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Guidelines

Guidelines for Pregnant Healthcare Workers amid COVID-19 Pandemic

Background

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus 2). The outbreak started in December 2019 from Wuhan, China, and declared a global health emergency by World Health Organization (WHO) on January 30, 2020. Coronaviruses are enveloped, positive single-stranded large RNA viruses that infect humans, but also a wide range of animals. Due to the presence of projections on their surface, which resembles solar corona, the virus was named as Coronavirus (Latin corona=crown). COVID-19 spreads through droplets or contact with an infected person and indirectly by touching contaminated surfaces (fomites). According to current estimates, the mean incubation period is 5 days, ranging from 2-14 days with potential of asymptomatic transmission. At this time, there are no specific vaccines or evidence-based treatment for COVID-19. However, clinical trials for vaccines are under process. Available evidence suggests that adults with age of ≥ 60 years having an underlying co-morbid (heart disease, chronic obstructive pulmonary disease, diabetes etc.) are at risk of acquiring the severe disease.¹

This document is intended to brief pregnant health care workers regarding necessary precautions during practice in health care facilities amid COVID-19 pandemic. The guidelines have been developed based on what is known about COVID-19 and are subject to change as additional information becomes available.

Objective

To provide guidelines to pregnant health care professionals regarding patient management and self-prevention/protection during COVID-19 pandemic.

Rationale

During the course of this pandemic, given the high transmissibility of disease at present, the pregnant health care workers are considered to be at high risk. So, these guidelines are being prepared for the concerned pregnant HCWs who work in healthcare settings especially clinical care, during this pandemic situation.



Recommended guidelines

The following preventive measures should be taken by the pregnant healthcare workers for their protection:

- Avoid unnecessary interactions, and efforts should be made to limit interactions with people that might have been exposed to or infected with COVID-19, including people within the household, as much as possible.
- When going out or interacting with others outside your immediate household,
 - Wear a mask, especially when other social distancing measures are difficult to maintain. Note that wearing a mask is not a substitute for other prevention actions, like washing hands frequently and avoiding close contact with other people.
 - Avoid physical proximity from others who are not wearing masks or ask others around you to wear a mask, if possible.
 - Stay at least 6 feet away from others outside your household.
 - Wash your hands with soap and water for at least 20 seconds frequently. If soap and water are not available, use a hand sanitizer with at least 70% alcohol.
- Avoid activities where taking protective measures may be difficult and where social distancing can't be maintained.

Healthcare Workers under 28 weeks of gestation

Risk assessment

- Maintain high index of suspicion for signs of being unwell in the pregnant healthcare workers

Uncomplicated pregnancy cases

- Those with uncomplicated pregnancies and no history of cardiac or pulmonary disease can return to work
- These health workers must not be posted to COVID-19 management units
- These workers must strictly adhere to PPE guidelines for areas they work in
- Pregnant females must not be posted/deputed to the Emergency Room

