

## **CMA Update for Midwifery Clients on COVID 19 Endemic Process**

**March 1/22**

**The CMA goal continues to be decreasing and prevention of COVID 19 transmission among midwives, staff and clients, as a public safety mandate.**

**Pregnant people who get COVID 19 continue to be at higher risk for ICU admission, so rules to reduce the spread of COVID 19 in midwifery clinics and care settings remains in place.**

Although the mask mandate is being removed, when you are receiving treatment from your midwife, you may be asked to wear a mask. This includes AHS facilities, midwifery clinics and at community births.

**CMA confirms that all registered midwives initially will need to continue with all of the safety measures followed during the pandemic itself.** The Health Minister has acknowledged that there will most likely be a surge in COVID 19 infections after the announcement in the coming weeks. CMA would like to monitor this trend before any changes are made to COVID 19 precaution protocols.

These expectations are for **AHS facilities, midwifery practice clinics** (as contracted settings of AHS), and for the **community settings** where midwives serve clients (homes, birth centres, birth suites, etc.).

### **Routine Practices: Clinic and Community Settings:**

#### **1) Point Of Care (POC) Risk Assessments for COVID 19 symptoms:**

- All staff before entering a clinic space or engaging with clients.
- All clients prior to entrance to the clinic (either electronically, phone, text or in person).
- Midwives and midwifery clinic staff may ask you about vaccination status, recent travel history and if you have recently been tested for COVID-19 as part of the clinic's POC risk assessment. However, clinics cannot require you to take a COVID 19 test before your appointment.
- Midwives and clinic staff are not required to disclose their immunization status to clients.
- Appropriate procedures and PPE will be chosen, based on the results of the POC Risk Assessment
- If you are a COVID-positive client, or a client with COVID-like symptoms, midwives will wear a surgical/procedure mask, gown, gloves and protective eyewear that provides adequate coverage against secretions and other droplets entering the eyes is considered minimally essential.
- If you are unvaccinated, or have COVID symptoms, you may be asked to come to the clinic at a dedicated time of day and a dedicated exam room for this or be referred to hospital for assessment
- POC Risk Assessments will also occur for all involved participants at community births (midwives, yourself and your family members).

## 2) Masks and PPE will be worn by all midwives and staff

- Continuous masking is a requirement for all staff providing direct client care, during work in client areas, or when working in an area where physical distancing or barriers are not possible.
- Even those who are fully vaccinated can still acquire, carry and transmit COVID 19. The vaccination status of a midwife, staff member or client does not forego the need to wear equipment (e.g., masks) or take precautions (e.g., physical distancing, barriers) that prevent the risk of transmission of infection.
- To help keep your midwives healthy, you are also encouraged to wear masks while at the clinic and for home visits, and be aware of the rationale: prevention and reduction of transmission of COVID 19 in settings where midwives practice.
- Clinic posters/signs and staff may request that you wear a medical mask upon entering the clinic. However, you cannot be refused service or treatment if you choose not to wear a mask.
- At this time, when you are assessed to have no symptoms of COVID 19, your midwife will still wear a surgical/procedure mask, eye protection and do hand hygiene (considered minimally essential).

NOTE: Midwives and staff who interact with you are not required to wear enhanced PPE, (gown, gloves, etc.) although they may choose to do so.

## 3) Hand Hygiene

- You are encouraged to do hand hygiene upon entry to the clinic, or when you meet your midwife at home.
- All midwives and staff will do hand hygiene frequently (soap and water for at least 20 seconds, or frequently use an alcohol-based hand sanitizer - 60-90 per cent alcohol content), and in between client interactions.

## 4) Physical distancing between people from different households

- Clinic reception staff who screen clients, accept payments, book appointments are best protected behind a barrier (e.g., plexiglass) when possible.
- The clinic waiting room will be kept as empty as possible. You may be given the option to wait in your car until you are called in by phone for your appointment.
- Please only bring necessary support people to appointments and if you choose to have a community birth.

## 5) Virtual visit/appointment options

- Midwifery clinics will continue to offer client services by appointment, when possible, to better facilitate effective POC risk assessments, and your preferences.
- Midwives will still need to make a judgement, based on the POC Risk Assessment, to determine if face-to-face service is in your best interest or not.
- Even if an in-person visit is needed, e.g., an essential prenatal visit could be divided into a virtual discussion of testing/screening options with a brief in-person physical assessment).

## 6) Environmental Cleaning and Disinfecting Continues

- In between clients/appointments.
- Frequently used spaces (e.g., bathrooms, door handles, light switches, computers, phones, lab counter tops, etc.).
- Disposable equipment will be used as often as possible.
- Enhanced surface cleaning protocols as previously directed by AB Health, at appropriated intervals, e.g., hourly or q 4h.
- Minimize the presence of communal items that cannot be easily cleaned, such as newspapers, magazines and stuffed toys.

## 7) Administrative Controls

- Vaccination or regular rapid testing of all staff and midwives (as per the process established with AHS PMAO).
- Continue to follow the infection prevention and control requirements that should be included in midwifery clinic policies and procedures written to address the COVID-19 pandemic response. These include: Hand hygiene, point of care risk assessment, selection and use of personal protective equipment, environmental cleaning and disinfecting, and staff illness policies.

## 8) International Travel

- This remains a cautionary situation, with returning midwives, staff or clients. Midwives and staff will use extra caution if returning to work or going to clinic within 14 days of return from international travel. This may include: maintaining physical distancing, wearing extra PPE, and being vigilant about all of the other routine practices listed above.
- you may also want to use extra precautions if you are seeing your midwife within 14 days of return from international travel



CMA thanks all midwives for being professionally responsible and ensuring that midwifery clients receive safe, high quality care during this next endemic phase of COVID 19.

CMA will be monitoring hospital and ICU admissions and numbers of reported COVID 19 positive cases.

For further questions, please contact CMA at (403) 474-3999.

Sincerely,  
College of Midwives of Alberta

