**STANDARDISED ADVICE TEMPLATE FOR COVID 19 IN PREGNANCY**

**This applies only to people at home with mild disease and > = 20 weeks.**

**If under 20 weeks, and no additional risk factors, LMC to follow regional guideline.**

***Checklist to be completed at time of obstetric virtual consult:***

1. *Complete template advice for covid in pregnancy*
2. *Add any additional obstetric advice for other issues*
3. *Update Risk Sheet with date of positive covid test, and whether they are already registered with Whanau HQ ( i.e whether they are on BCMS)*
4. *If needs urgent planned visit whilst in isolation, phone CCM of clinical area to advise date.*
5. *If needs urgent planned ultrasound whist in isolation, put in ROERS and phone Carol Bagnall.*

*The following text is to be copied into Healthware by either triaging Midwife ( if no other obstetric concerns) ;*

*or by SMO as obstetric virtual consultation.*

*MFM/Diabetes team obstetricians to do virtual consultations when the LMC is an MFM/Diabetes Midwife.*

*You should all have access to BCMS via RCP – tab at top right on RCP – this may give you additional info if the patient is registered with Whanau HQ.*

*See next page for text.*

**Text for virtual consultation for Healthware:**

Virtual obstetric consultation re covid in pregnancy

Covid positive on RAT/PCR/NAAT test on XX/XX/XXX x = day 0

Currently symptomatic in primary care/asymptomatic.

Double/Triple Vaxxed/Unvaccinated

Due/overdue for booster – offer booster 3 months after recovery

GnPn obs hx and other obs issues.

See advice from Obstetric Physcian regarding need for clexane.

Obstetric advice re covid in pregnancy:

1. At risk of PET due to covid: LMC to do routine BP checks once out of isolation ; if additional risk factors for PET, or already has gestational hypertension, weekly BP checks > 24/40.

2. At risk of SGA due to covid: LMC to do routine clinical checks for SGA; if clinically SGA on SFH arrange USS ; otherwise consider USS for 37 – 38/40.

3. Patient to be advised to call LMC ( = DU CCM after hours for team patients) if any concerns re DFM or other obstetric concern.

4. Otherwise to call Covid Healthline for advice re symptoms of covid as to whether needs to be seen in hospital or not.

5. If coming into hospital for obstetric reasons, must call ahead to CCM to arrange safe transfer. If coming in for covid reasons to come via ED. Please discuss support person policy with CCM .The support person or birth partner:

* Must follow the isolation directives as guided by staff and agree to wear a mask.
* Are required to stay in the woman’s room for the duration of admission including labour and birth however if in WAU they may need to leave the room for access to showers etc. They may not leave Women’s Assessment Unit at any time.
* If the patient is transferred to the OR, the support person is not allowed into the OR and will be asked to wait in the postnatal COVID space allocated to their partner or to leave the hospital.
* Are required to be the same person and cannot swap out with another support person during the stay.
* Where at all possible we will support partners to stay after baby is born however they must continue to isolate with mother and baby so as to provide support as whānau/ partner in care. They will not be able to return to the hospital if they leave as they then must isolate at home.