



Obstetrical and Gynaecological
Society of Malaysia (OGSM)

COVID 19

*INFORMATION FOR
MEMBERS &
HEALTHCARE PROFESSIONALS
APRIL 2020*

An OGSM C.A.R.E.S Initiative

OGSM CARES



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While little is known about how COVID 19 impacts pregnancy, OGSM has taken the initiative to summarise information that would be essential to all healthcare professionals providing care to women in Malaysia



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RESTRICTION OF MOVEMENT ORDER IN MALAYSIA

- OGSM fully supports the restriction of movement order implemented under the Prevention and Control of Infectious Disease Act 1988 and the Police Act 1967
- This unprecedented order is essential to limit the spread of illness as we continue to battle this pandemic.
- We strongly urge everyone to comply with the restriction movement order for the benefit of one and all



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GENERAL INFORMATION

COVID-19



01

COVID-19 is an **infectious disease** caused by a newly discovered Coronavirus named *SARS-CoV-2*

02

First reported in the Hubei Province, China at the end of 2019, this pandemic now has affected more than a million people globally.

03

At publication, there are over 3700 confirmed patients in Malaysia. Up to date information can be viewed at the moh.gov.my webpage.

COVID 19 & PREGNANCY



01

Pregnant mothers are not at an increased risk of having Covid-19. However pregnancy brings about changes in the immune system especially in the third trimester which is of a concern.

Patients should be advised to follow the strict precautions and to avoid contact if possible.

02

Most affected pregnant mothers will be asymptomatic while a minority may have mild symptoms like fever and cough.

However, patients experiencing breathing difficulties are red flags that needs urgent review.

03

Pregnant mothers with COVID 19 do not need additional intervention or monitoring apart from routine evidence based obstetric care. COVID 19 has not been shown to cause fetal anomalies, miscarriages or preterm deliveries.



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TRANSMISSION

1) Direct

Close contact with an infected person - irrespective of symptoms.
Hence it is recommended to maintain a distance of 1-2 meters at least.

2) Indirect

Touching a surface, object or hand of an infected person which has been contaminated.

** Vertical Transmission

Some recent evidence does suggest vertical transmission is probable although the absolute risk is yet to be determined.



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INFORMATION FOR MEMBERS & HEALTHCARE PROFESSIONALS



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PROVISION OF ANTENATAL & POSTNATAL CARE

- Obstetric care remains an essential service
- If the patient is symptomatic or is in self isolation, routine appointments are best deferred for 14 days
- Identify patients who have missed appointments and it is advisable to continue to provide appropriate advice as to ensure that the needs of these patients are taken care of.
- During this stressful times, we should continue to be mindful and screen patients for mental health, presence of domestic violence and coping strategies including assess to health care.



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MODIFICATIONS OF SERVICES

- Each unit should have their own mechanisms for modification of services to maintain social distancing, while minimizing possibility of infection to others which includes visitation rules.
- Safe antenatal and intrapartum care remains a priority
- The safety of healthcare providers should also be prioritized. Organisations should aim to optimize staffing whilst rationalizing intervention.
- Each unit should have their own written modifications based on resources and logistics and this includes decisions on mode of delivery.
- Labour companions should be allowed especially if one is asymptomatic and is deemed to be low risk but this should also depend on resources and unit protocols.



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UNIVERSAL SCREENING OF ALL PATIENTS

- A screening questionnaire as recommended by the MOH on potential risks, symptoms and contacts should be used.
- We recommend that patients are asked to sign a health declaration form.
- The benefits and implications of universal screening remain uncertain.
- A PCR test remains a widely accepted gold standard for detection.



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SAFETY OF HEALTH CARE PROFESSIONALS

- Safety of healthcare professional remains a priority and each maternity unit should have written protocols with regards to management of patients during this pandemic.
- PPE's should be made available and staffs should be trained on donning and doffing.
- Adhere to strict infection preventive measures and protocols.
- If the healthcare giver is unwell, symptomatic or has had a contact, it is best that they are referred to the occupational and safety health team for urgent review and isolation as per protocol.
- It can be extremely stressful to work during such pandemics and hence general wellbeing including mental health of all staffs should be given due focus and attention.

