

Guidance for maternity and neonatal services

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Consultation by	Maternity, Child and Family Health (HSPB)
Endorsed by	Dr Nigel Lyons
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Reviewed by	Maternity Risk Network, Tiered Perinatal Networks' Obstetric Leads and Redesign Leads [18/03/2020]
For use by	NSW Health is recommending that this guidance is used by maternity and neonatal services.

Queensland Health has published COVID-19 guidance for maternity services at www.health.qld.gov.au/qcg.

NSW Health recommends that this guidance is used by maternity and neonatal services in NSW.

Please note that districts and networks are expected to follow the Tiered Perinatal Networks Local Network Operational Plans outlined in the [NSW Health Policy Directive \(PD2019_053\)](#) Tiered Networking Arrangements for Perinatal Care in NSW.

For pregnant women with suspected or confirmed COVID-19, continued access to woman-centred, respectful skilled care is essential. This includes mental health and psychosocial support as well as obstetric, medicine, and neonatal readiness to care for maternal and neonatal complications.

Essential elements of maternity care

During a pandemic, health services will be required to review their usual service provision and models of care to respond to the local disaster planning. The following elements for maternity care are considered essential in such planning:

Gestation	Key principles
First contact/ Booking in	<ul style="list-style-type: none"> • Alternate plans should be considered to provide required paperwork via postage or secure email systems prior to booking process • The booking in and risk stratification process for pregnant women must be done with a clinician (e.g. midwife) • Psychosocial screening must be completed; domestic violence screening should be deferred to a face to face visit • Venous thromboembolism (VTE) screening must be completed • Test results should be given over the phone or by secure messaging • Abnormal results should be given face to face or via secure video • Women with particular vulnerabilities or at risk – e.g. CALD, Aboriginal women with mental health or drug and alcohol issues, should not be disadvantaged and all effort should be made to ensure that services are enhanced to support these populations • Care planning needs to take into consideration the risk factors identified, the context and the woman's preferences.

Gestation	Key principles
20 weeks	<ul style="list-style-type: none"> • This visit could take place over a secure video call or by phone but should be a face to face visit if significant risk factors have been identified. There should be an appropriate revision of the care plan if risk factors have been identified • Consider offering flu and pertussis vaccinations at this visit for women at risk of preterm birth.
28 weeks	<ul style="list-style-type: none"> • Face to face visit • Comprehensive assessment of maternal and fetal wellbeing (including weight, BP and urinalysis) • Review care plan • Review and discuss usual screening investigations e.g. Glucose Tolerance Test, Full Blood Count • Review and discuss usual vaccinations: seasonal flu and pertussis • Offer Anti-D for Rhesus negative women
36 weeks	<ul style="list-style-type: none"> • Comprehensive assessment of maternal and fetal wellbeing (including weight, BP and urinalysis) • Check fetal presentation (using point of care ultrasound if available) • Review care plan • Review and discuss usual screening tests e.g. FBC, GBS swab • Review Anti-D prophylaxis for Rhesus negative women
40 – 41 weeks	<ul style="list-style-type: none"> • Comprehensive assessment of maternal and fetal wellbeing (including weight, BP and urinalysis) • Check fetal presentation (using point of care ultrasound if available) • Review care plan
Note: if a woman has significant maternal/fetal/obstetric conditions such as reduced fetal movements, APH etc. she should attend the hospital for assessment, irrespective of her COVID-19 status.	
Postnatal	<ul style="list-style-type: none"> • Following birth, a postnatal risk assessment should be performed including VTE assessment and the specific care needs for women with vulnerabilities (e.g. mental health, substance use etc.) • Risk assessment should be attended daily for women receiving postnatal care in the community; the usual Covid-19 screening approach should be adopted and management planning adapted depending on responses • The following are essentials of care: <ul style="list-style-type: none"> ○ Immunisation for both mother and baby ○ Anti D ○ Vitamin K ○ Physical assessment of well neonate ○ Newborn blood spot screening ○ SWISH screen ○ Newborn cardiac screen ○ Maternal physical and mental health assessment • Extended length of stay in hospital is still appropriate for women with complex needs • Comprehensive advice around breastfeeding and postnatal care

Infant feeding

For women with suspected or confirmed COVID-19, the main risk for infants is the close contact with the mother, who is likely to have infective airborne droplets. In the light of the current evidence, the benefits of breastfeeding outweigh any potential risks of transmission of the virus through breastmilk. There is further information in the Queensland Health guidance document at www.health.qld.gov.au/qcg