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Oifig Treoir Chliniciúil FnaSS – Ionfhabtú a bhaineann le curam sláinte agus frithsheasmhacht in aghaidh antaibheathaigh

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Pregnant Healthcare workers (HCW) and other HCWs and the risks from COVID-19 in the DELAY phase

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In this context “other HCWs” are people who are at increased risk of serious disease and may include those with pre-existing cardio-pulmonary conditions, chronic renal and liver diseases, poorly controlled diabetes and those with impaired immune function due to underlying disease (for example HIV infection). Unless staff over 60 years of age fit into one of these risk groups, the risks of acquiring and the consequences of the disease are not significantly higher than other HCW.

Immunocompromised or immunodeficiency can be classified as primary or secondary (<https://www.hse.ie/eng/health/immunisation/hcpinfo/guidelines/> Chapter 3). The definition of immunocompromised is challenging, at a minimum it includes those people defined in the National Immunisation Guidelines as not suitable for administration of live virus vaccines. Clinical judgement may require that certain other categories of HCWs are also considered immunocompromised.

Many HCW's are extremely anxious at this time regarding COVID-19. While extreme anxiety may impair task performance there is no capacity to manage this as a specific occupational health risk under current pressures on the healthcare system and it is preferable if these situations are managed locally with appropriate psychosocial supports

Risk of acquiring COVID-19 Infection

There is no evidence and no reason to expect that HCW's who are pregnant, who are otherwise immunocompromised or who have other conditions that place them at high risk of severe disease are substantially more likely to become infected with COVID-19 than non-pregnant HCW's. The Institute of Obstetricians and Gynaecologists, RCPI have reviewed the

recent RCOG recommendations and have concluded that the recommendation that pregnant HCWS after 28 weeks gestation should not be put on front line duties is not evidence-based. They do however recommend that facilities may want to consider limiting exposure of pregnant HCW to patients with confirmed or suspected COVID-19, especially during higher risk procedures (e.g., aerosol-generating procedures) if feasible based on staffing availability.

Consequences of acquiring COVID-19 Infection

Although there is limited information at the moment to suggest that COVID-19 infection is associated with increased risk in pregnancy there is experience with other respiratory virus including the original SARS-CoV and MERS-CoV of adverse outcomes for the woman and for the baby.

There is limited information at the moment regarding COVID-19 infection and immune-compromise but there are indications that outcomes may be worse for patients with comorbidities and this is consistent with experience with other respiratory viruses.

Equity of Exposure and Continuity of Service

Allowing healthcare workers who are pregnant, who are otherwise immunocompromised or who have other conditions that place them at high risk of severe disease to avoid exposure to patients who are being evaluated for infection with COVID-19 infection or who have confirmed COVID-19 infection may significantly reduce the pool of HCWs available to care for these patients and may result in disproportionate exposure of other HCWs.

It is likely that most other HCWs would accept this disproportionate exposure if a reasonable justification based on predisposition to severe disease.

Conclusion

Healthcare workers who are pregnant, who are otherwise immunocompromised or who have other conditions that place them at high risk of severe disease but who adhere to recommended Infection Prevention and Control precautions are unlikely to be at greater risk of acquiring COVID-19 virus infection compared with other HCW's and do not need to be excluded from providing care to such patients.

Where possible and consistent with expressed preference of the healthcare worker it is pragmatic to allocate healthcare workers who are pregnant, who are otherwise

immunocompromised or who have other conditions that place them at high risk of severe disease to the care of other patients whenever practical.