



BC COLLEGE OF NURSES & MIDWIVES

As of Sept. 1, 2020, the British Columbia College of Nursing Professionals (BCCNP) and the College of Midwives of British Columbia (CMBC) amalgamated to create a new regulatory body: **British Columbia College of Nurses & Midwives (BCCNM)**.

The document you are about to access reflects our most current information about this topic, but you'll notice the content refers to the previous regulatory college that published this document prior to Sept. 1, 2020.

We appreciate your patience while we work towards updating all of our documents to reflect our new name and brand.

Contact us

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March 26, 2020

Today's Guidance from the BCCDC

Dear Midwives,

Shortly after we sent our FAQ earlier today, the BCCDC released new guidance documents for clinicians related to COVID-19 and perinatal care. These apply directly to your practice and provide clear guidance for prenatal and intrapartum care. Please read these clinical resources and guidance documents and apply them to your practice in conjunction with Health Authority requirements.

Here is a link:

<http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/clinical-care/pregnancy>

For easy scrolling, here is an excerpt (we encourage you to read the entire guidance documents):

COVID-19 and pregnancy

- Pregnant women are not at more risk of acquiring SARS CoV2, nor at more risk of getting severe disease than comparable aged adults.
- Pregnant women who are not working in essential services or health care should socially isolate like all members of the community.
- Women who are in essential services including health care workers can continue to work if asymptomatic and not a recent COVID-19 contact. They should use PPE precautions as appropriate for their work environment.
- Any pregnant woman who develops an influenza like illness should be evaluated, by phone consult if needed, and consideration of oseltamivir treatment if symptoms consistent with influenza and less than 72 hours since symptom onset as influenza in pregnancy can be complicated and influenza is still circulating in BC.
- If a pregnant woman develops symptoms consistent with COVID-19 and is in the third trimester (not just after 35 weeks) she should be tested and then managed according to the severity of the illness. This information should be conveyed to the facility she anticipates to be delivering in.
- If a woman develops COVID-19 at any time in pregnancy, they need evaluation and enhanced fetal surveillance (see SOGC guidelines).
- We need to understand more about what the impact of COVID-19 is in pregnancy and we will be establishing a surveillance and outcome evaluation program for COVID-19 in pregnancy.
- 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).

Maternity area management for PPE use

- Asymptomatic, pregnant woman, general patient encounter- Proper hand hygiene as per usual patient interactions. No PPE
- Asymptomatic pregnant women in labour- Good hand hygiene as per usual patient interaction. No PPE
- Asymptomatic women at delivery: Blood and body fluid PPE due to risk of blood and body fluid exposure.
- Pregnant woman with known or suspected COVID-19 or PUI: Droplet and Contact precautions for all patient encounters.
- If it is a potential aerosol generating procedure (including caesarian sections), use airborne PPE which includes gown, glove, eye protection and N95 level mask.

Thank you to all,

Louise Aerts
Registrar & Executive Director