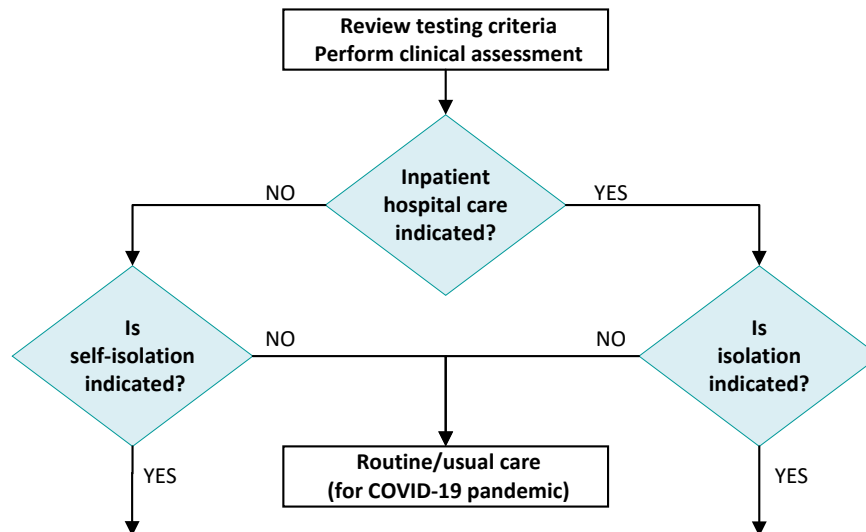


Triage and risk assessment of pregnant woman with confirmed or suspected COVID-19

For women self-identifying with symptoms:
 Screen before arrival where possible (e.g. telehealth, telephone)
 Triage in location separate from usual admission routes
 Recommend/provide surgical face mask at face-to face assessment



Self-isolation (suspected or confirmed case)

- Advise to return home using personal transport (not public transport or ride sharing options)

Ongoing antenatal care

- Arrange alternate mode of antenatal care (e.g. telehealth) if care cannot be delayed
- Resume usual antenatal care after release from self-quarantine or self-isolation
- Advise to telephone maternity service if concerned

COVID-19

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

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

Testing criteria

- As per current QH recommendations
- Available at <https://www.health.qld.gov.au/clinical-practice/guidelines-procedures/novel-coronavirus-qld-clinicians>

Criteria for release from quarantine or isolation

- Isolate a suspected/confirmed case
- Quarantine a close contact of a suspected/confirmed case
- Criteria for release available at <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

If returning to defined restricted area

- Follow Human Biosecurity and Local Council requirements

Notify admitting maternity service ASAP

On admission - universal care and:

- Isolate
- Follow standard infection prevention and control and requirements for PPE
- Alert midwifery/obstetric/neonatal/infectious diseases/anaesthetic teams
- Limit visitors
- Symptomatic treatment as indicated

Retrieval/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 recommended (if both well)
- Discuss risk/benefit with parents
- Determine need on individual basis

Feeding (breastfeeding or formula)

- Support maternal choice
- Breastfeeding recommended – not contraindicated

Risk minimisation strategies

- Inform about hand hygiene, sneeze and coughing etiquette, face mask use, close contact, social/physical distancing and precautions during baby care, sterilisation

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