



February 19, 2021

Dear Primary Care Providers,

We are writing to alert you to some recommendations and resources to assist in managing obstetrical and gynecologic issues during the COVID-19 pandemic.

1. Vaccination

The SOGC recommends that the COVID-19 vaccine be offered to women who are pregnant or breastfeeding at anytime if they are eligible and no contraindications exist. We have developed a tool to assist you in counselling should you wish to use it. This is entirely optional and not required by public health prior to administration of the vaccine. Please feel free to use it in guiding your discussions and/or as a handout. It can be found here:

<https://www.saskhealthauthority.ca/news/service-alerts-emergency-events/covid-19/vaccine-info-health-care-providers/Documents/General/CV-19-G0096-COVID-19-Vaccine-During-Pregnancy-Breastfeeding-w-Appendix.pdf>

2. Routine Women's Health Care

Anecdotally, we have noticed an increase in the number of patients who are not able or willing to access care. The proportion of women with limited or no prenatal care has increased, as has the number of gynecologic referrals made without physical examination. While the move to virtual care was long overdue, its utilization must be appropriate, even during a pandemic.

a) Prenatal Visits

As a reminder, below is the recommended prenatal visit schedule during the pandemic, which is appropriate in LOW-RISK pregnancies. This must be modified in view of patient risk, and if complications develop then recall as needed:

- i. Initial visit - face to face
- ii. Alternate in person visits with virtual every 3 to 4 weeks until 30 weeks
- iii. After 30 weeks, alternate in person visits with virtual every 2 weeks until 36 weeks
- iv. Alternate in person visits with virtual every week until delivery

b) Contraceptive Care

The early months of the pandemic illustrated many negative downstream effects to women's health when access to contraception is limited. It is critical to ensure that people are offered timely and appropriate birth control, which may include referral for surgical sterilization if alternatives are contraindicated or ineffective. This also includes access to in-person visits for injections or IUD insertions.

c) Cervical Cancer Screening

In addition, we need to ensure resumption of preventative services. We anticipate a switch to liquid-based cytology imminently, but we do not yet have the infrastructure to move to primary HPV testing and self-sampling. Therefore, women will continue to require in-person visits for pap smears. A separate attachment summarizes the available recommendations for cervical cancer screening. *Please do not allow more than 18 months to lapse for routine pap smears.*

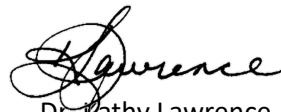
d) General Gynecologic Referrals

Referrals are being made to gynecologists which report on the patient's description of a lesion without physical examination by their care provider. Many of these cases would not traditionally have required specialist consultation. In addition to longer waitlists, this carries the risk of introducing errors in triage, as your impression of the seriousness of the lesion is critical in assessing urgency. We know that diagnoses are being delayed as a result of the pandemic, and we implore your assistance in preventing further morbidity and mortality. Please consider examining your patients prior to referral.

Thank you for your ongoing commitment to quality patient care through these challenging times. Please feel free to reach out to us with questions or suggestions on how we can better coordinate services for the women of Saskatchewan.



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