

Maternal-Neonatal COVID-19 Pregnancy Care Webinar 2: Guide on Routine Prenatal Care in High Risk Pregnancies Q&A

1. If a mom tests positive for COVID, are we still able to give the placenta and/or remains to the mom? Are there any special instructions?

The likelihood of a vertical transmission of the infection from the pregnant person to the baby is believed to be quite low. Typically, the standards institutional protocol for handling such tissues and returning them to the family can still be followed. In many institutions the process for handling biological specimens and pregnancy tissue may have been revised considering COVID-19 and infection control procedures. As a result, we don't not see any reason to why those tissues and remains cannot be released to the family.

2. Will there be guidance regarding the unwell child/NICU?

There was no specific guidance to the unwell child or NICU setting. This guideline focused on pregnancy related care. The first guideline released does touch on in-hospital and NICU care and have some recommendations surrounding this. Additionally, the PCMCH website has some paediatric information and resources for COVID-19.

3. What was the name of the formal mental health assessment mentioned today?

Edinburgh Postpartum Depression Score – It was originally developed for assessment for postpartum mood disorder, particularly depression but has also been validated in the pregnant population, so pregnancy specific measurement for depression and anxiety; PHQ-9 (Patient Health Questionnaire 9) – which is a depression specific adult validated score; and GAD-7 (Generalized Anxiety Disorder 7 Questions) – which is an adult specific validated score.

4. Are you recommending a COVID test for all first trimester losses?

I do not think we are at a point in time where we could advise that every person experiencing first trimester loss to be tested for COVID-19 and this is something that is not described in the guideline.

5. Are there any recommendations regarding antibody testing?

This is out of the scope of this guideline and expertise of the individuals providing the webinar. There is nothing to suggest that anything different should be done in regard to antibody testing in the pregnant population compared to any other population.

6. We have seen that racialized communities have been disproportionately impacted by the pandemic in general. What do we know about how COVID-19 has directly or indirectly affected pregnant people within those communities and the care they have been able to receive?

There is data about racialized communities having disproportionate representation of people infected with COVID-19 compared to other segments of the population. Hence, it is reasonable to assume that these numbers might also be reflected for pregnant people infected with COVID-19 but we do not have that data. That is one of the important areas we do need to focus on as healthcare providers and researchers in terms of providing that data is to better understand which communities are at greatest risk for these types of pregnancy complications going forward.

7. If I have heard correctly, you have mentioned that the mRNA vaccine was in development for decades. Can you comment on the strategies to ensure that pregnant individuals' are making an informed decision about COVID-19 vaccine (i.e. experimental platform, possible immune enhancement based on the research on previous coronavirus vaccines, national vaccine injury compensation program which was just recently rolled out).

To have informed decision starts with a conversation with the pregnant individuals and drawing onto the evidence that is available. We recognize that discussing many interventions in pregnancy involves disclosing the fact that we are using evidence from a variety of sources however there may not be a rigorous studies done in the pregnant population because of some of the hesitancy and complexity of studying that population. The mRNA vaccine has not been in development for decades but months. The platforms the four early COVID-19 vaccines are based on have been in development for a long time. There is hesitancy around the vaccine being created quickly when we are used to vaccines developing slowly, so it is important to discuss with our pregnant population that one of the reasons this has happened quickly is because the motivation has been high and the steps necessary were moved along more quickly due to urgency. As vaccines roll out starts, we anticipate providing further guidance on the matter.

8. Is there other resources that can help prepare families for the postnatal period before they deliver?

[The Good Parenting Start \(GPS\) booklet](#) was created by the Champlain Maternal Newborn Regional Program which lists a number of maternal and newborn topics to help families prepare for the time after birth. Providers could use this as a discussion guide of topics. Families would then look to evidence-based sources to gather information related to the topics (see p. 29 of the PCMCH pregnancy care guideline).

9. Where can we find a list of the Public Health Units and additional resources?

Local public health webpages have a variety of resources for pregnant and postnatal families.

English <http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

French <http://www.health.gov.on.ca/fr/common/system/services/phu/locations.aspx>

10. Do you have more resources for supporting perinatal mental health during the pandemic?

The Champlain Maternal Newborn Regional Program (CMNRP) has been hosting webinars on the topic of *postnatal care in a pandemic*. Two webinars focused on perinatal mental health. Resources shared by panelists are posted on the CMNRP [website available online here](#).