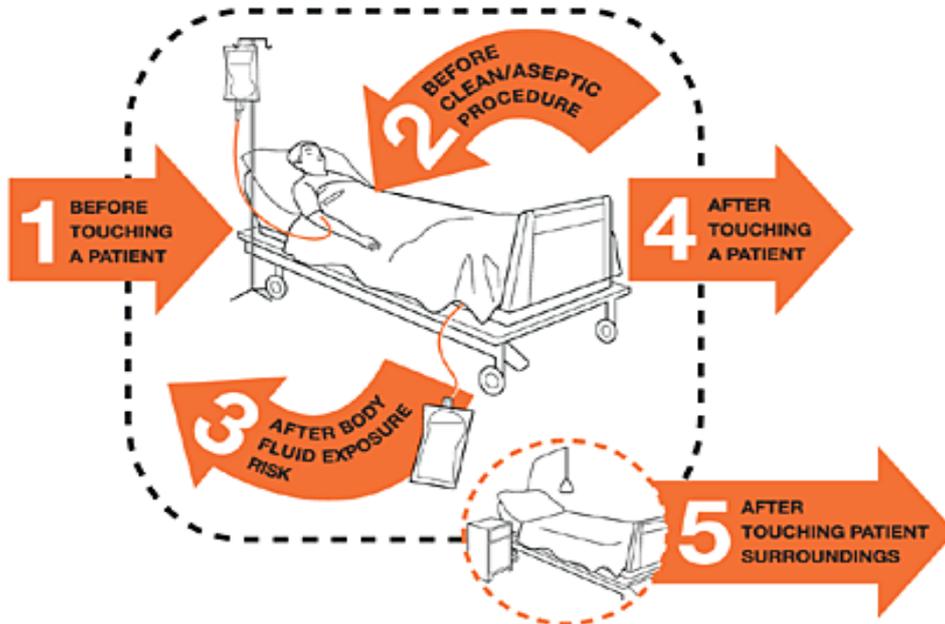
Healthcare Workers at 28 to 34 weeks of gestation

- Limited interaction with patient is recommended
- Administrative work should be assigned
- Telemedicine should be practiced for the consultation with patients

Healthcare Workers over 34 weeks of gestation

- Must be advised to stay at home

HANDWASHING ADVICE FOR HEALTH PROVIDERS



Details available at <https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>

LEVELS OF PROTECTION FOR HEALTH CARE WORKERS

This is a generic guidance, where available please adhere to your institutional rules

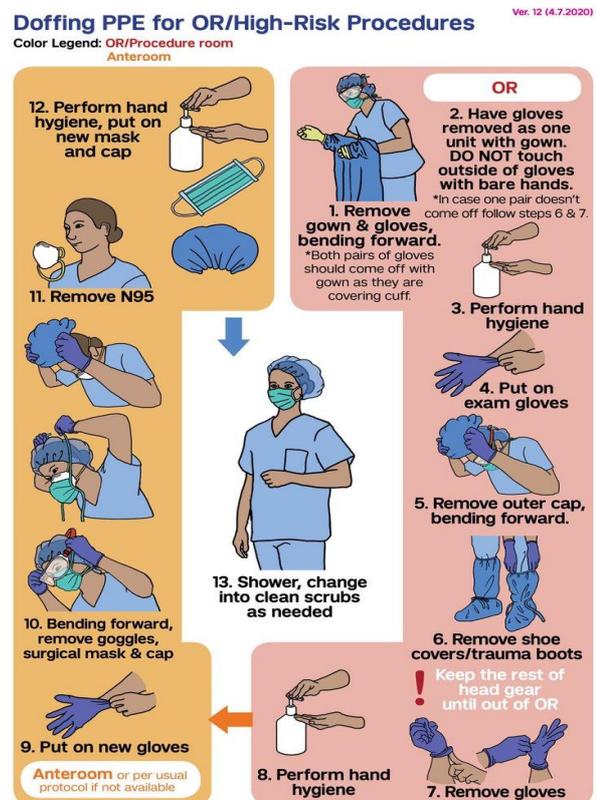
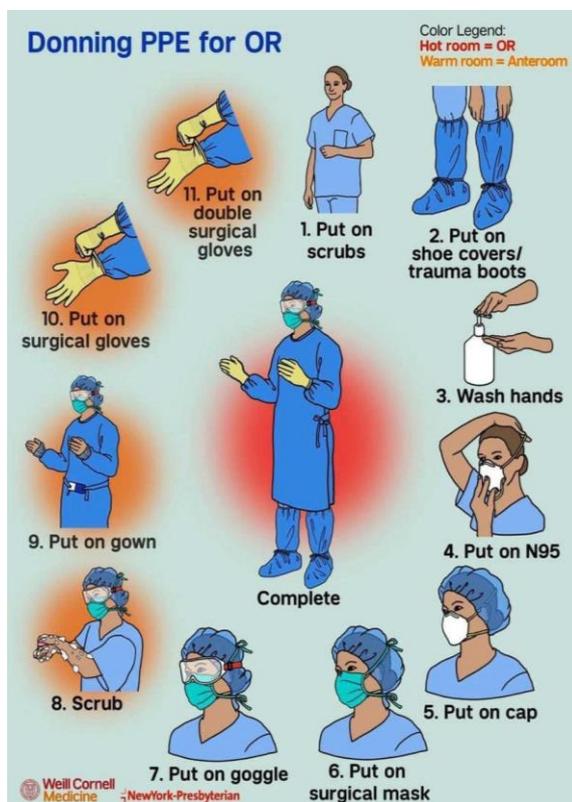
Protection Level	Protective Equipment	Scope of Application
Level 1 protection	<ul style="list-style-type: none"> Disposable surgical cap Disposable surgical mask Work uniform Disposable latex gloves and/or disposable isolation clothing if necessary 	<ul style="list-style-type: none"> Pre-examination triage, general OPD
Level 2 protection	<ul style="list-style-type: none"> Disposable surgical cap Medical protective mask (N95) Work uniform Disposable medical protective uniform Disposable latex gloves Goggles 	<ul style="list-style-type: none"> Fever OPD Isolation ward area (including isolated ICU) Non-respiratory specimen examination of suspected /confirmed patients Imaging examination of suspected/confirmed patients Cleaning of surgical instruments used with suspected/confirmed patients.
Level 3 protection	<ul style="list-style-type: none"> Disposable surgical cap Medical protective mask (N95) Work uniform Disposable medical protective uniform Disposable latex gloves Full face respiratory protective devices or powered air purifying respirators 	<ul style="list-style-type: none"> When the staff performs operations such as tracheal intubation, tracheotomy, bronchofibroscopy, gastroenterological endoscopy, etc. during which the suspected/confirmed patients may spray or plash respiratory secretions or body fluids/blood. When the staff performs surgery and autopsy for confirmed/ suspected patients When the staff carries out NAT for COVID-19

