

Policies, Local and National Guideline: Approval Process*Guidance for maternity care staff caring for women during COVID-19 pandemic: Community and Outpatient Pathways*

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Guidance for maternity care staff caring for women during COVID-19 pandemic: Community and Outpatient Pathways

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1. **Summary of Updates**

|  |  |
| --- | --- |
| **Date and Version Number** | **Updates made to this document** |
| 08/04/2020 | 3 | Section 1: section added regarding purpose and scope of this guidance. |
| 08/04/2020 | 3 | Section 2: Updated information regarding screening prior to face to face contact added |
| 08/04/2020 | 3 | Schedule of antenatal care table update to reflect RCOG guidance (30/03/20 V1) regarding frequency of appointments.  |
| 08/04/2020 | 3 | Updated to reflect national recommendation regarding the cessation of CO monitoring in pregnancy |
| 08/04/202 | 3 | Schedule of antenatal care table: Updated to reflect local changes made to the pathways for serial scans to 28, 34, 39 week for women under purple and orange pathways. Further details under booking appointment.  |
| 08/04/2020 | 3 | 11-14 weeks and 20 week scans**-** updated to reflect RCOG guidance regarding screening |
| 08/04/2020 | 3 | Section 3: Outpatient Management:Updated to reflect the changes in access to the AMH building via main entrance.  |
| 08/04/2020 | 3 |  Section 11 added which includes links to national guidance regarding PPE |
| 08/04/2020 | 3 | Section 10: updated to reflect RCOG recommendations regarding postnatal care (30/03/20 V1).  |

