### Triage and risk assessment of suspected or confirmed COVID-19

**For women self identifying with symptoms:**
- 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

#### Flowchart: F20.63-1-V2-R25

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient hospital care indicated?</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Is self-quarantine indicated?</strong></td>
<td><strong>Is isolation indicated?</strong></td>
</tr>
<tr>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td><strong>Routine/usual care (for COVID-19 pandemic)</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 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 maternity service 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

#### Return to defined restricted area
- Two weeks quarantine required to gain Human Biosecurity Approval and Local Council permit

#### Testing criteria
- As per current QH recommendations (updated frequently)

#### 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)

#### Notify maternity services ASAP

### On admission/universal care
- Isolate
- Follow standard infection prevention and control and requirements for PPE
- Alert midwifery/obstetric/nerontal/infectious diseases teams
- Limit visitors
- Symptomatic treatment as indicated

### Retrievial/transfer
- COVID-19 positive alone not an indication

#### Antenatal
- Perform necessary medical imaging
- Fetal surveillance as clinically indicated
- Maternal surveillance and SpO2

#### Birth
- Negative pressure room (if possible)
- Mode of birth not influenced by COVID-19 unless urgent delivery indicated
- Early consideration of neuraxial blockade (to minimise risk from emergency GA)
- Lower threshold for escalation of clinical concerns

#### Co-location of mother and baby
- Co-location generally recommended
- Discuss risk/benefit with parents
- Determine need on individual basis

#### Feeding (breastfeeding or formula)
- Support maternal choice
- Breastfeeding not contraindicated

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

---

GA: general anaesthetic, QH: Queensland Health, SpO2: peripheral capillary oxygen saturation


Queensland Clinical Guidelines