

AHS Position Statement

Pregnant Healthcare Workers and COVID-19

This position statement is intended to provide general guidance only. Any AHS healthcare worker, whether pregnant or not, who requires a workplace accommodation due to a medical condition should speak with their supervisor or appropriate Medical Staff leader regarding the [workplace accommodation process](#).

- 1. Commitment to protecting the health and safety of all healthcare workers during COVID-19 pandemic.** Protecting the health and safety of healthcare workers is an imperative for employers and unions. During the current COVID-19 pandemic, it is critical that the appropriate steps are taken to protect the health and safety of all healthcare workers in Alberta and prevent exposure to and transmission of COVID-19.¹
- 2. Protective measures for all healthcare workers against COVID-19.** In order to protect the health & safety of **all** healthcare workers with respect to COVID-19, appropriate steps include:
 - Using [Routine Practices](#) for all patients at all times, which includes a [point of care risk assessment](#) as outlined in the [Joint Statement](#);¹
 - Following the [respiratory illness algorithm](#) and [acute care expanded testing algorithm](#) when assessing patients who present with influenza-like illness or COVID-19 symptoms;
 - Adhering to [IPC recommendations for COVID-19](#) when caring for a patient with suspected or confirmed COVID-19;
 - Ensuring that proper [donning](#) and [doffing](#) procedures are followed whenever personal protective equipment (PPE) is worn;
 - Adhering to [continuous masking](#) and [eye protection](#) requirements;
 - Being diligent with [hand hygiene](#), and practicing physical distancing [at work](#) and in [community settings](#); and
 - Staying home from work when ill, or when directed to do so because of travel history or unprotected exposure* to a COVID-19 case, in order to prevent potential transmission of infection to others.

*unprotected exposure is defined as any close physical contact (cumulative interactions of 15 minutes or more and within 2 metres) with a COVID-19 case (e.g. patient, co-worker, visitor) during that case's communicable period, or having direct contact with infectious bodily fluids of a COVID-19 case (e.g. being coughed or sneezed on; direct contact with laboratory samples from a COVID-19 case), while not wearing the [recommended PPE](#).

3. **COVID-19 protective measures and exposure risk.** The measures listed above are intended to protect all healthcare workers, whether pregnant or not. If those measures are followed, then a pregnant healthcare worker is not at greater risk of being exposed to the COVID-19 virus than a non-pregnant healthcare worker. No additional PPE is required for pregnant healthcare workers beyond those that are recommended for non-pregnant healthcare workers.
4. **Caring for COVID-19 patients when unable to adhere to COVID-19 protective measures.** All AHS healthcare workers, whether pregnant or not, who are unable to fully adhere to the [IPC recommendations for COVID-19](#) (e.g. due to insufficient training, physical limitations, etc.) should **not** provide care to patients with suspected or confirmed COVID-19.
5. **Adherence to PPE precautions in pregnancy.** The physical changes that can occur in pregnancy (particularly those in the third trimester after 28 weeks gestational age) may make it more difficult for pregnant healthcare workers to adhere to the PPE precautions noted in the [IPC recommendations for COVID-19](#). In circumstances where PPE cannot be adhered to, the pregnant healthcare worker should **not** provide care to patients with suspected or confirmed COVID-19 or any other patients where the wearing of PPE is required. The pregnant healthcare worker should speak with their supervisor or appropriate Medical Staff leader regarding the [workplace accommodation process](#).
6. **N95 respirator use in pregnancy.** The [IPC recommendations for COVID-19](#) include the use of an N95 respirator when an [aerosol-generating medical procedure](#) is performed. All healthcare workers who are required to wear an N95 respirator must ensure that their N95 respirator fit test is up to date. In accordance with the AHS [Respiratory Protection Code of Practice](#), respirator fit testing must be conducted every two years. Additionally, a fit test is indicated in situations where there has been significant weight gain or weight loss. Therefore, 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. Pregnant healthcare workers should be permitted to continue to work if they are able to wear properly fitted personal protective equipment. However, some pregnant women have difficulty breathing late in pregnancy and may find this symptom exacerbated by the use of N95 or other negative pressure respirators. In such circumstances, the pregnant healthcare worker should speak with their supervisor or appropriate Medical Staff leader regarding the [workplace accommodation process](#)
7. **COVID-19 infection in pregnancy.** Pregnant women are not at greater risk of acquiring COVID-19 infection. The majority of pregnant women infected with COVID-19 will experience mild to moderate illness. Although the absolute risk remains low, pregnant women infected with COVID-19 appear to be at increased risk of admission to the intensive care unit and invasive ventilation, as compared to non-pregnant women with COVID-19.^{2,3} Mortality from COVID-19 does not appear to be higher in pregnant women as compared to non-pregnant women.² Recent Canadian data has demonstrated that 7.1 per cent of pregnant women have been hospitalized due to COVID-19, as compared to a COVID-19 hospitalization rate of 1.5 per cent for non-pregnant women between the ages of 18 to 45.³

Pregnant women with co-morbidities such as obesity, diabetes, and cardiovascular disease are potentially at higher risk of severe COVID-19 disease.² Data continues to accumulate as the COVID-19 pandemic unfolds, and this position statement will be updated as necessary to reflect any relevant changes in this data.