1. **Pathways of Care**
* This guidance is changing rapidly and amendments may be needed as more evidence and information is gained. All staff should ensure they are using the most recent version of the guidance.
* Please familiarise yourself with any new versions of this document as well as the new and updated national guidance.
* This guidance has been created to support day to day practice within the community and outpatient setting during the COVID-19 pandemic, however it is not exhaustive. Staff must continue to use their own clinical expertise, judgment and decision making when care planning and considering adaptions that may be required for individual care plans. If any staff member is unsure please discuss with your line manager or a member of the midwifery leadership team for further advice.
1. **Antenatal Care Pathways**
* Women should be advised that it is still important to attend routine antenatal care unless they meet current stay at home guidance for individuals and households of individuals with symptoms. Symptoms include a new continuous cough and/or a fever (RCOG 18/03/20). The location of consultation is at the discretion of the clinician according to need.
* Where women require a face to face consultation a system should be in place for evaluating whether she has symptoms that are suggestive of COVID-19, or if they meet current ‘stay at home’ guidance. This may be a telephone call prior to the appointment or an assessment at entry to the maternity setting, or both (RCOG 30/03/20).
* Routine antenatal care is essential for detecting common complications of pregnancy and many elements of antenatal care may require in-person assessment. The RCOG advise that **a minimum of six face to face antenatal consultations** are recommended (30/03/20). There is no appropriate evidence about replacing this minimal antenatal care with remote assessment.
* The chart below outlines the schedule of antenatal care recommended by the RCOG (30/03/20), and provides alternative options for community midwives and outpatient clinical areas to enable you to continue to provide care to women throughout their pregnancy during the pandemic. For example we have highlighted areas where the use of near me or a telephone consultation is an option regardless of COVID-19 status, and where near me may be required if appointments need to be delayed due to confirmed or suspected COVID-19 instead of face to face contact.
* If the schedule of antenatal care recommends face to face contact, but the woman has had all her physical checks carried out (BP, Urine etc.) when attending another recent appointment (i.e. DAU, Serial Scans) then a telephone/ near me consultation can be considered instead in order to provide required information and support.
* **Anything that can be reasonably carried out using near me/attend anywhere/ telephone call, should be done so as pregnant women have received advice to socially distance for a 12 week period**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Visit | Who? | Recommendations  | Modifications  |
| 1 | Booking Appointment | All Women  | Routine Bloods CO monitoring during pregnancy has been suspended as a precautionary measure by the National Centre for Smoking Cessation and Training (NCSCT). Other aspects of care targeted to identify smokers and assist with cessation should still continue (RCOG 28/03/19). ***Please note:*** *If during 1st consultation it is identified that the woman has risk factors that would require a serial scan pathway (purple & orange pathway in SGA guidance) these will now be undertaken at 28, 34, 39 weeks gestation for this group of women.* *Higher risk women (red pathway in SGA guidance) will continue to have scans at 24, 28, 32, 36, 39 weeks gestation.*  | Face to Face  |
| 1+ | 11-14 week Scan | All Women  | This scan can be delayed if the woman is symptomatic or in self-isolation. *If the delay extends to the point in which women who wished to have screening for trisomy 21, 18 and 13 have missed combined screening (11+2 -14+1 weeks) then the recommendations for mid-trimester screening are as follows:****If seen at 14+2 to 17+6*** *perform a dating scan and offer quadruple screening for trisomy 21. Use head circumference (HC) for the quadruple test.* ***If seen at 18+0 to 20+0*** *perform anomaly scan and offer quadruple screening for trisomy 21. Use head circumference (HC) for the quadruple test.* ***If seen at 20+1 to 23+0*** *perform anomaly scan only. The anomaly scan is the screening test for trisomy 18 and 13 in this instance.**(RCOG 21/03020). The woman would need to be advised that the specificity of the mid-trimester screening is not as accurate*. ***Screening coordinator should be informed to ensure******follow up.*** | Face to Face  |
