Clinical Guideline

Health
Hunter New England
Local Health District

Maternity COVID-19 Virtual Care

Sites where PCP applies	All HNELHD maternity services and AMIHS programs
Target audience	All staff providing or responsible for maternity care during pregnancy
Description	This document outlines the process for the management and support of pregnant women who have screened positive for COVID-19 and are in home isolation.

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Keywords	COVID-19, COVID, SARS-CoV-2, pregnancy, pregnant
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Replaces existing document?	Yes
Registration number and dates of superseded documents	HNELHD CG 21_68 Version Three from 23 February 2022; Version Two from 9 February 2022; Version One from 19 November 2021

Related Legislation, Australian Standard, NSW Ministry of Health Policy Directive or Guideline, National Safety and Quality Health Service Standard (NSQHSS) and/or other, HNE Health Document, Professional Guideline, Code of Practice or Ethics:

- Virtual-Care-in-Practice.pdf (nsw.gov.au)
- Maternity-Postnatal Home-based Care during COVID-19 Pandemic
- Management of COVID-19 Hotels
- COVID-19 Response Measures for Level 2, 3 and 4 Maternity Services
- COVID-19 Confirmed or Close Contact Transfer and Discharge
- Treatment for COVID-19 in pregnant people (nsw.gov.au)
- Care of pregnant women who are close/casual contacts of a COVID-19 case or venue
- Care of COVID-19 Positive Adult Patients - Community HealthPathways Hunter New England
- ATAGI guidelines
- GL2021_019 Care pathway for women concerned about fetal movements
- Coronavirus (COVID-19) Infection in Pregnancy v14.3, RCOG

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Glossary

Acronym or Term	Definition
AHW/P	Aboriginal Health Worker or Practitioner
AMIHS	Aboriginal Maternal Infant Health Strategy
CCiTH	COVID Care in The Home team
CMC	Clinical Midwife Consultant
JHH M&G COVID Consultant	Obstetric consultant in charge of case management of COVID positive pregnant women in HNELHD
PHU	Public Health Unit
PET	Pre-eclampsia toxaemia
SBB	Safer Baby Bundle
Virtual Care	Virtual care is any interaction between patients and/or members of their care team occurring remotely, this can include phone, telehealth and My Virtual Care
WHaM	Women's Health and Maternity Network HNELHD

Aims and Objectives

To provide maternity virtual care to pregnant women who are under isolation orders due to a confirmed COVID-19 diagnosis.

This model of care is available to pregnant women across HNELHD and will be locally provided by nominated midwifery staff, including support from the Clinical Midwifery Consultant (CMC) team. The program will provide virtual care during business days and hours only. Where possible the woman will be provided with contact by the one clinician to support woman-centred midwifery care.

The objective of the Maternity COVID-19 Virtual Care Program is to maintain provision of antenatal care at a distance in collaboration with the COVID Care in The Home (CCITH) program, COVID Kids @ Home Team and Public Health Unit (PHU).

Maternal COVID-19 infection is associated with approximately doubled risk of stillbirth and may be associated with an increased incidence of small for gestational age babies. The preterm birth rate in women with symptomatic COVID-19 appears to be two to three times higher than the usual rate. Coronavirus (COVID-19) Infection in Pregnancy v14.3, RCOG

Maternity Services have a responsibility to provide virtual care consultation with peri partum women whilst they are in isolation. This care is in addition to care provided by the CCiTH and COVID Kids @ Home Teams.

Eligibility Criteria

- Eligibility to the program includes pregnant women greater than 14 weeks gestation who are COVID-19 Positive following a PCR or RAT result, and are living or residing within HNELHD.
- Individual services are responsible only for those women planning to birth or booked into their facility

Where possible care is recommended to be provided by the usual continuity of care maternity provider inclusive of AMIHS teams, Aboriginal Medical Services, interpreter services and midwifery continuity of care models. Face-to-face appointments within the woman's existing model of care may resume following completion of their required isolation period for women who have had mild to moderate COVID-19. Women who have required hospitalisation during their COVID-19 illness should have their initial consultation following recovery with an Obstetrician to ensure that their previously allocated model of care remains appropriate.

