Triage and risk assessment of pregnant woman with confirmed or suspected COVID-19

Screen before arrival where possible (e.g. by phone)
Triage in location separate from usual admission routes
Recommend/provide surgical face mask at face-to-face assessment

Review testing criteria
Perform clinical assessment

Is isolation indicated?
YES

Inpatient hospital care indicated?
NO
YES

Is self-quarantine indicated?
NO
YES

Routine/usual care

Self-quarantine/self-isolation
- Advise to return home using personal transport (not public transport or ride sharing options)

Ongoing antenatal care
- Resume usual antenatal care after 14 days symptom free or negative test result
- Arrange alternate mode of antenatal care while self-quarantined (if care cannot be delayed)
- Advise to telephone hospital if concerned

COVID-19
- Advise about standard hygiene precautions
- Provide information about COVID-19 (e.g. fact sheet)

Do not
- Go out to school/work/public areas or use public transport

Do
- Stay indoors at home
- Avoid contact with visitors
- Ventilate rooms by opening windows
- Separate self from other household members (where possible)

Testing criteria as at 25 March 2020
- Fever (≥ 38°C) or history of fever OR acute respiratory infection (shortness of breath, cough, sore throat)
  AND
  - Is a household contact of a confirmed case OR
  - International travel within previous 14 days OR
  - Close contact (previous 14 days) with confirmed case OR
  - Healthcare worker with direct patient contact OR
  - Cruise ship passenger or crew who have travelled in the 14 days prior to illness onset OR
  - Hospitalised patient
  - Other circumstances with public health implications

Notify maternity services ASAP

On admission/universal care
- Isolate
- Follow standard infection prevention and control
- Alert midwifery/obstetric/neonatal teams
- Consult with infectious diseases team
- Limit visitors to one constant support
- Symptomatic treatment as indicated

Retrieval/transfer
- COVID-19 positive alone not an indication

Antenatal
- Perform necessary medical imaging
- Fetal surveillance as clinically indicated

Birth
- Negative pressure room (if possible)
- Mode of birth not influenced by COVID-19 unless urgent delivery indicated

Co-location of mother and baby
- Co-location generally recommended
- Discuss risk/benefit with parents
- Determine need on individual basis (e.g. informed by disease severity, parental preferences, psychological wellbeing, test results, local capacity)

Feeding (breastfeeding or formula)
- Support maternal choice

Risk minimisation strategies
- Inform about hand hygiene, sneeze and coughing, face mask use, close contact, social distancing and precautions during baby care, sterilisation

CLOSE CONTACT (with confirmed or suspected case)
- More than 15 minutes face-to-face contact
- More than 2 hours in a closed space (including households)