Guidance for Pregnant Health Care Professionals Regarding Care Of COVID-19 Patients

The risk of SARS-CoV 2 (causative agent of COVID-19) to pregnant women and their infants is not well established.

**Pregnant health care professionals at triage, registration desk are low risk.** According to the Centers for Disease Control and Prevention (CDC):

> Health care professionals (HCP) not using all recommended PPE who have only brief interactions with a patient regardless of whether patient was wearing a facemask are considered low risk. Examples of brief interactions include: brief conversation at a triage desk; briefly entering a patient room, but not having direct contact with the patient or the patient's secretions/excretions; entering the patient room immediately after the patient was discharged.

MercyOne is following the guidance from the American College of Obstetricians and Gynecology (ACOG):

> Pregnant healthcare personnel (HCP) should follow risk assessment and infection control guidelines for HCP exposed to patients with suspected or confirmed COVID-19. Facilities may want to consider limiting exposure of pregnant HCP to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability. Aerosol generating procedures are defined as:

- Collection of sputum sample
- Tracheal intubation
- Suction before intubation
- Suction after intubation
- Nebulizer treatments
- Manipulation of oxygen masks
- Manual ventilation
- Bronchoscopy
- Non-invasive ventilation
- Defibrillation
- Chest physiotherapy
- High Flow Oxygen
- Tracheostomy
- Manipulation of BiPap mask
- Endotracheal suction

Pregnant HCP may request reassignment if asked to participate in high-risk procedures as staffing availability permits.