When caring for patients with suspected or confirmed COVID-19, all healthcare workers need to – prior to any patient interaction – assess the infectious risk posed to themselves and wear the appropriate personal protective equipment (PPE) to minimize that risk.

If an aerosol generating procedure is performed on a confirmed or suspected COVID-19 patient, an N95 mask should be worn with the face shield.

Faculty and staff are discouraged from stockpiling personal protective equipment (PPE) and they should not take PPE home.

Face shield should be used in all patient encounters when you are within 6 feet of the patient. The purpose is to protect your eyes, nose, and mouth from infectious droplets. **The face shield is to be worn in the place of a face mask.** It provides better coverage of your face and has the added benefit of keeping you from touching your face. ²



Note: The above recommendations are being regularly reviewed by the Ministry of National Health Services, Regulations & Coordination and will be updated based on the international recommendations and best practices.

The Ministry acknowledges the contribution of Dr. Ayesha Fazal, Dr. Ahsan M. Ahmad and HSA/ HPSIU/ NIH team to compile these guidelines.



References:

1. Rasmussen SA, Jamieson DJ. Coronavirus Disease 2019 (COVID-19) and Pregnancy Responding to a Rapidly Evolving Situation. 2020;135(5):999-1002.
2. Code D. Clinical Management of COVID-19 during Pregnancy. 2020;(September).
3. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>

For more information, please contact:

HSA/ HPSIU/ NIH, PM National Health Complex, Islamabad

<http://covid.gov.pk/>

<http://nhsrcofficial.gov.pk/>

<https://www.facebook.com/NHSRCOfficial>

<http://www.hsa.edu.pk/>

<https://twitter.com/nhsrcofficial>

<https://www.nih.org.pk/>

<https://www.youtube.com/NHSRC-PK>