

## Maternal-Neonatal COVID-19 Pregnancy Care Webinar 1: Guide on Routine Prenatal Care in Low Risk Pregnancies Q&A

**1. Are there any specific guidance to rural communities and/or birthing centres?**

The guideline does address a number of areas, specifically how care in rural and remote communities is different from those who live closer to the planned place of birth. Throughout the guidance document, the Task Force have attempted to take rural and remote care into account. For example, there is a recommendation in the guideline to use virtual care and creative ways in providing care and using local resources in conjunction with distant expertise and specialization.

**2. Should all pregnant patients have a swab if booked for induction, prior to induction date? We are currently swabbing all elective C-section patients. What about labouring patients who will be admitted post-delivery?**

The decision to swab patients has been delegated to the individual hospitals or care settings, and is also dependent on the level of disease in the community. If all other patients admitted to hospital are tested, then it makes sense to test the labouring patients as well.

**3. How do you see race-based data tracking and collection improving information about racialized maternal health and how will data likely be utilized?**

Engagement from the people whose data will be collected will be vital; understanding and open communication about how the data will be analyzed and how it will be reported in terms of accountability to those populations will be necessary. We recognize that some regions affected by COVID-19 have certain groups disproportionately affected by the virus. Without having race-based data, it becomes difficult to learn the problems in terms of reducing transmission and exposure as well as implementing solutions.

**4. What is the guideline on the minimum required ultrasounds when a client is on 14 day quarantine and the scan is time sensitive? For example, a pregnant individual who will no longer have access to Enhanced First Trimester Screening (eFTS) after they leave quarantine. In my experience, they were advised they did not have an option for eFTS, and as a result a Multiple Marker Screening (MMS) had been offered. Is this in keeping with the PCMCH guideline?**

For the protection of ultrasound centers, it is best to defer the ultrasound and order a MSS. This is supported by the guideline. That same is true for the anatomy scan as there is usually the ability to wait 2 weeks or longer with careful counselling of the patient.

**5. Is there on the PCMCH website where you have the suggested modified schedule for Antenatal visits (i.e. 8 visits, when in person, when virtual, etc.).**

The modified schedule for antenatal visits is included in the [PCMCH Pregnancy Care Guideline](#) document, as well as a referenced in the infographic on the [Journal of Canadian Family Physicians](#) website.

**6. If a labouring patient is positive or suspected positive - what are the recommendations for a self-isolation room, mask wearing, NICU visitation, etc.? Or will this be covered in the high risk session next week?**

In scope for next webinar on December 15th. The [PCMCH COVID-19 General Guideline](#) released in April could also be helpful in answering this question.

**7. What is the recommendation for the care of pregnant patient whom was positive and has completed her self-isolation with no symptoms but is still shedding the virus?**

At this time, there is more to learn about the impact the virus has on pregnant people and the fetus. Some additional monitoring may be warranted but this would need to be individualized. It may be necessary to have more than 8 prenatal visits if needed. The guidelines around what constitutes clearance from the infection follows the same for pregnant people as it does for the general population. For the majority of people who are asymptomatic or minimally unwell, that is 14 days from exposure or 10 days from onset of symptoms. For critically ill people the guidance time is longer, currently at 21 days. However, these dates may change so we would defer you to consult with Public Health and Ontario Health website to look for up-to-date documents and guidance.