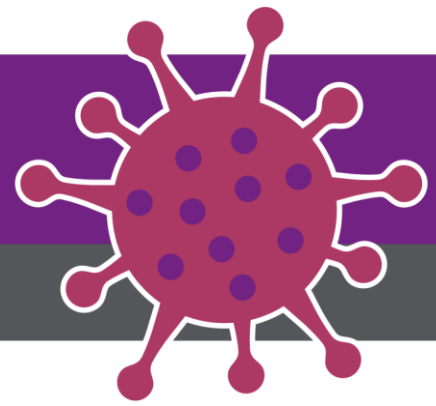


CORONAVIRUS DISEASE 2019 (COVID-19)

Q&A for Managers Regarding Colleagues who are Pregnant



Audience: Supervisors/Managers

Revision Date: 8/28/2020

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Q. Where does the clinical guidance for colleagues come from?

A. Trinity Health relies on evidence-based recommendations from CDC, other organizations, e.g. the WHO, and new findings in the peer-reviewed literature. Updated CDC recommendations are monitored, and System guidance is reviewed frequently to ensure that it remains current and aligned with CDC and new peer-reviewed findings.

Q. Can pregnant colleagues continue to work until their delivery date?

A. To date, CDC, the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) have indicated that it is safe for pregnant colleagues to work up until delivery (provided that their health care provider has not recommended otherwise for medical reasons and they consistently follow infection prevention precautions including use of PPE guidelines at the ministry in which they work when caring for PUIs and COVID-19).¹ Further, ACOG and SMFM conclude the overall risk of severe illness among pregnant women who are infected with COVID-19 is low. There is currently no data suggesting an increased risk of miscarriage or early pregnancy loss in relation to working with patients with COVID-19. Trinity Health complies with federal and state laws that require employers to provide reasonable accommodations for pregnancy-related disabilities, pregnancy-related leave, and other laws that provide protections for pregnant colleagues.

Q. How can I decrease my pregnant colleague's risk of an adverse outcome from COVID-19 related to delivery?

A. Ensure that all colleagues have adequate supplies of PPE and are following infection prevention guidelines (see the PPE Guidebook) in their activities. Consider conducting a risk assessment of daily activities to ensure that colleagues are adhering to the infection prevention practices with patients under investigation or with confirmed infection from COVID-19 throughout the shift, including physical distancing from their colleagues during break times. If possible, do not schedule pregnant colleagues to be present during aerosol generating procedures as these could increase their risk of becoming ill with COVID-19 if not strictly adhering to PPE Guidelines.

Q. My colleague has indicated that her obstetrician wants her to stay home for 14 days prior to delivery. What are the options available to me as her manager?

A. Requests for leave for the 14 days prior to delivery should be evaluated within existing Time Away From Work Programs, which include leave provided for under the Family and Medical Leave Act (FMLA), leave as accommodation under state and federal disability law, state pregnancy leave laws, and elective leave. Payment for this time off is in accordance with the applicable Time Away From Work Program. Contact HR or your leave administrator for assistance evaluating these requests.

If the colleague is not eligible for disability or pregnancy-related leave under state or federal law, the colleague's leader may choose to grant an elective leave of absence for the two week period, which will require the use of any available PTO for this time off.⁵

References

1. ACOG Practice Advisory: Novel Coronavirus 2019 (COVID-19), 7/28/2020: <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/03/novel-coronavirus-2019>
2. CDC: People Who Are at Increased Risk for Severe Illness: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-increased-risk.html>
3. CDC: If You Are Pregnant, Breastfeeding, or Caring for Young Children: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnancy-breastfeeding.html>
4. ACOG: COVID-19 FAQs for Obstetrician-Gynecologists, Obstetrics: <https://www.acog.org/clinical-information/physician-faqs/covid-19-faqs-for-ob-gyns-obstetrics>
5. Trinity Health Elective and Other Leaves of Absence Policy (Non-FMLA and Non-Military): [http://content.che.org/sysoff/hr/livsohr/System%20Office%20HR%20Policies/160%20Elective%20and%20Other%20Leaves%20of%20Absence%20\(Non-FMLA%20and%20Non-Military\).pdf](http://content.che.org/sysoff/hr/livsohr/System%20Office%20HR%20Policies/160%20Elective%20and%20Other%20Leaves%20of%20Absence%20(Non-FMLA%20and%20Non-Military).pdf)

ACOG Resource Statement

The following statement from ACOG *may serve as a resource* for the colleague and her obstetrician to review, on the risk and precautions for healthcare personnel who are pregnant; ⁴

"...Importantly, the correct and comprehensive use of recommended PPE, alongside hand hygiene and environmental cleaning, leads to the optimal decreased risk of transmission of respiratory viruses; and this is likely true for COVID-19.

Recent data suggests that universal masking and close evaluation of extended use or reuse of N95 respirators in the health care setting can play a crucial role in decreasing health care-related COVID-19 infections (Degesys 2020, Seidelam 2020), but that community acquired infection for health care personnel may still remain at the same incidence rate as for other community members (Seidelam 2020). As such, ACOG recommends the following, based on local staffing availability:

All health care personnel, including pregnant women, should be:

- provided and appropriately using the recommended PPE, especially face masks (Degesys 2020, Seidelam 2020), for preventing nosocomial infection with COVID-19. The improper use of PPE in health care personnel has been associated with increased odds of being diagnosed with COVID-19 (Ran 2020); and
 - following public health guidance to avoid community acquisition.
- Health care facilities may consider limiting exposure of pregnant health care personnel to patients with confirmed or suspected COVID-19 infection, especially during higher risks procedures (CDC).
 - When all recommended PPE is not available, pregnant health care personnel should avoid exposure to high-risk procedures in patients with suspected or confirmed COVID-19. Health care personnel are not ethically obligated to provide care to high-risk patients without adequate protections in place (see COVID-19 FAQs for Obstetrician-Gynecologists, Ethics).
 - Pregnant individuals may continue to work in patient-facing roles until they give birth if they so desire and if all recommended PPE is available.
 - Pregnant individuals with comorbidities, such as obesity, are likely at increased risk for severe illness consistent with the general population with similar comorbidities. However, given that pregnancy itself is now identified as a risk factor for certain outcomes, the magnitude of further increase from such comorbidities will need to be further delineated. Thus, any recommendations related to the work environment specific to health care personnel with comorbidities should be applied to pregnant health care personnel with similar comorbidities.