easy to catch and that even the absolutely best efforts aren’t a guarantee against infection. Some individuals can feel very defeated if they test positive after such careful efforts, however those steps were still important. Studies show that people who get COVID-19 despite wearing a mask may get a less severe infection, and those who were careful to follow health orders are unlikely to have infected anyone else. You can still feel reassured about having done the right things.

What can I do to prevent getting sick?
There are no medications that prevent the symptoms of COVID-19. In general, rest, drinking plenty of fluids and eating nutritious foods will help your body to fight any infection. Continuing prenatal vitamins can be beneficial. Extra care keeping your home clean can be of benefit.

Suggestions can be found here:

If symptoms do develop they may vary:
- Cough
- Fever
- Sore throat
- Shortness of breath
- Loss of taste/smell
- Aches and pains, headaches
- Digestion problems that last more than one day

Refer to a symptom checklist to know which symptoms may be important

How long do I need to isolate?
Most people are contagious for two days before their symptoms develop and for ten days after they begin. In a situation without symptoms, this becomes more challenging to define. When laboratory results suggest a new infection, the date of the positive swab acts like the first day of symptoms if there are no other clues to go on. It can be frustrating to self-isolate while feeling healthy and well. Taking good care of your mental health is important during this time. Public Health staff will review your case and provide guidance about when you can stop isolating.

Am I now immune to COVID-19 in the future?
We have reasonable evidence that a COVID-19 infection provides about three months of resistance to another infection. Some individuals will have recurrent symptoms or a cough that lingers for a very long time, but generally they are not contagious unless they have an immune system disorder. We don’t have proof that a single infection provides long-lasting immunity and generally do not expect that it would offer lifetime protection.

Am I now immune to COVID-19 in the future? (continued)

- Public health orders apply to people recovered from COVID-19
● New symptoms more than three months after an initial infection has resolved are considered a new health event and routine testing is performed.
● If you have an opportunity to receive the vaccine, in general this is recommended if pregnancy and breastfeeding have concluded. Speak to your healthcare provider if you are still pregnant/nursing for case-by-case decision making.

Other helpful resources:
● Health Links/Info Santé 204-788-8200 or toll free 1-888-315-9257
● Breastfeeding Hotline 204-788-8667 or toll free 1-888-315-9257
● Safe Sleep: https://healthyparentingwinnipeg.ca/safe-sleep-and-your-baby/
● Healthy Parenting Winnipeg https://healthyparentingwinnipeg.ca/topics/well-being-mental-health/
● Postpartum Depression Association of Manitoba https://www.ppdmanitoba.ca/