Women who are admitted to hospital for any indication during their isolation period will not continue to receive Maternity COVID-19 Virtual Care during their inpatient period, but are eligible to return to the model of care if they remain in isolation on discharge.

Referral Process

Pregnant women during the ante-natal period required to isolate due to COVID positive status are automatically referred through the Patient Flow Portal referral system. Referrals can also be made directly to HNELHD-COVIDMaternity@health.nsw.gov.au

Referrals are to be reviewed and accepted by the WHaM Manager or delegate, and referred to the local maternity site.

Antenatal Isolation

Women who have tested positive for COVID-19 require access to woman-centred maternity care provided by maternity care providers. Whilst some women who test positive for COVID-19 may require hospitalisation, many women can be managed at home or hospital hotel accommodation. To comply with Public Health Orders, people who test positive to COVID-19 who are not admitted to hospital are to remain in isolation until they meet release from isolation criteria.

When considering Virtual Care options, consideration needs to be given to personal preference, cultural beliefs, known maternity care provider and language – all options for telehealth should be discussed with the client such as telephone contact, telehealth or My Virtual Care so that she may decide which option is best for her.

Minimum care whilst in home isolation

Managing the course of a pregnant woman's illness with COVID-19 in the community includes specialist involvement from maternity services as a minimum. The COVID Care in The Home (CCiTH) team provide additional support to only those women with an identified medical need. Below is the minimum expectation of telehealth consultation according to gestational age and time line of engagement.

Gestation	Additional maternity care support recommendations (minimum):
14-28 weeks	Initial triage and assessment
>28 weeks	Initial triage assessment and maternity support and assessment every 2-3 days until completion of isolation

Time line	Telehealth appointment	Clinician responsibility
Initial Phone Contact	• Maternity triage assessment and respiratory assessment as per Caring for adults and children in the community with COVID-19 • Enquire COVID-19 symptoms - Are symptoms improving, worsening or the same, date of symptom onset. For respiratory distress or chest pain call 000 • Discuss general care management during viral illness e.g. rest, hydration, regular paracetamol • Provide reassurance regarding midwifery care during home isolation period also reassure that maternity services are aware of the woman's COVID-19 positive result • Ensure VTE assessment has been completed • Encourage woman to contact local maternity facility and seek medical care regardless of COVID-19 status whenever she has concerns related to fetal movements, vaginal loss, ruptured membranes, uterine activity, worsening respiratory symptoms • Provide opportunity for the woman to ask any questions • Reinforce isolation requirements in line with current recommendations • Negotiate with woman preferred contact modality: telephone, My Virtual Care, telehealth • Ensure the woman has the contact number for the local birth unit according geographical location and complexity • Discuss fetal movements (>20 weeks) GL2021_019 Care pathway for women concerned about fetal movements • Discuss stillbirth prevention strategies in alignment with SBB • Discuss signs and symptoms of PET • Discuss when to contact birthing facility for advice • Discuss psychosocial supports for woman excluding DV Screen. Refer to Safe Start and social work as required • Worsening respiratory symptoms should be escalated immediately to 000 and local Obstetric Medical Officer	• Document virtual consultation in eMaternity ***Care Plans, Notes and Scans - Additional Notes*** Section. Document date of confirmed COVID-19 infection in ***Special Considerations*** • Arrive and Depart woman on iPM

Discharge process

Timeline	Telehealth appointment	Clinicians responsibility
Discharge following provision of COVID Clearance Certificate – Antenatal period	• Care following asymptomatic or mild COVID-19 in pregnancy (not requiring admission to hospital), antenatal, labour and birth care should remain unchanged • Care following moderate, serious or critical COVID-19 (requiring hospital admission) an individualised care plan should be created with a consultant obstetrician in collaboration with the woman prior to discharge • Recommendation for an ultrasound to assess the fetal biometry approximately 14 days after discharge • Consideration of additional antenatal appointments if indicated • Facilitate completion of all necessary antenatal pathology • Discuss COVID-19 vaccination in pregnancy in line with current ATAGI recommendations • Women who have received a SARS-CoV-2 monoclonal antibody or convalescent plasma such as Sotrovimab should defer future doses of COVID-19 vaccine for at least 90 days • If the woman has not received this treatment and is free from symptoms: *Option 1* – Immediately following COVID-19 clearance vaccination can occur *Option 2* – ATAGI guidelines Discuss COVID-19 vaccination in pregnancy in line with current ATAGI recommendations	• Document in eMaternity • Note discharge from Maternity-COVID Positive Virtual Care