|  | 16 weeks | All Women  | Review results of screening review, discuss and record the results of all screening tests. Reassess planned pattern of care for the pregnancy and identify women who need additional care. Give information about ongoing care. | Near me/ Telephone Contact  |
| 2 | 20 weeks | All Women  | BP and Urine should be checked at this appointment whilst attending for scan rather than the 16 week appointment.This scan should ideally be carried out between 20 and no later than 22 weeks gestation. **The detailed scan should not be delayed beyond 22 weeks.** *If a woman meets the current stay at home guidance for individuals and households of individuals with symptoms of new continuous cough or fever and is approaching 22 weeks gestation this scan should be organised through the isolation containment area.**In the event of urgent changes to workforce this may be reviewed and may change to offer from 18 – 23+0 weeks gestation (RCOG 23/03/20). This change would be communicated if necessary.*  | Face to Face  |
|  | 25 weeks  | Nulliparous Women  | **Please note:**  Women should still be encouraged to get whooping cough vaccine- the vaccine should not be omitted.In community areas where whooping cough vaccine is routinely given at 22-25 weeks this can be delayed if required until the 28 week appointment to avoid unnecessary face to face contact. | Can be omitted unless staffing allows or additional concerns. . |
| 3 | 28 weeks |  | Anti-D at 28 week appointment: If women are symptomatic or in self-isolation then Anti-D can be delayed up to **seven** days. **Please note:** Anti D should **not** be delayed beyond 29 weeks even if the woman is symptomatic or in self-isolation. Women who are symptomatic should not attend a CMU for Anti-D, this would be required to be done in AMH or DGH. Discuss current health. Enquire about fetal movements. Discuss mental wellbeing, and offer advice and sources of further support and information. Follow up any safeguarding concerns. Discuss plans for antenatal classes (remote access). Measure fundal height, BP and test urine; repeat blood tests to screen for anaemia.  | Face to Face  |
|  | 31 weeks  | Nulliparous Women  |  | Omit- Replace with 32 week appointment for all |
| 4 | 32 weeks  | All Women | Measure fundal height, BP and test urine; discuss results of investigations at 28 weeks; discuss plans for birth. Discuss wellbeing, fetal movements. Follow up safeguarding issues. Discuss plans for antenatal classes (remote access).**Please note:** Consideration should be given to when last BP and urinalysis was undertaken. If BP and urinalysis undertaken in the past 4 weeks and within normal parameters it can be delayed by a week (if self-isolating) for low risk women. If risk-factors for PET then BP and urinalysis should be undertaken even if self-isolating | Face to Face *If need to reschedule due to illness/quarantine, see or contact all women within 3 weeks of previous contact.* |
| 5 | 36 weeks | All Women  | Measure fundal height, BP and test urine; discuss fetal movements and wellbeing, discuss plans for birth and all usual care. Discuss plans for antenatal classes (remote access).Women who are 36 weeks and have not had an A/N check carried out since 32 weeks (or earlier) will need to have this A/N check carried out within 7 days, even if they are symptomatic or in self-isolation. If they have had a normal A/N check with a BP/urine within the previous 4 weeks re-checking can be postponed, if symptomatic or self-isolating, to a maximum of 38 weeks. | Face to Face *If need to reschedule due to illness/quarantine, see or contact all women within 3 weeks of previous contact.* |
|  | 38 weeks | Nulliparous Women Only | Measure fundal height, BP and test urine and all usual care | Face to Face *If need to reschedule due to illness/quarantine, see or contact all women within 3 weeks of previous contact.* |
| 6 | 40 weeks  | All Women  | Measure fundal height, BP and test urine; give information about options for prolonged pregnancy. Offer membrane sweep. | Face to Face  |
|  | Post Dates from 41 Weeks  | All Women  | Measure fundal height, BP and test urine; discuss fetal movements and wellbeing | To consider scheduling this episode on a day where it is followed immediately by outpatient / inpatient IOL to avoid a further attendance |
| Please note that appropriate PPE must be used at all times by clinical staff – Please see section 5 for further details and links  |

