

We suggest using the hyperlinks or going directly to BCCDC for the most up-to-date information.

*The COVID-19 Pandemic situation is changing how families are experiencing pregnancy and postpartum; it has changed how we care for the whole family. Pregnancy and birth are healthy events celebrated by the whole family and community; this has also changed. Therefore, the families as well as the whole community may be finding it a tough time and need extra support and understanding. This is practising cultural safety, humility and trauma informed care. (cultural document pending)*

<p><b>Pregnancy</b></p>	<p>Pregnancy can be a concerning time for women and the concern is increased with COVID-19. You can assure your client that at this time there is no evidence to suggest that a woman or developing child is at any greater risk from COVID-19. As pregnancy is a special time, we are hoping to support this sacred journey with the best possible care.</p> <p>Changes in their bodies during pregnancy may put them at risk for developing other illnesses such as respiratory illness. It is important, especially for women at higher risk, to follow guidelines to keep them safe, such as physical distancing and not touching face, nose or eyes.</p> <ul style="list-style-type: none"> <li>• Recommendations for antepartum, intrapartum and postpartum care for patients during the COVID-19 pandemic; <b>see:</b> <a href="#">BCCDC</a> – clinical care/pregnancy</li> <li>• For care of pregnant women/individuals in community who are confirmed or suspect cases of COVID-19, <b>see:</b> <a href="#">BCCDC</a> – guideline</li> <li>• For admission and hospital management of pregnant women/individuals who are confirmed or suspect cases of COVID-19; <b>see:</b> <a href="#">BCCDC</a> – guideline; provides details for antenatal, laboring, and postpartum clients as well as newborn</li> <li>• From BC prenatal genetic screening program, <b>see:</b> <a href="#">Funded Non-Invasive Prenatal Testing (NIPT) Collection Sites</a>. Some sites are closed due to COVID-19.</li> <li>• If clients feel they have symptoms or are concerned about symptoms or require urgent medical advice, they should contact their doctor/midwife/NP by phone (BCCDC statement) or contact the nurse at a nursing station; for the online COVID-19 self-assessment, <b>see:</b> <a href="#">Online COVID-19 self-assessment</a></li> </ul> <p><b>If you have unanswered questions or are concerned:</b> The Reproductive Infectious Diseases Service at BC Women’s Hospital is available for phone consultation for health care providers of pregnant women with documented or suspected COVID-19 in pregnancy (604-875-2161).</p> <p><u><a href="#">Diabetes screening</a></u>: Joint statement from Diabetes Canada and the Society of Obstetricians and Gynecologists of Canada (SOCG) recommending temporary changes to screening during the COVID-19 pandemic. Discuss with client’s primary care provider.</p>
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	<ul style="list-style-type: none"> <li>• There are no changes to screening for overt diabetes (diabetes present before conception) in early pregnancy. This can be done in high-risk women with a hemoglobin A1c (A1c) or fasting plasma glucose if an A1c is unreliable.</li> <li>• Present update suggests an option for GDM screening using an A1c and random plasma glucose. The use of this option should be based on each institution’s clinical capacity and/or an individual’s willingness to undergo screening during COVID-19 (instead of an OGTT test).</li> </ul> <p><b>Preterm labour and COVID-19</b> While the possibility of COVID-19 causing preterm labour is not substantiated, it is wise for women to become familiar with the signs and symptoms of preterm labour and to know what to do if they experience those signs. For information on “<i>How do I know if I am having preterm labour</i>”, see: <a href="#">Best Start Ontario preterm labour resource</a> (page 5).</p> <p><b>Other potential complications of pregnancy</b> With decreased access and communication with health professionals, there is an increased need for women to know when something does not feel right and when to seek care. See: <a href="#">Baby’s Best Chance</a> (pages 28-29) for information on “<i>Pregnancy Risk Factors</i>”.</p> <p><b>Managing stress and anxiety</b> These are challenging times and it is important to listen to and acknowledge the client’s feelings and concerns. What are some ways the client can decrease stress and anxiety and incorporate into her daily routine?</p> <ul style="list-style-type: none"> <li>• Relaxation and deep breathing exercises</li> <li>• Exercise: going for a walk, yoga, dancing</li> <li>• Listening to music, drumming, singing</li> <li>• Developing a family routine, especially if there are other children</li> </ul> <p><b>SmartMom text messaging system App</b> Provided through UBC, this free site may be the answer for some women to gain more pregnancy information. Anyone in BC can join; for more details and how to join, see: <a href="#">SmartMom website</a></p> <p>More information for your client; see: <a href="#">Protecting pregnant women and new mothers during a pandemic</a></p> <p><b>Northern Health</b> has a 24/7 online clinic and information line: 1 844 645 7811</p>
<p><b>Changes for antepartum care during COVID-19</b></p>	<p><i>“In uncertain times knowing and transparency is stress reducing” (Harley Eagle)</i></p> <p>Scheduling times, number of appointments and how appointments are being attended have been changed.</p>

