SOGC Recommendations: COVID-19 and Pregnancy

Pregnant woman with COVID-19 exposure

Use droplet/contact precautions

Symptomatic

COVID-19 status: Positive or unknown

Consider hospital admission if medically indicated*

Asymptomatic

COVID-19 status: Negative

Consider other respiratory pathogens and supportive care in hospital if indicated by clinical status

Antepartum

• Maternal surveillance, including vital signs as indicated by severity, and/or obstetric early warning protocol
• Fetal surveillance, including monthly ultrasounds for fetal anatomy, fluid, and fetal fetal growth

Intrapartum

• Timing and mode of delivery governed by obstetric indications
• Droplet/contact precautions (or per local IPAC protocol)
• Consider personal protective equipment to include N95 respirator if cesarean delivery may require intubation
  • Delayed cord clamping*

Postpartum

• Continue droplet/contact precautions for mother-infant pair
• Mother to mask for breastfeeding*
• No isolation of infant from mother unless clinically indicated by disease severity*
• COVID-19 testing for infant (e.g., nasopharyngeal swab) at birth

* Decisions related to separation of mother and baby, breastfeeding, and delayed cord clamping should be made in collaboration with the patient and her family and take into consideration available evidence and patient’s values.

Developed by the SOGC Infectious Disease Committee and approved by the SOGC Board of Directors.