Table 2: Advice for community-based midwives caring for women who have symptoms and who have COVID-19 test results pending

- > In all cases when a woman has been contact traced, is awaiting COVID-19 test results or has confirmed COVID-19, register the woman with the DHB for coordinated care and support.
- > The DHB is responsible for supplying PPE and education on its use to community-based midwives as indicated below.
- > Consult the <u>advice on the use of PPE and the guidelines for PPE in maternity settings</u> (www.health.govt.nz/ppe-health) on the Ministry's website for up to date information on PPE.

Less than 36w6d	Greater than 37w0d	Labour and birth	Postnatal
Reschedule routine antenatal visits for once the woman has fulfilled the criteria outlined by the local PHU, BUT only if the midwife assesses that care can safely be deferred and the woman is <36+6 for the whole period.  If the woman requires a visit, ensure she wears a surgical face mask and the midwife wears appropriate PPE.  Provide advice on basic hygiene measures (refer to Ministry of Health website).  Urgent midwifery care should continue, with the appropriate use of PPE.  If the test result comes back negative wait 48 hours post symptoms subside to visit, if possible.  If the woman is advised of a positive COVID-19 test result, refer to Table 3 for care recommendations.  If the woman is anxious, undertake phone and video consultations.	Weekly visits from 37 weeks or according to usual schedule with the woman wearing a surgical face mask and the midwife wearing appropriate PPE. The midwife's clinical judgement applies.  Provide advice on basic hygiene measures (refer to Ministry of Health website).  Minimise time spent undertaking physical assessments.  Provide phone and video consultations for time specific pregnancy education and information.  If the test result comes back negative wait 48 hours post symptoms subside to visit, if possible.  If the woman is advised of a positive COVID-19 test result, refer to Table 3 for care recommendations.	Labour and birth take place in secondary or tertiary maternity hospital.  Midwife to advise hospital of COVID-19 status prior to admission.  Care plan developed in collaboration with the woman, the multi-disciplinary DHB team and the LMC. Consider a clinical hand over of care to the DHB team.  If a clinical hand over of care to the DHB is decided, the community-based midwife does not attend the labour and birth.  If the LMC midwife remains responsible for labour and birth care, consultations and transfers occur as per normal according to Referral Guidelines criteria.  Midwife to wear appropriate PPE.  Maintain social distancing except when required for clinical care.  If the woman is advised of a positive COVID-19 test result during labour, refer to Table 3 for care recommendations.	Home visits according to clinical need, specifically but not limited to:  ✓ Newborn metabolic screen ✓ Breastfeeding support ✓ Full top-to-toe clinical baby examination and weight within 7 days  The community-based midwife remains responsible for postnatal care.  Woman to wear surgical face mask for visits and midwife to wear appropriate PPE for the clinical procedures being undertaken.  Provide postnatal care, breastfeeding and parenting advice over the phone as much as possible.  Care plan developed in collaboration with the multi-disciplinary DHB team.  If the test result comes back negative wait 48 hours post symptoms subside to visit, if possible.  If the woman is advised of a positive COVID-19 test result, refer to Table 3 for care recommendations.