

Appendix 2: Covid in pregnancy care framework

Pregnancy risk	LMC	Covid-19 Care team - may be GP or nurse led team	DHB Obstetric and Maternity team
Low risk Care Pathway – Women of any gestation with <ul style="list-style-type: none"> - No PET risk factors - No VTE risk factors 	Referral to Covid ANC email address Clinical responsibility remains under LMC Routine visiting schedule decision by LMC Woman to report any pregnancy concerns to LMC, who will refer to O&G as required If no admission to hospital due to Covid illness, please arrange the following ultrasound scans <ul style="list-style-type: none"> - <20/40 at the time of illness: add uterine artery dopplers to anatomy scan - >20/40 at the time of illness: fetal growth scan at 37-38/40 - Refer to O&G if any abnormalities. If normal no further obstetric scanning required unless other risk factors develop 	Referral to Covid ANC email address Arrange O2 sats monitor for every pregnant woman regardless of gestation Daily phone reviews for symptoms and signs of worsening Covid illness <ul style="list-style-type: none"> - Note cut off O2sats for pregnancy is $\geq 94\%$ Escalate worsening Covid symptoms and signs as clinically required to ED/Physician teams	Triage referral as low risk on Covid Spreadsheet, admin team to communicate back to referrer. If admitted to hospital during their illness then make individualised plan for pregnancy care on discharge, communicate to GP and LMC
High risk for PET	Referral to Covid ANC email address Woman requires once a week BP during her isolation period Clinical responsibility is secondary care	Referral to Covid ANC email address Arrange O2 sats monitor for every pregnant woman regardless of gestation	Phone LMC and woman Once a week BP check during illness required <ul style="list-style-type: none"> - LMC or

NOTE: this table determines pre-existing PREGNANCY risk for women who have Covid-19. This does not incorporate MEDICAL risk factors that may impact her Covid illness.

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	Three way conversation with LMC and Obstetric team about involvement in care and capacity to do BP check while woman is in isolation, and also return of clinical responsibility once woman has recovered from Covid	Daily phone reviews for symptoms and signs of worsening Covid illness Note cut off O2sats for pregnancy is $\geq 94\%$ Escalate worsening Covid symptoms as clinically required to ED/Physician teams	<ul style="list-style-type: none"> - Arrange via Covid home visit nursing team (pathway to come) <p>Use ANC template to write pregnancy plan and upload to LCW</p> <p>If admitted to hospital during their illness then make individualised plan for pregnancy care on discharge, communicate to GP and LMC</p>
High risk for VTE	<p>Referral to Covid ANC email address</p> <p>Woman requires Clexane</p> <p>Clinical responsibility is secondary care</p> <p>Three way conversation with LMC about involvement in antenatal, birthing and postnatal care.</p>	<p>Referral to Covid ANC email address</p> <p>Arrange O2 sats monitor for every pregnant woman regardless of gestation</p> <p>Daily phone reviews for symptoms and signs of worsening Covid illness Note cut off O2sats for pregnancy is $\geq 94\%$</p> <p>Escalate worsening Covid symptoms as clinically required to ED/Physician teams</p>	<p>Phone LMC and woman</p> <p>Arrange Enoxaparin</p> <ul style="list-style-type: none"> - Obtain Special authority - Prescription emailed to Lakes Care Pharmacy for Rotorua, and to ____ for Taupo - Referral to Welfare services to deliver prescription to woman (pathway to come) <p>Use ANC template to write pregnancy plan and upload to LCW</p> <p>If admitted to hospital during their illness then make individualised plan for pregnancy/postnatal care on discharge, communicate to GP and LMC</p>

NOTE: this table determines pre-existing PREGNANCY risk for women who have Covid-19. This does not incorporate MEDICAL risk factors that may impact her Covid illness.