



Frequently asked questions for health-care providers providing care to pregnant patients and their newborns during the COVID-19 pandemic

*This information is considered current as of June 30, 2021. As information is evolving on a regular basis, please check back regularly to ensure this guidance has not been updated.

My patient is pregnant and has been diagnosed with COVID-19. What are the key recommendations for care?

1. Check in on your patient often, via telehealth to ensure they remain well. Should they need to come into hospital, please have them call the labour unit in advance to expedite triage and have them moved to an appropriate room for assessment quickly and efficiently.
2. When they are outside of their infectious window, order a growth US (starting after 20weeks), every four weeks until delivery.
3. Recommend vaccination against COVID-19 when they are outside of their infectious window as per the provincial guidelines and recommendations
4. Recommend an in-hospital birth.
5. Use electronic fetal monitoring during labour if they have had COVID-19 **at any time** in pregnancy.

Why is EFM being recommended for all pregnant women/individuals who have had tested positive for COVID-19 at any time in pregnancy?

The world literature continues to demonstrate higher rates of fetal distress and indirect markers of fetal distress in labour. The true etiology of this remains unclear but may reflect underlying placental pathology. Therefore, the recommendation is to use EFM (not IA) as a means to monitor possible fetal distress in labour. Patients can come off for periods of time when the fetal heart rate is normal as per usual protocols¹.

Why are we sending the placenta for pathology in all cases of COVID-19, near or remote from birth?

There is emerging and ongoing evidence of the impacts of COVID-19 on placental function. Studying the pathology will also become important in distinguishing for women/individuals what is COVID-19-related, versus what else is potentially impacting a future pregnancy².

What is the recommendation around testing a newborn that is born to a mother/individual with confirmed or suspected COVID-19?

If indicated, i.e. if the mother/individual's test result has come back positive for SARS-CoV-2, test the newborn within 24 hours after birth (specifically between 2 and 24 hours of life). A positive result from a specimen obtained prior to 2 hours of life, could reflect contamination rather than true infection.

What spacing, if any, should there be between the COVID-19 vaccine and those that are routinely given in pregnancy? Are there any recommendations about immunizing patients *in-between* the two doses?

The SOGC suggests the following spacing between vaccines for pregnant women/individuals.

- Wait 14 days after any other vaccine before receiving a COVID-19 vaccine. However, given the context of the global pandemic, simultaneous or closer interval of administration may be considered for individuals at higher risk.
- After receiving a COVID-19 vaccine dose, where possible wait 28 days before receiving any other vaccine, unless a vaccine is required urgently due to an exposure to a virus such as Hepatitis B. Again, given the global pandemic and condensed timelines of pregnancy this may not be possible.
- ***Time-sensitive interventions such as administration of anti-D immunoglobulin and blood products should not be delayed on account of recent COVID-19 vaccination and can be given simultaneously.***

The province of BC however does not require any vaccine spacing because the recommendations are based on a cautionary approach and the theoretical risk of confusing adverse events between vaccines and responses to live attenuated vaccines. Therefore, closer vaccine intervals may be used.

Given the current disease prevalence in the province of BC, COVID-19 vaccination should take priority over other routine vaccinations such as pertussis vaccination unless a specific risk is identified. Administration of RhIG should never be delayed.

Please see immunize BC for the latest updates.

Should I delay the administration of live attenuated vaccines, such as the rotavirus vaccine in an infant whose mother/birthing individual received a biologic (i.e. tocilizumab) for the treatment of COVID-19 in pregnancy?

There is possible transfer of Tocilizumab across the placental to the fetus. In this context with other biologic agents, delay of live attenuated vaccines is sometimes recommended. However the impact of a single dose in the third trimester of pregnancy is unclear. **Therefore, the current recommendation is for consultation with the BCCH immunization services for these infants born to pregnant persons who received Tocilizumab in the third trimester of pregnancy.** Those immunized prior to this do not require consultation and can receive live attenuated vaccines without delay.

<http://www.bcchildrens.ca/our-services/clinics/family-immunization>

The Reproductive Infectious Diseases Service at BC Women's Hospital is available for phone consultation for health care providers of pregnant women with documented or suspected COVID-19 in pregnancy (604-875-2161).

1. Villar J, Ariff S, Gunier RB, et al. Maternal and Neonatal Morbidity and Mortality Among Pregnant Women With and Without COVID-19 Infection: The INTERCOVID Multinational Cohort Study. *JAMA Pediatr*. Published online April 22, 2021. doi:10.1001/jamapediatrics.2021.1050
2. Patberg ET, Adams T, Rekawek P, et al. Coronavirus disease 2019 infection and placental histopathology in women delivering at term. *Am J Obstet Gynecol* 2021; 224:382.e1 – 18.