PERSONAL PROTECTION EQUIPMENT (PPE) FOR HEALTHCARE PROVIDERS

- Facemask (N95 mask is recommended for aerosol spreading procedures)
- Respirator for suspected or confirmed COVID 19- patients undergoing general anaesthesia or intubation
- Eye protection (goggles or face shield)
- Disposable Gloves
- Head cover
- Disposable plastic aprons
- Waterproof Gown

- *Each obstetric unit should have their own written protocols on PPE's.*
- *Staffs should be adequately trained on wearing PPE's.*
- *Further information on donning and doffing is available at the ICOE website*

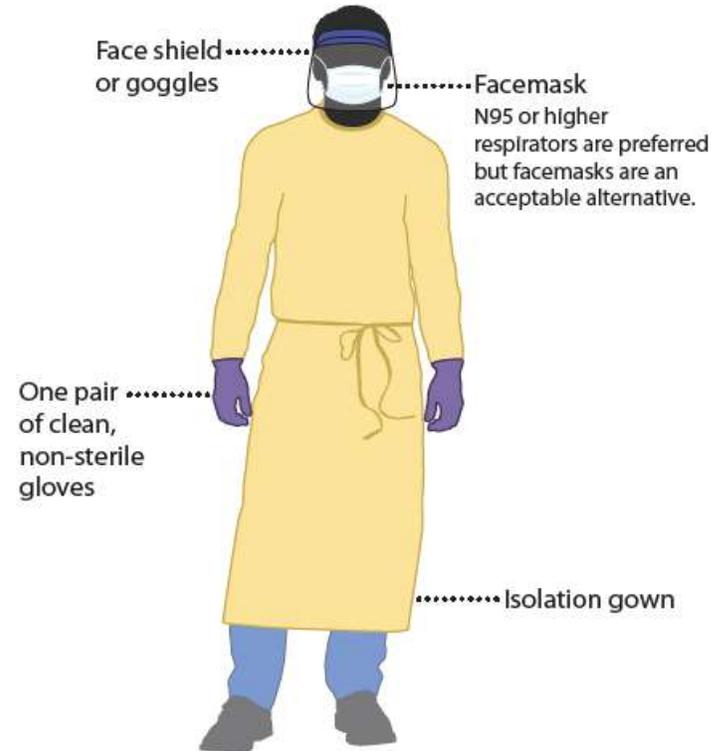


COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



CS 11838-C 05/23/2020

cdc.gov/COVID19



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SHOULD PREGNANT MOTHERS WEAR A MASK IN LABOUR?

It is good practice to advise women to wear a facemask during labour as even asymptomatic patients may transmit the virus.



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ULTRASOUND

- Pregnant mothers who have or have had COVID 19 infections do not need additional interventions, monitoring or ultrasound surveillance.
- Ultrasound is now part of routine obstetric care and if required, it is best to maintain sterility for all patients to prevent cross contamination while observing universal precautions.

01

Although there are concerns with regards to the use of corticosteroids among patients who may have had contact, the recommendation is to use especially if one perceives that there are true fetal benefits of antenatal corticosteroids.

02

Although there were some concerns with regards to the use of NSAIDs among COVID 19 positive patients, this evidence cannot be inferred towards those taking aspirin. Aspirin should be continued if the patient has a clear obstetric indication to be on it.

03

Hydroxychloroquine is safe in pregnancy for doses ranging 200-400mg per day based on the maternal weight. The prophylactic role of Hydroxychloroquine in Covid 19 exposure remains controversial.

MEDICATIONS IN PREGNANCY



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SUSPECTED OR CONFIRMED COVID 19 PATIENTS

- Such patients should ideally be referred to a designated COVID-19 hospital as per MOH recommendations.
- If such patients present in labour, the MOH guidelines recommend a caesarean section since most labour suites do not have a negative pressure ventilation and the risk of aerosol spread is significant especially during the second stage of labour. Each obstetric unit should have an identified operating theatre and protocols based on their own resources to manage such patients.
- If such patients present in imminent labour, then these patients should be delivered in an isolated labour suite. All birth attendants should be in full PPE. Entonox is not recommended in view of the aerosol spread. Continuous CTG monitoring remains controversial should be based on individual risk and protocols. Each obstetric unit should have a designated labour room to manage such patients.
- The mother and baby should both be isolated. The safety of breastfeeding among symptomatic mothers remains controversial.
- These patients should be referred to the designated MOH COVID 19 hospitals for further management post partum.

