



# Pregnant and Breastfeeding Workers



Pour des milieux de travail en santé  
Réseau de santé publique  
en santé au travail

Preventive Measures in the Workplace  
Interim recommendations

**This is a supplement to the document [COVID-19 \(SRAS-CoV-2\) : Recommandations intérimaires sur les mesures de prévention en milieu de travail pour les travailleuses enceintes ou qui allaitent version 3.0](#), July 13, 2020. [in French only]**

In Québec, a worker who is pregnant or breastfeeding may avail herself of a preventive reassignment as outlined in the *For a Safe Maternity Experience* program set out by the Act respecting occupational health and safety (RLRQ c S-2.1, articles 40 and 46).

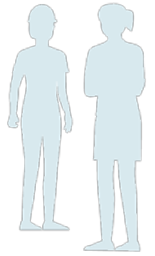
This version 3.0 of recommendations for pregnant and breastfeeding workers has been created in the ongoing context of the SARS-CoV-2 virus circulating in Québec and the resumption of professional activities, and in the context of lockdown lifting and lockdown.

## Context

- ▶ Since December 31, 2019, the outbreak of acute respiratory infections and atypical pneumonias caused by the SARS-CoV-2 virus has developed rapidly.
- ▶ On March 11, 2020, the World Health Organization (WHO) classified the outbreak as a pandemic.
- ▶ On March 13, 2020, Québec declared a public health emergency.
- ▶ On March 25, 2020, only essential services remained open in Québec.
- ▶ On April 4, 2020, the national director of public health announced community transmission in all regions of Quebec.
- ▶ On April 15, 2020, the national director of public health allowed gradual reopening of certain economic sectors depending on the regional epidemiology of the disease COVID-19.

In the current phase of lockdown lifting and the possible resumption of lockdown, workplace recommendations are those issued by public health authorities: clients and work colleagues must respect physical distancing and other prevention measures and must follow all procedures when symptoms are present, in isolation or at the onset of a workplace outbreak.

Given that there is no effective vaccine or specific treatment for COVID-19, as of the writing of this document, the public health measures are tools that are available to reduce occurrence of the illness, prevent outbreak centres and overburdening healthcare services, and protect vulnerable populations in a more specific way. Applying the *For a Safe Maternity Experience* program is one of these workplace measures meant to protect pregnant workers, children they are carrying and children being breastfed.

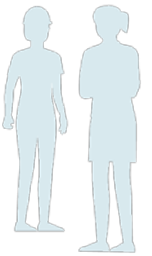


## Basic Principles for Preventive Reassignment of Pregnant Workers

Recommendations for preventive reassignment of pregnant workers are part of this legal context and are founded on the following grounds:

Whereas:

- ▶ Certain comorbidity factors increase an adult's risk of SARS-CoV-2 infection and these same vulnerability characteristics have been observed in pregnant woman.
- ▶ When there is an infection in the third trimester, maternal manifestations of the illness are sometimes severe.
- ▶ Data from monitoring suggest that among women of childbearing age who have COVID-19, those who are pregnant are more likely to be admitted to intensive care and to require assisted ventilation than those who are not pregnant.
- ▶ During pregnancy, physiological and immunological changes make pregnant people more susceptible to respiratory infections.
- ▶ SARS-CoV-1 and MERS-CoV are associated with a high risk of severe maternal illness and mortality and SARS-CoV-2 is genetically related to SARS-CoV-1 and MERS-CoV.
- ▶ Data collected to date cannot rule out that SARS-CoV-2 increases the risk of spontaneous abortion or that the virus is a teratogen and that uncertainty remains as to the impact of SARS-CoV-2 infection in the first months of pregnancy, given that very few cases of pregnant people infected in the first or second trimester of pregnancy are currently reported in the literature.
- ▶ That knowledge currently available on COVID-19 and pregnancy is mainly based on studies of cases and series of cases of infections in the third trimester of pregnancy and reveal preterm births (PTB), fetal distress, low birth weight (LBW) associated with prematurity, and stillbirths.
- ▶ Transmission of the infection can happen in pre-symptomatic and symptomatic periods of the illness.
- ▶ Asymptomatic people who remain asymptomatic throughout their infection can transmit the infection.
- ▶ Children can transmit the infection just as adults can.
- ▶ The symptomatology is mainly fever, damage to the upper or lower respiratory tracts, and sudden anosmia without nasal congestion, with or without ageusia, but other clinical signs can be atypical presentations of the disease and can manifest as vague symptoms.
- ▶ Fecal-oral transmission is considered to be of little significance.
- ▶ Surface transmission of COVID-19 remains theoretical and hand hygiene when cleaning potentially contaminated surfaces seems to be sufficient to eliminate this risk.
- ▶ The proportion of false negatives in screening tests may reach a worrying level.
- ▶ Uncertainty remains as to the protective immunity against a second infection among people who have recovered from COVID-19.
- ▶ The highest-risk tasks are those done with people who are confirmed to have or are under investigation for COVID-19.
- ▶ Physical distancing and reducing the number of contacts are the most effective measures for limiting transmission of the virus from one person to another.



