College of **Midwives** of Alberta

Dear Midwives,

Statement: Caring for Midwifery Clients at Home: Home Visits and Home Birth during the COVID-19 Pandemic

College of Midwives of Alberta (CMA) Mandate:

The CMA has a mandate to protect the public, and as such, must examine the changing landscape during this pandemic in Alberta. The goal of the CMA is to maintain equitable, safe, and quality care to midwifery clients and their newborns.

Purpose:

This document is to support midwives and clients when considering Out of Hospital (OOH) birth during this pandemic. Out of Hospital (OOH) in this document means home or birth center. Pregnant clients must remain the primary decision-makers with regards to available choices in childbirth. As primary health care providers, midwives are experts in normal birth and community-based care (CAM, 2020). Midwives can play an important role in reducing the numbers of clients entering and overburdening hospital facilities. Home birth can be a viable option. Also, using birth centers as key birthing locations for all healthy clients and using them to full extent during this pandemic is also recommended (CAM, 2020).

High Quality, safe, evidence-based, and respectful obstetrical care must be provided in all birth settings. With respect to childbearing and maternity care, the pandemic has created some constraints around prenatal care, birthing and postpartum practices, for both childbearing families and midwives. Midwifery practice should aim to serve the needs of these childbearing clients and babies, maximize choices for clients and provide personal risk-based services within the constraints of the available resources and pandemic guidelines. Midwives are resourceful and diligent and are encouraged to maintain their Standards of Practice for antenatal, intrapartum and postpartum care including breastfeeding, to the extent possible.

Maternity Clients - What is known about the COVID-19 virus:

While the pandemic does not discern as to who gets the virus, this maternity subset of the population needs special consideration. Midwifery clients are typically healthy people. This virus is fairly easy to get when in close contact with those who have it. For our **pregnant COVID-19 positive clients**, based on growing information around the world, preterm labor can be a factor, and a small percentage of clients with co-morbidities can be very sick and require ICU care. Important symptoms are respiratory-related issues: increased work of breathing, significant decreases in O2 saturation (pregnancy leaves clients with little reserve), severe shortness of breath, and subsequent decompensation of the circulatory system involving blood pressure.

Much like the Flu, people who have had COVID-19 once MAY NOT be immune to it after recovery. A vaccine has still not been made to protect people from COVID-19.

Some **babies of COVID-19 positive clients** have been found to have atypical and abnormal fetal heart rate tracings in labor; thus, the recommendation for hospital admission and fetal health surveillance during labor.

Informed Discussion/Decisions: Out of Hospital Birth During the Pandemic

Under these pandemic circumstances, midwives still create a plan of care for each individual client, with a view to keep the pregnancy course and birth as client-centered and normal as possible. Unnecessary interventions in birth must be considered and reduced. There is a vast difference in care between clients who have the virus (or suspected) and the majority of clients who do not and OOH Birth is a viable option for healthy clients overall.

Clients must still be able to make decisions about the care they receive in line with the principles of informed choice. It is important that clients have all the information they need to help them make informed decisions about their maternity care.

With the pandemic situation, conversations with clients are even more important to find common understanding and to be able to plan wisely together. As Primary Care Providers, midwives understand the impacts and potential risks to a client's mental health and wellbeing during this period: pandemic-induced anxiety; impact of birth service changes on birth choices for clients, (with or without a history of birth trauma); identification of risk factors and access to specialized resources; physical and emotional safety for the client, baby and family. Areas of conversation focus on: Potential changes in birth location based on evidence of clients being COVID-19 positive or symptomatic; if travel times change for planned hospital births because of service changes in the local facility; PPE and IP & C considerations in the event of an emergency transfer, or when EMS is involved; midwifery workforce changes within group practices; perceived risks of birthing in a hospital; virus status of the client, birth partner, and others in the household or related to the birth event; importance of screening and the use of PPE if there are any risk factors; continuous masking by the midwifery attendants.

Before Any Home Visit:

Screening: Include all people in the household and/or present in the house at time of visit. Questions about exposure (as per AHS Screening questions below) MUST happen ahead of your entrance to the client's home. Some midwives have determined that this is best done over the phone as close to the visit time as possible; others will conduct it over the phone outside the client home, or at the door before entering.

AHS Screening questions:

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Ask if they meet any of the below criteria. In the 14 days before illness onset did they:

- Travel to anywhere outside of Canada;

OR

- Have close contact* with a confirmed or probable case of COVID-19 within 14 days before illness onset;

OR

- Have close contact* with a person with acute respiratory illness who has travelled anywhere outside of Canada in the 14 days before their illness;

OR

- Have a COVID negative screen but does have ILI symptoms they should be considered COVID positive for the purposes of triage screening and cohorting.

Antenatal Care: Key Items

Incorporate temperature checks for clients, handwashing by everyone involved in the visit, social distancing during the visit, cleaning high traffic surfaces prior to the visit.

PPE for the midwife caring for asymptomatic client will be a procedure mask (continuous masking)

For client COVID negative and no symptoms: client does not wear any PPE

For any symptomatic client or confirmed case of COVID-19, midwives are to don full PPE (mask, face shield, gown and gloves). The client will need to wear a mask, wash their hands.

The most current Antenatal pathway from MNCY is a very good resource to use for these Antenatal visits.

Preparing for Out of Hospital Birth:

Because pregnant clients are usually healthy, midwifery clients have choices related to where they want to birth. For pregnant clients social distancing and reducing risk of exposure are wise in the last 3-4 weeks of pregnancy. This also increases chances of OOH birth actually happening.

