(Archived) Guidance Summary: Infection Prevention and Control (IPC) Protocol for Obstetrical Surgical Procedures During COVID-19

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This guidance summary highlights key points of the IPC surgical protocol for obstetric procedures and is intended for health-care providers. It is based on known evidence as of March 21, 2021. For the complete protocol, see *Infection Prevention and Control (IPC) Protocol for Obstetrical Procedures During COVID-19*. Adult and pediatric procedures have their own guidance.

Risk assessment and risk categorization should be agreed upon by surgical team. Consult the updated symptom list and patient risk category table in the COVID-19 surgical patient assessment form. Regardless of risk category, individual team members may choose to wear an N95 respirator.

Presence of a Support Person

- **The expectation is that a support person will be present during labour and delivery**. The determination of the support person as an essential visitor is defined by each health authority or facility staff, in collaboration with the patient/or substitute decision-maker and health-care team."
- **All patients and support persons** arriving at the birthing unit must be assessed for risk factors and symptoms of COVID-19 **in the context of their household**, and tested when indicated.
    - For a support person who is **symptomatic of COVID-19 infection or within their infectious window,** they are generally excluded from the delivery suite and operating room and should undergo testing.
    - For a support person **under quarantine, or in a unique circumstance where a support person who is symptomatic or within their infectious window is necessary to be present**, local infection prevention and control teams should be contacted for guidance on the presence or exclusion of

Considerations for Pre-Operative COVID-19 Testing

- **Test patients with signs or symptoms consistent with COVID-19 infection**, even if their symptoms can be explained by another diagnosis (for example, fever in labour).
- The following **asymptomatic pre-operative patients** should be tested for COVID-19:
    - Those from outbreak units/facilities (or those with enhanced surveillance).
    - Those who have been instructed by public health to self-isolate.
    - Those who are asymptomatic but whose support person or household members have symptoms of COVID-19 or are a close contact of COVID-19.
- **Universal pre-operative testing of all patients may be triggered** by health authority leadership in areas with high COVID-19 prevalence *(recommendation: if test positivity rate exceeds 5% for a sustained period of time, incidence rate is greater than 10.1/100,000, and there are more than two COVID-19 acute care outbreaks in the health authority).*
    - **When a criterion is triggered, consideration to test all patients admitted to labour and delivery should occur**, given the likelihood of operative delivery.

> **At this time, there is no change to protocols based on immunization status.** The immunization status of a health-care worker or patient should not influence infection control precautions or a patient's risk stratification .

Summary of Updates: Infection Prevention and Control (IPC) Protocol for Obstetrical Surgical Procedures During COVID-19

Proceeding with Surgery with COVID-19 Infection

⚠ **Do not delay obstetric surgery for testing or test results.**

> Obstetric surgery is time-sensitive and **should proceed as medically indicated, regardless of the patient's COVID-19 status.**

> A patient's clinical status may change during the course of labour and postpartum care. **During the pre-surgical huddle, re-assess the patient's risk category**.

> **N95 respirators** should be used by the surgical team if a patient is deemed to be in the yellow or red COVID-19 risk category, even with neuraxial analgesia (see pg.7).

Please email the BCCDC's Clinical Reference Group at CRG@bccdc.ca with questions or feedback.