Escalation to Higher Level of Care

If a clinical concern is identified during a telehealth appointment such as decreased/absent fetal movements, antepartum haemorrhage, ruptured membranes, uterine activity etc., the local Obstetric Medical Officer should be contacted. The JHH M&G COVID consultant is available on **0434 962 989** if further support is required regarding care planning and management.

For advice on referrals or to escalate care if there is concern that the woman's COVID-19 symptoms require more intensive monitoring, refer to COVID Care in the Community (CCIC) on **(02) 4923 6195**. Obstetric concerns should be escalated to your local Medical Officer or the M&G COVID Consultant **0434 962 989.**

CCIC Pregnant women inclusion criteria

- Unvaccinated women with significant co-morbidities e.g. T1/T2DM, chronic medical conditions including moderate and severe asthma, BMI > 40
- Women eligible for sotrovimab. All of the following criteria must be met:
    - Within 5 days of symptom onset **AND**
    - No oxygen requirement due to COVID-19 **AND**
    - Reduced immunity to COVID-19 by being:
        - Unvaccinated (i.e. received no doses of COVID-19 vaccination) **OR**
        - Not fully vaccinatedˆ (i.e. has not completed their primary course of COVID-19
        - vaccination) **OR**
        - Overdue for boosterˆ (as per ATAGI guidance) **OR**
        - Immunocompromised (irrespective of vaccine status or age) **AND**
    - Second or third trimester of pregnancy **AND**
    - One of the following risk factors:
        - Obesity (BMI ≥30 kg/m²)
        - Severe cardiovascular disease (including hypertension)
        - Severe chronic lung disease including severe asthma (requiring a course of oral
        - steroids in the previous 12 months), COPD and interstitial lung disease
        - Type 1 or 2 diabetes mellitus
        - Severe chronic kidney disease, including those that are on dialysis
        - Severe chronic liver disease
- Referrals for any pregnant women > 34 weeks who are significantly impacted by COVID-19 will be considered following discussion with the clinical team

For advice on referrals or to escalate care if there is concern that the patient's symptoms require more intensive monitoring refer to the district services:

- **Discussion with the clinical team call (02) 4041 7714**
- Send written referral to: HNELHD-GreaterNewcastleHITHCOVID@health.nsw.gov.au
  Use SUBJECT LINE: Escalation referral Referral form

Version History

Version	Date	Changes
Version 4	22 March 2022	Change in gestation of care from >12 weeks to >14 weeks p3 Removal of scanning requirements p5 Addition of new scanning requirements p5
Version 3	23 February 2022	Addition of sotrovimab criteria to align with ACI and CEC guidance.
Version 2	8 February 2022	Scope of document from all pregnancies to > 12 weeks (p3) Addition of referral process to include Patient Flow Portal (p3) Addition of usual maternity care provider to eligibility criteria (p3) Adjustment of eligibility criteria to exclude post-natal women and infants classified as close contacts, remove inclusion of highly probably COVID-19 (p3) Update Ante-natal Isolation to exclude duration of isolation Addition of hyperlink (p4) *Caring for adults and children in community with COVID-19* Inclusion of hyperlink - Clinical Guideline Fetal Movements (p4) Updated table clinical care - removal of follow up phone call in time line tab, all clinical care included in initial phone call (p4) Update table Clinician Responsibility to include specific documentation instructions and remove notify maternity site (p4) Addition of CCIC inclusion criteria paragraph (p6) Addition of contact details for CCIC - escalation of care (p6), inclusion of CCIC referral form as link Addition of inclusion of local obstetric medical officer in escalation of higher level care (p6) Update discharge process to include specific instructions for fetal growth surveillance (p5)
Version 1	14 October 2021	Original document