Planning for OOH Birth:

Birth centres and home birth settings may provide a safe option for clients who are **COVID-19 negative, not exposed to the virus (have been self-isolating).**

Clients give the following rationale for choosing OOH birth: avoid hospitals and COVID-19, appropriateness of obstetrical units for healthy women during a pandemic, no need to travel for birth, midwives can provide safe care at home, keep obstetrical units for clients needing specialist care, less stress for birthing families at home, smaller birth centers will reduce risk of exposure and avoidance of unnecessary interventions.

Hospital is the best place and a match for needed care for laboring clients who are COVID-19 positive, have been exposed, or are symptomatic.

Number of people in close proximity to the client during labor and birth MUST be discussed. Logic dictates that the more people, the higher the risk of transmission of the virus.

In addition to the key planning items around home birth, COVID-19 pandemic adds the following: extra supplies: thermometer, hand sanitizer, soap and water, antiseptic wipes (Lysol, etc.)

Intrapartum Care: Key Items:

The most current Intrapartum pathway from MNCY is a very good resource to use.

Decisions on identity and number of people at the birth and needs of all to wear masks and PPE, based on your knowledge of the situation and COVID -19 status of each person involved. To decrease the risk of family exposure to the virus, the support person(s) at birth should be someone from the isolated family unit or have self-isolated prior to birth whenever possible.

Having all people involved around the client wash their hands often.

Midwives will wear a mask continuously, when involved in direct patient contact or if adequate social distancing from clients and other attendants cannot be maintained.

Support people should wear a mask and wash their hands often, based on their symptom status

Plan for transfer from home if needed, considering PPE for EMS team. As of May 2, 2020, EMS and their response times to attending 911 calls for home births and birth center births are consistent with pre-pandemic timeframes.

In Calgary region, inform the in-house Midwife at FMC if you are conducting a home birth/birth center birth

119E, 1144 29th Ave NE
Calgary, AB T2E 7P1
www.albertamidwives.org
info@albertamidwives.org
Phone: 1 (403) 474-3999
Fax: 1 (403) 474-3990

Client and attendant temperature checks during the intrapartum period is recommended. A temperature over 38 C would indicate a need for further investigation to understand source of fever and rule out COVID-19; transfer may be indicated.

Delayed cord clamping is also recommended, if appropriate

Postpartum and Breastfeeding:

The client and their newborn must not be separated at birth unless absolutely necessary. When clients are COVID-19 positive or symptomatic, they can practice skin to skin care and breastfeed, they just need to don a surgical mask when near their infant and do proper hand hygiene before skin to skin contact, breastfeeding and routine care. High touch surfaces should also be frequently cleaned. It is suggested that the virus is not passed through the breastmilk; it is likely that important maternal antibodies are passed to the infant and offer protective benefit. Giving expressed breast milk is also great; just ensure that proper cleaning of all equipment and surfaces is done frequently.

A Few Words About NRP Currency During the Pandemic:

As the COVID-19 pandemic evolves, Canadian Pediatric Society has been staying abreast of all confirmed developments related to its global spread and will continue to be vigilant in efforts to develop and share information and guidance with members.

Our volunteers and staff are working hard to support you in whatever way we can. Our committees have produced guidance documents, several members have written commentaries, and we have gathered a selection of relevant resources from trusted sources. You can find everything here:

www.cps.ca/en/tools-outils/covid-19-information-and-resources-for-paediatricians

We currently have 3 documents regarding **neonatal clinical guidance**:

1. **Delivery room considerations for infants born to mothers with suspected or proven COVID-19**
2. **NICU care for infants born to mothers with suspected or proven COVID-19**
3. **Breastfeeding when mothers have suspected or proven COVID-19**

Following the advice of Canadian Health Authorities and in order to mitigate the risk of potential spread of COVID-19, we have recommended that all in person courses be postponed indefinitely. The following accommodations have been granted:

Provider Status: Extensions are available until July 31st for NRP providers that are due for renewal

Instructor Status: Instructors that will not meet their course requirement for their instructor renewal due to course cancellations, please contact nrp@cps.ca. Otherwise, instructor renewal can be completed by following the steps outlined in the renewal email.

In light of course cancellations, please see suggestions institutions have been implementing to continue to support NRP education and practice until courses are available:

- **Set up a mannequin** with NRP equipment and encourage frequent 'just in time' practice (individually or in teams of two) for PPV, MR SOPA, and coordinating chest compressions with PPV
- If you have new staff who haven't yet taken the NRP Provider course, encourage them to **review the Provider manual** and discuss risk factors so they can anticipate the need for NRP. This, along with brief skills practice will help to prepare them to assist resuscitation teams.
- **New hires** can conduct their own assessments to determine competency as a temporary measure (they can even use the ISSA) and then once things start to normalize have the hire complete the NRP course as typically done.
- Participants can **complete the online exam** and the exam they have completed will be honored once they take the in person course.
- The AAP has made available NRP Skills videos. Under "Quick Links" the link for the videos themselves reads: **New Skills Videos**.

While these do not entirely solve the problem, we hope they provide some adjunct to the teaching that would normally occur, when in person courses are not able to occur at all.

Fetal Health Surveillance (FHS) Status:

If you feel the need to refresh on FHS, the BC online exam is available to you, with an AHS email

Sincerely,
CMA Council and Staff

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References:

Out of Hospital Birth, Draft Statement: (September, 2019) College of Midwives of Alberta

Flexible Frameworks for Safe and Quality Midwifery Care during COVID-19: (April 3/20),CAM

Midwives as Essential Primary Care Providers in the Context of COVID-19: (April 16/20), CAM

Rocca-Ihenacho, L and Alonso, C (June 2020) Where Do Women Birth During a Pandemic? Changing Perspectives on Safe Motherhood During the COVID-19 Pandemic. Journal of Global Health 2(1):e4

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