PATIENTS WHO HAVE RECOVERED OR RETURNED FROM SELF ISOLATION

- There is currently no known long term maternal or fetal implications for patients who have recovered from an infection and neither are they at risk of infecting others if they remain asymptomatic beyond the 14 days isolation period.
- These patients should return to routine obstetric care.



1

Care for patients with significant conditions such as malignancies or gynaecological emergencies should be continued without disruption while optimizing universal precautions. If these patients are symptomatic or has had a significant contact, liaise with the infectious disease specialist to best optimize care for these patients.

2

For other non gynecological emergencies, it is suggested to delay routine clinic reviews including elective gynecological surgeries

3

Each hospitals and units should develop their own mechanisms to manage such patients. This includes mechanisms to ensure patients have sufficient medications and can still assess care if needed.

4

Current recommendations on universal screening of all patients prior to elective gynaecological surgeries are still evolving and more information is required before any recommendations can be made.

5

Contraception remains an essential service and it should continue to be provided by healthcare professionals.

GYNAECOLOGICAL PATIENTS



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INFORMATION FOR PREGNANT WOMEN



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ADVICE FOR PREGNANT WOMEN

1) Social distancing

It is recommended to advise all patients to observe social distancing and avoidance of contact with people who are known to have COVID19 or anyone who is symptomatic.

Wearing a mask is essential especially if one is symptomatic.

2) Obstetric care

- I) Obstetric care remains important for optimal outcomes. It is best to contact and communicate with your doctors on how this can be modified but it is not advisable to miss essential appointments without advice from your obstetrician.
- II) However, if you are unwell or if you came in contact with someone who is confirmed positive, it is best you inform your obstetrician before your appointment and you will be advised accordingly. It is not recommended to attend routine obstetric care if you are unwell or at risk of contact. It is best to be honest to your healthcare givers.



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CAN YOU GET PREGNANT DURING THIS PANDEMIC?

- There are many uncertainties with regards to COVID-19 especially with regards to the implications on the mother and the baby. The burden on healthcare is significant.
- Although there are no general consensus with regards to conception during this pandemic, the possibility of you having optimal access to healthcare may be a challenge. The quality of your care during pregnancy which may also be affected.
- Use contraception and it is best to plan your pregnancy for optimal outcomes.
- Assisted reproductive treatments may also be delayed at this moment of time but it is best to consult with your fertility specialist.



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INFORMATION FOR NON PREGNANT WOMEN (GYNAECOLOGY)



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GYNAECOLOGY PATIENTS

- If you do have a routine gynaecology appointment and if you are well, you can consider delaying these appointments until the restriction of movement order has been lifted.
- If you have an emergency or if you are unwell, please contact your Gynecologist who will facilitate a review.
- Follow up of cancer patients and chemotherapies are unaffected and it is in your best interest not to miss these appointments.
- Contraception needs is considered an essential service as we believe every pregnancy should be planned.

OGSM STATEMENT



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In such unprecedented circumstances, we the healthcare professionals are the only hope to shoulder the responsibilities to battle this pandemic and we believe we will remain united as a fraternity.

Although what is known remains the tip of the iceberg, we are still entrusted to provide the best of care for all our patients based acceptable evidence. Obstetrics and essential gynaecology services remains a priority and an essential service for women.

Our patients who now have easy access to information. The need proper guidance and advise is now even more crucial now. It is our responsibility to work towards empowering patients, debunking myths while avoiding panic among women.

OGSM extends her support to all her members and healthcare professionals in this difficult time. We will continue to strive to be the voice of our fraternity while championing women's health.



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OGSM SUPPORT FOR MEMBERS

- For additional information or support from OGSM, kindly email us at administrator@ogsm.org.my
- In compliance to the Restricted Movement Order, our secretariat is currently working from home and continue to provide support to you.
- It is our utmost priority to ensure our patients, members, doctors, midwives, nurses, frontlines and your families are safe and healthy.
- Stay safe and take care.



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REFERENCES

RCOG Coronavirus (COVID-19)
Infection in Pregnancy

ACOG COVID-19 FAQs for
Obstetrician–Gynecologists,
Gynecology

World Health Organization

MOH Guidelines on COVID 19