

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

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.

