

COVID-19 Suspected or Positive Pregnant Patient: Consultation and Transfer Procedure

Site Applicability

- All Vancouver Coastal Health (VCH), Providence Health Care (PHC) and Provincial Health Services Authority (PHSA) – collectively “VPP” – acute care sites that provide maternity services
- Rural communities in VCH Coastal Community of Care (CoC)

Practice Level

Registered Nurse, Physicians, Midwives: Basic skill

Need to Know

Principles Include:

- Early consult and possible transfer of pregnant person with risk factors as listed below.
- All transfers must occur through Patient Transfer Network (PTN)
- The number of transfers should be minimized.
- Whenever possible we will keep patient and neonate(s) at the same site.
- For BC Women’s Hospital refer to – [Escalation of Care: Emergency Transfers out from BCWH](#)

Procedure

1. WHEN to consult and consider transfer for COVID Suspected or Positive Patients

Some evidence suggests that pregnant and peripartum patient with COVID-19 can rapidly decompensate without warning so early involvement of critical care for COVID + /PUI women is recommended. Sites without a High Acuity Unit (HAU)/Intensive Care Unit (ICU) should consult early and wherever possible consider transfer for pregnant or peripartum patient who are COVID +/PUI with any of the following markers of severity or comorbidities. At sites with an ICU/HAU Critical Care consultation should be considered for the same patients.

COVID related symptoms

- New or otherwise unexplained oxygen requirement
- Sustained respiratory rate (RR) 20 to 29 respirations/min
- Oxygen saturation (SPO₂) less than 94% on room air

Comorbidities

- Clinically active asthma
- Significant immune suppression (including):
 - Active substance use
 - Chronic steroid use
 - Chemotherapy
 - Significant Pre-eclampsia

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- Type 2 diabetes
- High Body Mass Index (BMI) more than 35

If the patient cannot be transferred because of the stage of labour, it is recommended to:

- Consult Critical Care at your designated receiving site or own site.
- Consider using Modified Early Obstetrical Warning Score ([MEOWS](#)) or [MEWS](#) or similar early warning score.
- Transfer patient as soon as possible after delivery.

2. HOW to transfer COVID Suspected or Positive Patients for HLOC

- Organize with PTN consultation with critical care and maternity at your designated receiving site or consult critical care at home site. (Refer to [Appendix A](#) to determine where to Transfer COVID Suspected or Positive Patients Requiring HLOC.)
- Ensure that both the ICU and perinatal program at the receiving site are aware and have capacity to accept any transferred patient. This should also include discussion with Patient Care Supervisor (PCS)/Clinical Coordinator (CC) inside and outside business hours.
- If the site cannot find capacity for a pregnant COVID+ patient requiring HLOC, the PCS/CC will liaise with PTN to contact alternate site. If all sites in the lower mainland are at capacity, the Administrator on call (AOC) and EOC will be notified.

Appendix A: Where to Transfer COVID Suspected or Positive Patients Requiring HLOC

Where to Transfer COVID Suspected or Positive Patients Requiring
HIGHER LEVEL OF CARE (HLOC)

All transfers **MUST** be done through the Patient Transfer Network

BC Women's requiring Maternal HLOC

- If equal or greater than 34 weeks, transfer to St Paul's Hospital (SPH) first then TRH or LGH
- If less than 34 weeks, transfer to Surrey Memorial (SMH) or Royal Columbian (RCH)

LGH, SPH, or Richmond (TRH) requiring Neonatal HLOC

- If gestational age cannot be managed locally transfer to SMH or RCH

Powell River/Sechelt requiring Maternal or Neonatal HLOC

- If equal or greater than 34 weeks and transfer needed - TRH first, then SPH or LGH

Squamish/Whistler/Pemberton requiring Maternal or Neonatal HLOC

- If equal or greater than 34 weeks and transfer needed - LGH first, then SPH or TRH

All Coastal Rural sites requiring Maternal or Neonatal HLOC

- If less than 34 Weeks transfer to Surrey Memorial (SMH) or Royal Columbian (RCH)
- **EXCEPT: Bella Bella/Bella Coola requiring Maternal or Neonatal HLOC Any Gestational Age** – these areas will follow the usual process for birthing outside of the community

PROCEDURE

BCD-11-12-41005

First Released Date:	04-August-2020		
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Last Reviewed:	13-May-2020		
Approved By: <i>(committee or position)</i>	PHC	PHSA	VCH
	VCH-PHC Regional EOC for COVID-19	Interim senior medical director, maternal newborn program	VCH-PHC Regional EOC for COVID-19
	SPH OB department lead		EHS Director, VCH region
	Patient Care Manager - Maternity & Neonatal Intensive Care, Maternity NU 3MC, PHC		LGH OB department head
			Manager for Pediatric, Perinatal, Oncology, and Ambulatory Care, Acute Services
			TRH OB department head
			Manager – Women & Children’s Program, LPN/PCA Float Pool, Clinical Nutrition, and Speech Language Pathology
Owners: <i>(optional)</i>	PHC	PHSA	VCH
	Regional Director, Maternal Child Program Regional Paediatrics & Perinatal, VCH	Director, Maternal Newborn Program Maternal Newborn Program, PHSA	Regional Director, Maternal Child Program Regional Paediatrics & Perinatal, VCH
	Credentialing Officer/Program Medical Director - Perinatal	Senior Medical Director Specialized Women's Health Services, PHSA	Credentialing Officer/Program Medical Director - Perinatal Physician Relations & Compensation, VCH

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