## PREGNANCY INFORMATION FOR NURSES/HEALTH CARE PROVIDERS DURING COVID-19 - *Part 2 of 4*

	<p>For more information regarding scheduling, <b>see:</b> <a href="#">Current recommendations regarding scheduling</a></p> <ul style="list-style-type: none"> <li>➤ 1<sup>st</sup> appointment hopefully during 1<sup>st</sup> trimester – virtual</li> <li>➤ 2<sup>nd</sup> appointment in 2<sup>nd</sup> trimester – virtual</li> <li>➤ 26 weeks –virtual appointment</li> <li>➤ 30 weeks – virtual or in person</li> <li>➤ 36 weeks, 38 weeks and 40 weeks – all of them in person</li> </ul> <p>Let families know that the process at a doctor’s office, clinic lab, or hospital will be different:</p> <ul style="list-style-type: none"> <li>• They may have to stay in the car and call once in the parking lot and wait in the car or outside until it is their turn.</li> <li>• They may be asked to wear a mask.</li> <li>• Client may have to go into the clinic/ER by herself. Partner or support person may not be allowed with her.</li> <li>• Be prepared for other rules that must be followed.</li> </ul> <p>Decreasing client travel: ask the client’s doctor/NP/midwife if you would be able to do some of the assessments and send them the information (e.g., BP, urine test, weight, FHR, etc.). However, this is dependent on your health centre being open, you are still providing care and have the equipment, and you feel comfortable completing these types of assessments (e.g., FHRs, abdominal palpation).</p>
<p><b>What has stayed the same</b></p>	<p>Ultrasounds are still being completed.</p> <p>Required bloodwork is still being completed: initial panel, genetic, gestational diabetes, blood group/Rh as needed, STI, and any other tests that are ordered.</p> <p>Use of Tylenol when appropriate and required. NSAID should not be used during pregnancy (unless advised by doctor).</p> <p>For complete prenatal assessment in nursing stations, <b>see:</b> <a href="#">Prenatal Assessment/ Education Forms 1 &amp;2: Nursing Stations</a></p> <p>In health centres, <b>see:</b> <a href="#">Prenatal Assessment/ Education Forms 1 &amp;2: Health Centres</a></p>
<p><b>Doulas</b></p>	<p>Encouraging the use of a doula during these times is a good strategy. A doula is someone the client can get to know or already knows, have a connection and build a relationship with, and trust. The doula may still be able to attend the birth during COVID-19 but if not, there are many things they can still do:</p> <ul style="list-style-type: none"> <li>• Prepare the family for the labour (virtually),</li> <li>• Have regular phone calls (or texting) with the mother during the pregnancy and after she leaves community to await the onset of labour,</li> </ul>

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- Teach the one support person who will be allowed in the hospital ways to help during labour: tips for helping the woman cope, what to bring to the hospital, etc.
- Perhaps set up a virtual contact with the woman when she is in labour or text message (partner can get ongoing suggestions as to what to do),
- Be an emotional support for the woman during pregnancy, and afterwards.

A postpartum doula would also be beneficial to help support the woman on return home (even if it has to be done via phone or text).

Grants are still available; for an update from BC Association of Aboriginal Friendship Centres, **see:** [BCAAFC](#) – Media release

For information on how to apply, **see:** [BCAAFC](#) - Families