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Memo

April 28, 2020

TO: Perinatal Care Providers; Maternal-Child Health Leaders; Public Health; Health Information Services

RE: (1) Change in specimen collection for prenatal GC/CT screening

(2) Alternate screening for diabetes in pregnancy

(3) Documentation of confirmed COVID-19 infection in pregnancy and in newborns

(1) Change in specimen collection for prenatal GC/CT screening

Until further notice, Nova Scotia is changing to urine testing for prenatal/perinatal Chlamydia trachomatis (CT) and Neisseriae gonorrhoeae (GC). The reason for the switch is that Aptima swabs are required for COVID-19 testing. The sensitivity of the two testing methods is equivalent so case detection should not change.

- Using the sterile urine specimen container, collect at least 20 milliliters of urine.
- Complete the standard outpatient lab requisition.

Please return any Aptima swabs in your offices/clinics to the closest hospital laboratory.

For internal staff at the IWK, the BD MAX swabs continue to be available for screening and are not impacted by COVID-19 testing.

If you have any questions, please contact the microbiologist on call at your local lab.

(2) Alternate screening for diabetes in pregnancy

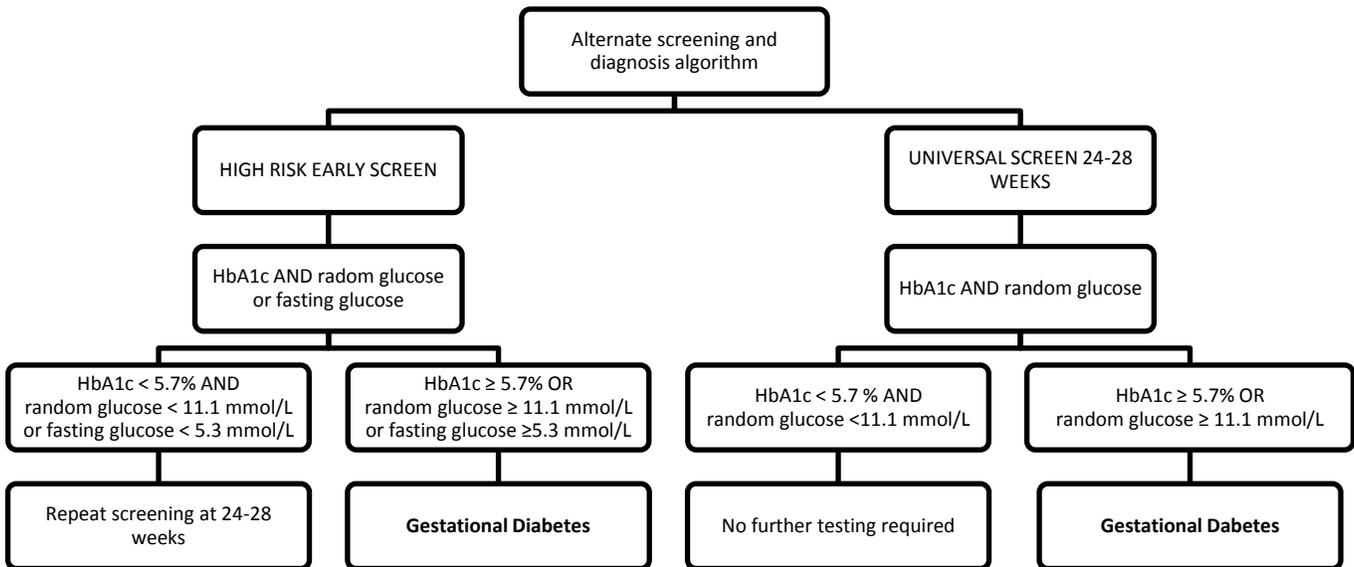
A temporary alternate screening option for gestational diabetes mellitus (GDM) has been proposed by the SOGC and Diabetes Canada, for use during the COVID-19 pandemic. It is perceived that there may be increased risk of COVID-19 exposure during the waiting time to complete a 50g-GCT or 75g-OGTT. This alternate screening is aimed at minimizing risk of exposure, limiting the burden on laboratories and increasing the likelihood that women will complete screening, while continuing to identify the highest risk women.

This alternate screening approach has already been adopted, or may be adopted based on clinical capacity at laboratories across the province.

- GDM screening at 24-28 weeks' gestation will be done with a hemoglobin A1c (HbA1c) and a random (non-fasting) glucose instead of a 50g-GCT (Trutol). If the HbA1c is 5.7% or greater OR random glucose is 11.1 or greater, the patient is felt to have GDM.
- Early screening for a high risk patient can be done with the same screening and diagnostic limits or you could order the HbA1C and a FASTING blood glucose with the cut off of 5.3 or greater in pregnancy. If early screen is negative, repeat at 24-28 weeks' gestation.
- Laboratories that have implemented this change will automatically change a Trutol order to HbA1c and a random glucose. If a fasting glucose or 75g-OGTT is ordered for clinical reasons, the tests will be carried out as ordered by the pregnant woman's care provider.

- Please note: HbA1c testing has been de-prioritized in some locations as part of the COVID-19 response. If you order the HbA1c you must indicate on the requisition that the patient is pregnant to ensure the test will not be cancelled.
- Defer postpartum screening until the pandemic is over.

If you have any laboratory specific questions regarding this screening, please contact your local lab.



(3) Documentation of confirmed COVID-19 infection in pregnancy and in newborns

To respond to the urgent public health crisis, as of 01 March 2020 RCP is collecting data for any cases of COVID-19 infection in pregnant individuals and newborns. Documentation of confirmed infection with COVID-19 during pregnancy, even if the patient has recovered, is essential for on-going surveillance. Please include the date the infection was confirmed (date of swab) for maternal infections, if known, so that gestational age at time of infection during pregnancy can be calculated. Indicate the date AND time of infection for neonates/newborns. The following documentation forms are being suggested as the best options for documenting this information:

Period of Confirmed COVID-19 Infection	Suggested Form / Location for Documentation
During Pregnancy	<ul style="list-style-type: none"> ● Prenatal Record ● Maternal Admission Forms (for antenatal and/or delivery admissions)
During Birth Admission (Maternal Infection)	<ul style="list-style-type: none"> ● Progress Notes
During Birth Admission (Newborn Infection)	<ul style="list-style-type: none"> ● Progress Notes ● Newborn Admission/Discharge Form
During Postpartum or Neonatal Admission (Identified prior to or during hospital readmission)	<ul style="list-style-type: none"> ● Admission Forms / History & Physical ● Progress Notes

Data collection will continue for a minimum period of 40 weeks beyond the declaration that the pandemic is over to allow for surveillance of newly pregnant affected individuals whose pregnancy will continue beyond the pandemic period.

Questions can be directed to RCP: (902) 470-6798, or rcp@iwk.nshealth.ca