1. **Antenatal Care: Key Recommendations not included in chart**
* All staff members should be opportunistic in the care they provide: Staff should carry out a full antenatal check (inclusive of BP and urinalysis) any time a woman attends for care, irrespective of the reason. Staff should also consider what routine care women would require. For example: any routine blood tests that are due, i.e. if a women attends with reduced movement at 27 weeks, routine 28 week bloods can be taken.
* If women have received any ‘opportunistic’ antenatal checks, the community midwives can consider utilising ‘Near me’ or telephone consultations to carry out the required antenatal conversations rather than repeating a further check i.e. birth planning.
* Some women may have a condition or complication that necessitates additional appointments or multi-disciplinary care during pregnancy. Clear care planning should be undertaken in those cases and appointments that do not require measurement of fundal height, blood or urine tests, or scans, should be provided remotely via video or teleconferencing.
* OGTT can be delayed if the woman is symptomatic or in self-isolation. When reviewing and triaging any women please continue to be mindful during your review of any potential pregnancy associated reasons for their symptoms not just COVID-19. For example: if a women reports a headache ensure we continue to consider pre-eclampsia not just COVID-19.
* We can delay most routine care up to 14 days **(excluding the 28 week Anti-D and 36 week antenatal appointment which should be carried out within 7 days, even if symptomatic)** if you are unsure regarding any specific cases please speak to an obstetrician for further advice.
* Blood results should be checked at 28 weeks and if Hb </=10.5 commence 3 x daily dose FeSO4. FBC should be repeated after 2 weeks of iron therapy.
* Women who test positive for COVID -19 should be offered an ultrasound scan 14 days following recovery from the acute infection as per RCOG guidance.
* Any woman who is symptomatic or currently in self-isolation, but requires to attend for any care should receive this care in a designated isolation area in AMH or DGH. In this situation women should not be advised to attend a CMU.
* Please remain vigilant that the coronavirus epidemic may increases the risk of perinatal anxiety and depression, as well as domestic violence. It is therefore important we continue to offer support to women and their families and that women are asked about mental health at every contact, during both the antenatal and postnatal period (RCOG 28/03/20).
1. **Near Me/ Telephone Consultations**
* During any remote appointments, women should be asked about their physical and mental wellbeing.
* These consultations should be clearly documented within the woman’s BadgerNet record.
* During the third trimester, fetal movements.
* If you have any concerns, or if a woman is concerned about fetal movements or her physical wellbeing, physical appointment should be arranged as clinically appropriate.
1. **Further Information for outpatient management**
* All women attending for any outpatient appointments in AMH should be advised to enter through the main entrance to the building.
* Women should be advised that where possible they should attend their outpatient appointments on their own. No children will be permitted to enter the departments. This is to protect healthcare professionals and other women attending as much as possible from being at risk of exposure to the COVID-19 virus in line with social distancing guidance.
* Women should be offered the opportunity to phone the department when they arrive and be called into the building when they are ready to be seen to avoid waiting in a public waiting area.
1. **Changes to Clinic Schedules**
* High risk anaesthetics clinic - Anaesthetists will be revising the criteria for attendance at this clinic. Near me will be utilised as appropriate.
* The Pre-pregnancy clinic will continue for maternal medicine high risk women. This clinic will most likely be by telephone or near me consultation. Please discuss referrals with Dr Shearer.
* The VBAC clinic will be temporarily cancelled. Any women requiring discussion about VBAC should be counselled by their named midwife on birth choices. If support is required the antenatal team will be happy to assist.
* The Postnatal follow up and pre caesarean section clinics will be temporarily cancelled.
* Consultants will review clinic lists and make clinical decisions regarding which women need to attend clinics.
1. **Elective Caesarean Sections**
* Elective list will continue Monday-Friday currently.
* Women should be screened prior to attending for their surgery to establish if they have any symptoms or are in self-isolation. If this is the case consideration should be given to delaying where appropriate.
* Women will be seen by anaesthetic staff on the day of their surgery.
* A process will be set up to ensure women receive required pre-operative midwifery care/advice and prescription. Una Hendry can be contacted for advice.
* The first woman on the list each day will be given an earlier time to attend in order to carry out the required blood tests the morning of surgery. (See A*ppendix 1*)
1. **Induction of Labour (IOL)**
* If women are otherwise obstetrically well they can continue to have outpatient induction.
* The advice remains offer induction of labour for post maturity from Term+7. If the woman meets current stay at home guidance for individuals and households of individuals with symptoms of new continuous cough or fever then discuss with an obstetrician.
1. **Postnatal Care Pathways**
* At present community midwifery care should continue care as per the routine pathway of care and should individualise care based on the woman and newborn’s needs. The minimum number of contacts recommended by the RCOG (30/03/20) is three: Day 1, Day 5 and Day 10.
* Where possible the newborn examination should be undertaken prior to discharge home. If this is unable to be done prior to discharge or following a homebirth, a midwife trained in undertaken the examination should attend the home within the 72 hours to perform the examination as well as providing routine PN Care.
* Face to face contact should be prioritised for the following women and families:
* Known psycho-social vulnerabilities
* Operative birth
* Premature/low birth weight baby
* Other medical or neonatal complexities
* If the woman meets current stay at home guidance for individuals and households of individuals with symptoms of new continuous cough or fever then care should be adapted as required.
* The below chart outlines the key appointments where the use of near me or a telephone consultation can be considered instead of face to face contact where appropriate
* Near me can be utilised to support women with wellbeing and infant feeding.
* Continue to follow guidance for weight management for neonates.

