

SOGC Statement on Pregnant Workers during the COVID-19 Pandemic

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The COVID-19 pandemic has affected all Canadian jurisdictions, and community spread of the virus is now common. All workers¹ are strongly recommended to adhere to personal protective equipment (PPE) guidelines to avoid infection. In particular, when working in healthcare, it is critical that safe donning and doffing of PPE is taught and practiced. This document is intended to provide prenatal care providers with guidance about additional considerations for the pregnant workforce.

Available evidence on the impact of COVID-19 infection on pregnancy is limited to case reports and small case series of individuals infected in the latter half of pregnancy. (1-50) These now amount, however, over 500 published cases of pregnant individuals with confirmed COVID-19. The majority of these cases have had mild to moderate illness, and the rate of pneumonia and critical illness is similar to non-pregnant women of similar age. (1-50) There is no evidence that the immune modulations of pregnancy affect the rate or severity of COVID-19 infection. Normal pregnancy, alone, is not a risk factor for poor prognosis.

The data available on pregnancy outcomes has been largely reassuring with the majority of infants born to mothers infected with COVID-19 during pregnancy born healthy and at full term. Preterm birth (PTB) appears to be the most commonly reported adverse perinatal outcome among pregnant patients with COVID-19 infection. Early reports suggested a rate of PTB of approximately 30%, with the majority being late preterm. However, as the body of data continue to grow, it reveals that the true rate of PTB among women infected with COVID-19 during the second and third trimester may, in fact be much lower, with recent estimates from 6- 15%. (17) Other adverse pregnancy outcomes reported in the literature appear to be proportional to the degree of maternal respiratory illness.

Consistent with our experience with other respiratory viruses such as SARS, MERS and influenza, there is no consistent evidence of vertical transmission of COVID-19 to babies or teratogenic effects. (1-8,12-16,18,20) Data related to vertical transmission is extremely limited and continues to be monitored and evaluated.

Summary of Evidence:

- 1) Current data do not suggest an increased risk of severe disease from COVID-19 in healthy pregnant women compared to non-pregnant reproductive-aged women.

¹ Defined as staff required to interact directly with the public during pandemic lock-down public health orders

- 2) Current data indicate that the majority of infants of mothers with COVID-19 are born healthy and at term.
- 3) Complications of pregnancy such as diabetes, preeclampsia, anemia, advanced maternal age, obesity and PPH are all independent risk factors for maternal sepsis and should be considered as risk factors for severe COVID-19 infection. (10)

While the data about infection with COVID-19 during pregnancy provide reassurance that the risk of adverse maternal and fetal outcomes is low, it is preferable for a pregnant woman, as for all individuals, to avoid infection. As such, for the duration of the pandemic, discussion about strategies to minimize risk of infection with COVID-19 should be incorporated into prenatal care; and, for pregnant women who also work, the workplace will be relevant to this discussion. It is worth noting that presently, the majority of cases of COVID-19 in Canada are acquired through community exposure rather than workplace exposure. As such, risk mitigation strategies should focus on both risk of infection in the community and in the workplace.

Recommendation:

- 1) Strategies to minimize the risk of infection with COVID-19 should be incorporated into guidance discussion during prenatal care for all pregnant patients with education about the risk of community transmission of the virus.
- 2) Physical distance of 2 meters and careful hand hygiene, while seemingly simplistic, are the most impactful risk reducing strategies to decrease infection for all-comers.

Each pregnant woman's workplace circumstances are different and should be considered individually while respecting a woman's autonomy to make informed decisions about her health. Pregnant women may continue to work during the COVID-19 pandemic. Decisions about continuing to work during the pandemic should take into consideration (a) local epidemiology, (b) work-related risk of infection and (c) individual risk for COVID-related morbidity. Specifically, assessment of work-related risk of infection should consider type of work, access to PPE and ability to facilitate accommodations to avoid high-risk encounters. Individual risk of COVID-related morbidity should consider a woman's history, health status and relevant comorbidities.

Recommendation:

- 3) Pregnant women and their prenatal care providers should discuss an individualized plan related to working during the COVID-19 pandemic. That discussion should consider local epidemiology, work-related risk of infection and individual risk for COVID-related morbidity.
- 4) In situations where work-related exposure is substantive or individual risk factor for COVID-related morbidity is high, consideration should be given to accommodations or absence from work for pregnant workers. In these situations, a pregnant woman's autonomy to make informed decisions about her health should be respected.

Handwashing continues to be the most effective method at reducing spread of COVID-19. No additional PPE measures are recommended for pregnant workers beyond those that are advised for non-pregnant workers. However, it should be recognized that PPE is not infallible and certain work-related encounters are inherently higher risk for exposure to COVID-19. These include situations where appropriate PPE is substandard; situations where physical distancing cannot be achieved and situations with repeated exposure to persons with COVID-19 (e.g. COVID-positive wards in the healthcare setting). Importantly, it should be recognized that local epidemiology can modify work-related risk dramatically and decisions should be reassessed if there is significant change in local epidemiology (e.g. outbreak in the workplace).

Recommendations:

- 5) Pregnant workers identified with increased risk for severe illness should have reasonable workplace accommodations made to reduce exposure to the public and/or those with active COVID-19 infection.
- 6) It is incumbent on employers to provide adequate physical distancing and PPE. A pregnant worker, or indeed any staff with exposure risk to potentially infected public, should be excused from work if appropriate PPE or physical distancing cannot be established in the workplace.
- 7) A pregnant healthcare worker who is required to wear an N95 respirator, and who has experienced significant weight changes during pregnancy, must ensure that their N95 respirator fit-test is up to date.

The Society of Obstetricians and Gynaecologists of Canada commits to reviewing the available literature on a regular basis and will alter recommendations if appropriate as the body of medical knowledge grows throughout the COVID-19 pandemic.

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