- ▶ Wearing personal protective equipment (PPE), no matter what kind, is the weakest level in the hierarchy of means of prevention.
- ▶ In the presence of a declared case of COVID-19 in the workplace, when 2 m physical distancing is applied with the confirmed case, the risk of exposure for the contact is considered to be low.
- ▶ In the context of an outbreak in a workplace, propagation of the virus is heightened and thus vigilance must be increased and workplace measures must be better supported.
- ▶ Healthcare facilities and living and housing facilities are the places where confirmed cases and cases under investigation are isolated.
- ▶ No vaccine nor any specific treatment is currently available.

Therefore:

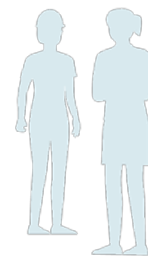
Pregnant people are considered to be a vulnerable population that requires implementation of special preventive measures in their workplaces.

The principle of precaution must continue to guide current recommendations for preventive reassignment of pregnant women.

### Next Phase of the Pandemic

A ministerial plan to confront the next phase of the pandemic in Québec, including four levels of alert and interventions, is being developed and should be published this summer. Several indicators will allow decision-makers to move from one level to another and to inform the population and workplaces of this in a timely way.

This phase could last several months and will not end until a vaccine or an effective treatment for COVID-19 is widely available. During this phase, an enhancement of the current preventive measures is planned, according to the alert levels. Furthermore, these measures could also include partial closing of certain places, certain sectors of economic activity, and even go as far as to return to partial lockdown if transmission becomes uncontrolled and threatens to have serious impacts on Québec society. For public health, health monitoring will play an essential role in orienting decisions.



## Recommendations Concerning Pregnant Workers

**In the context of community transmission of SARS-CoV-2, of lifting lockdown, and returning to lockdown through to the end of the epidemic period declared by Québec's public health authorities and including the established grounds and the next phase of the pandemic,**

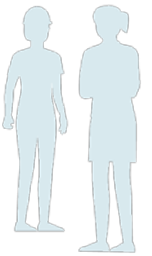
**We recommend, for the entire duration of a pregnancy, to immediately reassign pregnant workers, without consideration of their immune status, in such a way as to:**

- ▶ Ensure a minimum physical distance of 2 metres from clients and colleagues. For work within 2 m, installing an adequate physical barrier such as a separation window is allowed. Personal protective equipment (such as masks, glasses, and visors) are not considered to be a physical barrier.
- ▶ Eliminate presence in the same room (bedroom, treatment room, etc.) or in the same vehicle with people under investigation or suspected or confirmed cases of COVID-19.
- ▶ Eliminate care, testing, medical examination, paraclinical examination, and treatment of people under investigation or suspected or confirmed cases of COVID-19.
- ▶ Eliminate transportation of people under investigation or suspected or confirmed cases of COVID-19.
- ▶ Eliminate management of dead bodies of people under investigation or suspected or confirmed cases of COVID-19.
- ▶ Eliminate contact, care, and treatment of people under investigation or suspected or confirmed cases of COVID-19 who are isolating at home or in housing facilities.
- ▶ Eliminate all tasks in residential environments (hospital centres, living spaces: detention centres, group homes or seniors' residences, long-term care housing or CHSLDs, etc.) declared to have COVID-19 outbreaks by public health authorities\* who will also declare when the outbreak has ended. Other workplaces with outbreaks that are not residential environments are not considered at risk for pregnant workers provided that the entirety of the recommendations for preventive reassignment described above are respected\*\*.

Crossing paths (for a very short period) with a person within 2 metres, without touching and without stopping (in hallways, stairwells, etc.), represents a very low risk of infection and no recommendation for preventive reassignment is recommended for this situation.

\* The evaluation of the outbreak situation (room, unit, zone, department, floor, pavilion, facility, etc.) for each establishment is rigorously conducted by the Infection Prevention and Control (IPC) team of integrated health and social services centres (CISSS) (or integrated university health and social services centres [CIUSSS]) and/or by the Direction de santé publique (DSP) for each region, depending on how the region is organized. The management of each establishment is informed of its evaluation regularly.

\*\* Because, unlike in residential environments, confirmed cases and their close contacts are removed from the workplace.



## Recommendations Concerning Breastfeeding Workers

**In the context of community transmission of SARS-CoV-2, of lifting lockdown and of lockdown, until the end of the epidemic period declared by Québec's public health authorities:**

Whereas:

- ▶ Available data do not suggest that breastmilk is a transmission vector for the SARS-CoV-2 virus from nursing parent to child.
- ▶ Antibodies against SARS-CoV-2 that have been measured in the milk of infected nursing mothers could confer protection to the breastfed child.
- ▶ A breastfed newborn seems to be at higher risk of contracting COVID-19 from close contact with an infected nursing mother than from breastmilk itself.
- ▶ COVID-19 is not a contraindication to breastfeeding for infected nursing mothers, when practiced in hygienic conditions that are safe for the newborn.

**We do not recommend preventive reassignment of workers who are breastfeeding.**

**Note:** The information presented in this document will be adjusted as the epidemiological situation and new scientific knowledge about SARS-CoV-2, COVID-19, and its impact on pregnancy, unborn children, and breastfed children develop.

This document should be used as a complement to the other documents produced by the Institut national de santé publique du Québec about COVID-19. The most up-to-date versions of these documents are available on the INSPQ website: <https://www.inspq.qc.ca/covid-19/sante-au-travail>

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