|  |  |  |  |
| --- | --- | --- | --- |
| Day | Recommendations | Home Visit | Near Me/ Telephone Call |
| 1 |  | **√** |  |
| 2 |  |  | **√** |
| 3 | Only if risk factors for weight loss.  | **√** |  |
| 7 | For women with wound dressing. Midwife should contact the woman to discuss her wound and discuss any concerns/ questions the woman may have after removing the dressing.  |  | **√** |
| 5 | Blood spot test. Baby weight if breastfeeding. Blood spot test should not be delayed any longer than two weeks - results required within 3 weeks of birth.  | **√** |  |
| 10 | Discharge to health visitor as appropriate  | **√** |  |

1. **Personal Protective Equipment (PPE)**

All staff within maternity services must ensure they are familiar with and follow national guidance on the use of appropriate PPE. The most recent guidance can be accessed at [Public Health England](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control).

The following links are particularly relevant to community and outpatient clinical settings:

* **Table Two** outlines the key recommendations regarding PPE within the community and outpatient setting: [*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/877599/T2\_Recommended\_PPE\_for\_primary\_outpatient\_and\_community\_care\_by\_setting\_poster.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf)
* **Table Four** outlines the additional considerations for PPE relating to COVID-19: [*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/877603/T4\_Additional\_considerations\_of\_COVID-19\_poster.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877603/T4_Additional_considerations_of_COVID-19_poster.pdf)

The latest guidance from public health refers to ‘sessional use’ of PPE for certain circumstances and describes sessional use as,

*“A single session refers to a period of time where a health and social care worker is undertaking duties in a specific clinical care setting or exposure environment. For example, a session might comprise a ward round, or taking observations of several patients in a cohort bay or ward. A session ends when the health and social care worker leaves the clinical care setting or exposure environment. Once the PPE has been removed it should be disposed of safely. The duration of a single session will vary depending on the clinical activity being undertaken.”*

Staff are reminded that aprons and gloves remain single use as per Standard Infection Control Precautions (SICPs), with disposal and hand hygiene after each patient contact. Masks (Respirators, fluid-resistant (Type IIR) surgical masks (FRSM), eye protection and long sleeved disposable fluid repellent gowns can be subject to single sessional use in circumstances outlined in [Table 1](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) and [Section 7](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe#section-7) of the guidance.

Masks should be discarded and replaced and NOT be subject to continued use in any of the following circumstances:

* is damaged
* is soiled (for example, with secretions, body fluids)
* is damp
* facial seal is compromised
* is uncomfortable
* is difficult to breathe through

It is important that staff also familiarise themselves with the correct ‘donning and doffing’ process of PPE. You can access further information and guidance regarding donning and doffing at the following links:

* For non-aerosol generating procedures: [*https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures*](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures)
* For aerosol generating procedures:[*https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures*](https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures)

Staff should also following guidance regarding the routine decontamination of reusable non-invasive patient care equipment; [*https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/877533/Routine\_decontamination\_of\_reusable\_noninvasive\_equipment.pdf*](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877533/Routine_decontamination_of_reusable_noninvasive_equipment.pdf)

# **References**

# Public Health England (2020) *COVID-19: infection prevention and control.* Available at: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Public Heath England (2020) *Table Two outlines the key recommendations regarding PPE within the community and outpatient setting.* Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf>

Public Heath England (2020) *Table 4:* Additional considerations, in addition to standard infection prevention and control precautions. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877603/T4_Additional_considerations_of_COVID-19_poster.pdf>

Public Heath England (2020) *Personal protective equipment use for non-aerosol generating procedures.* Available at: <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

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Royal College of Obstetricians and Gynaecologists (RCGO) 2020. *Guidance for antenatal screening and ultrasound in pregnancy in the evolving coronavirus (COVID-19) pandemic*. Version 1. Available at: <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-25-covid19-antenatal-screening.pdf>

Royal College of Obstetricians and Gynaecologists (RCGO) 2020. *Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic.* Version 1. Available at: <https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-30-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic-20200331.pdf>

# **Appendix 1**

**Pre Caesarean Section arrangements**

From Friday 20th March 2020 the pre caesarean section clinic for the majority of women will be cancelled.

* Women who are requiring steroids and are not self isolating will still be seen at ANC.
* Women deemed to be high anaesthetic risk will have a telephone consultation with Michelle Lamont, Anaesthetic Consultant; all other women will be seen by the on call anaesthetist on the day of surgery.
* Women are to be admitted to the wards at 0630,0730,0930,1030 to ensure that there are no delays to the operative list. This will allow time for pre operative preparation i.e. FBC, Group and Save (if required), observations, TEDs measurement, consent (in some cases), and Oral Omeprazole 40mg administration.
* ANC staff will phone women with their admission times.