8. **Pregnancy outcomes with COVID-19 infection.** Most infants from COVID-19 affected pregnancies are born healthy and full term. Preterm birth appears to be the most commonly reported adverse perinatal outcome among pregnant patients with COVID-19 infection; Canadian data has demonstrated a rate of preterm birth of 15 per cent among pregnant patients with COVID-19, which is approximately twice the background rate in the population.⁴ Other adverse pregnancy outcomes reported in the literature appear to be proportional to the degree of respiratory illness in the pregnant woman with COVID-19.² To date, there has been no definitive evidence of vertical transmission of COVID-19 (in utero transmission of the virus from mother to child).² Data continues to accumulate as the COVID-19 pandemic unfolds, and this position statement will be updated as necessary to reflect any relevant changes in this data.
9. **COVID-19 immunization in pregnancy.** The National Advisory Committee on Immunization (NACI) recommends: (i) that a complete series of mRNA COVID-19 vaccine should be offered to pregnant individuals; and (ii) that a viral vector vaccine may be offered to pregnant individuals when other COVID-19 vaccines are contraindicated or inaccessible. NACI notes that data collected through international COVID-19 immunization registries to date have not revealed any maternal or neonatal safety concerns.⁵ The Society of Obstetricians and Gynaecologists of Canada recommends that pregnant individuals should be offered COVID-19 vaccines at any time during pregnancy if no contraindications exist, and has also provided additional guidance regarding COVID-19 immunization during pregnancy.⁶ Pregnant healthcare workers should have a discussion with their primary care or obstetrical provider about any concerns they may have regarding their individual decision to receive the vaccine.
10. **Application of guidance.** This position statement and guidance applies to all care areas including dedicated COVID-19 units or surgical suites. Clinical leaders and managers should seek support from their Human Resources advisor, when reviewing staffing needs that may be impacted by staff who are pregnant, regardless of underlying medical conditions or advanced age.
11. **Support for pregnant healthcare workers.** Pregnancy often causes concern for the well-being of self and baby. Pregnant women should discuss such concerns with their pregnancy care provider. The COVID-19 pandemic is an unprecedented situation, which may cause additional anxiety and stress for staff.
 - AHS employees can find support through the [Employee and Family Assistance Program](#) (EFAP). EFAP is a free and confidential service available 24/7 at 1-877-273-3134, and offers a range of services to help AHS employees and their families navigate through work, health and life challenges.

- For physicians who are not AHS employees, the [Physician and Family Support Program](#) is available 24/7 at 1-877-767-4637.
- For Registered Midwives, contact the [Alberta Association of Midwives](#). Call 1-888-316-5457 or email membership@alberta-midwives.ca. Monday to Friday; 8:00 a.m. - 4:00 p.m. for support.
- In addition, the [Psychologists' Association of Alberta](#) and [Canadian Psychological Association](#) are now connecting frontline healthcare providers who may be feeling stressed, overwhelmed or distressed as a result of the COVID-19 pandemic, with members who are providing pro bono psychological services.

References

- ¹ Joint Statement: COVID-19 and Personal Protective Equipment. February 25, 2021. <https://www.albertahealthservices.ca/assets/news/nr/ne-nr-2020-03-27-joint-statement-covidppe.pdf>
 - ² The Society of Obstetricians and Gynaecologists of Canada Infectious Diseases Committee Statement on Pregnant Workers during the COVID-19 Pandemic. February 15, 2021. https://www.sogc.org/en/content/featured-news/Updated_SOGC_Statement_on_Pregnant_Workers_during_the_COVID19_Pandemic.aspx.
 - ³ Canadian Surveillance of COVID-19 in Pregnancy: Epidemiology, Maternal and Infant Outcomes. Report #4: Released June 3, 2021. Maternal and Infant Outcomes (March 1, 2020 to March 31, 2021) from Five Canadian Provinces. http://med-fom-ridprogram.sites.olt.ubc.ca/files/2021/06/CANCOVID_Preg-Report-4-ON-BC-QC-MB-AB_FINAL.pdf (<https://ridprogram.med.ubc.ca/canccovid-preg/>)
 - ⁴ The Society of Obstetricians and Gynaecologists of Canada. Committee Opinion No. 400: COVID-19 and Pregnancy. December 1, 2020. <https://sogc.org/common/Uploaded%20files/Covid%20Information/Committee%20Opinion%20No.%20400%20COVID-19%20and%20Pregnancy.Dec.17.2020.pdf>
 - ⁵ National Advisory Committee on Immunization (NACI). Recommendations on the use of COVID-19 Vaccines. (These recommendations are updated regularly) <https://www.canada.ca/en/public-health/services/immunization/national-advisory-committee-on-immunization-naci/recommendations-use-covid-19-vaccines.html>
 - ⁶ The Society of Obstetricians and Gynaecologists of Canada Statement on COVID-19 Vaccination in Pregnancy. May 25, 2021. https://sogc.org/common/Uploaded%20files/Latest%20News/SOGC_Statement_COVID-19_Vaccination_in_Pregnancy.pdf
- See also the SOGC Vaccination in Pregnancy FAQ for Health Care Providers: https://sogc.org/common/Uploaded%20files/Covid%20Information/EN_HCP-FAQ_SOGC_FINAL.pdf