**Management of COVID-19 Positive wahine in Pregnancy**

**For GPs and LMCs**

**INSTRUCTIONS:**

* This document is a guideline to help you navigate care for your COVID-19 positive patients. As with all guidelines, this does not replace good clinical decision-making but should help advise. The reasons for deviation from any clinical guideline should be well documented.
* **The safe management of COVID-19 in pregnancy is going to need close collaboration between LMC and GP. Make contact with each other as soon as possible.**
* ALL pregnant wahine with COVID-19 are “High Risk” and hence require clinical care consistent with this (see risk stratification below)
* Isolation periods do not necessarily correlate with the clinical symptoms. While it is the role of the LMC to advise on isolation**, it is not the GP nor LMC’s role to enforce or decide on when a patient is no longer required to isolate**. This is currently done by the Public Health Unit and it is their responsibility to inform the patient (and the household) when they are no longer required to isolate.
* Please enquire if the whānau have everything they need to be able to safely isolate at their whare. If not, then refer to “manaaki/welfare” by emailing [CSIQService@waikatodhb.health.nz](mailto:CSIQService@waikatodhb.health.nz) with details, ensuring that the address that the case is isolating at is communicated.
* If you are unable to contact a patient or whānau and **are concerned about their health**, please contact [PCRU@waikatodhb.health.nz](mailto:PCRU@waikatodhb.health.nz) (preferably before 3pm). The PCRU will develop a plan in conjunction with Public Health Unit and try to make contact. However, if you have urgent concerns, then ringing St John’s needs to be considered. Ensure you document.
* LMCs please register COVID-19 pregnant women with <https://www.auckland.ac.nz/en/liggins/our-research/new-zealand-registry-of-covid-19-in-pregnancy.html>
* Every pregnant case that is identified by the Public Health Unit requires a Primary Care Response Unit (PCRU) handover of care to the GP and LMC, to set expectations of care.
* **For GPs, try to ascertain who the LMC is and liaise if possible. For LMCs, try to ascertain who the GP is and liaise if possible.**
* All pregnant wahine with COVID-19 are at **increased risk of both pregnancy complications and COVID-19 complications** and hence **all require a referral to obstetric department**. This may be done by LMC or GP. If urgent and/or >39/40, a phone call is advised.
* All pregnant wahine > 24/40 with COVID-19 should have a 2 week growth U/S scan after recovery from COVID-19 and if normal, 4 weekly scanning until the birth. These will be arranged by the LMC.

**Risk stratification**

|  |  |
| --- | --- |
| **Very high risk**  **“Manaaki Plus”** | Higher Risk “Care 2’ |
| **Unengaged / unenrolled with primary care and/or LMC** | **Pregnant or within 6 weeks of pregnancy** |
| **Residing in social housing or no fixed abode** |
| **Complex whānau or housing situation** |
| **Consider referral to PCRU for increased support. Otherwise, care as per Care 2** | **Provide daily remote clinical care and pulse oximeter. Add a BP cuff if >20/40. Review more frequently if clinically indicated** |

Diagram

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* **All pregnant wahine with COVID-19 have a significantly increased clotting risk. They require 2 weeks of Clexane**

**Clexane**

* **All pregnant patients with COVID-19 have a significantly increased clotting risk.**
* They **all** require at least 14 days of Enoxaparin (Clexane) – but may be longer if long immobilisation or other risk factors such as advanced maternal age, smoker, BMI>40, twins.
* Discuss with your local pharmacy about both delivery and instruction.
* If you have questions, send an “advice only” referral to obstetrics team
* Enoxaparin prophylaxis dosing regimen – to be given s/c, once daily, depending upon current weight, for the duration of isolation and at least 14/7
* <50kg:         20mg
* 51-90Kg:     40mg
* 91-130Kg:   60mg
* 131-170Kg: 80mg
* >170kg:      0.8mg/k

**Pulse oximeters and Sphygmomanometers**

These should be supplied to all pregnant wahine with COVID-19 >20 weeks gestation. If <20 weeks, they should still be supplied with a pulse oximeter.

They are both available from [**Logistics@waikatodhb.health.nz**](mailto:Logistics@waikatodhb.health.nz) **or 0272027868**

**If you want these delivered directly to the patient’s address, please ensure that the patient’s current isolating address and NHI is attached.**

While these belong to the DHB, it is recognised that their return to the DHB is not practical. We request providers do their best to retrieve these and either keep them to use for future cases or return them to the GP. The DHB also recognises that many of these devices may not be able to be returned at all.

**BUDESONIDE (PULMICORT)**

There are limited studies on the use of inhaled budesonide (Pulmicort) in pregnant women with COVID-19. Hence, we are currently not recommending its routine use.However, it may be considered in those women with any suspicion of the following (and are not taking other inhaled or systemic corticosteroids (excluding steroid replacement therapy for the steroid deficient)):

* + diabetes
  + heart disease and/or clinically significant hypertension
  + asthma or other clinically significant lung disease
  + immunocompromised
  + clinically significant hepatic impairment
  + clinically significant renal disease
  + active haematological or solid cancer currently under treatment
  + previous stroke with residual deficit or other chronic neurological problem
  + obesity

**Call Respiratory team on call** **(and inform Obstetrics team)** if the patient develops:

* severe shortness of breath at rest
* respiratory compromise
  + Talking with single words or short sentences
  + Pausing between sentences to catch their breath
  + Noisy breathing
  + Blue face or lips
  + Respiratory rate greater than 20 breaths per minute
* chest pain on breathing in or tightness in the chest
* new onset of confusion or becoming drowsy
* change in oxygen saturation (SaO2):
  + Pre-COVID-19 SaO2 was greater than 94% or was unknown, then SaO2 trigger is less than 92%, or a drop of 3% or more from baseline
  + Pre-COVID-19 SaO2 was 94% or less, then SaO2 trigger is less than 88%, or a drop of 3% from baseline
  + Beware false reassurance from a stable SaO2. Clinical judgement is always most important.
* unexplained heart rate greater than 100 beats per minute
* other factors indicating need for management in hospital
* **St John’s ambulance is free to patients with Covid-19**

**CONTACT DETAILS**

* National C-ISQ Advice line **0800687647**
* Waikato Manaaki/welfare referrals [**CSIQService@waikatodhb.health.nz**](mailto:CSIQService@waikatodhb.health.nz)
* Pulse oximeter/ BP cuff supplies [**Logistics@waikatodhb.health.nz**](mailto:Logistics@waikatodhb.health.nz)

**0272027868**

* Inform public health of a case **078382569**
* Medical Officer of Health on call **021359650**
* Health Protection Officer on call **021999521**
* For concerns about isolation breeches

Contact Health Protection at [**2764ProtectH@waikatodhb.govt.nz**](mailto:2764ProtectH@waikatodhb.govt.nz)

* **Urgent out of hours for patients** **0800 111 336**

**(Emergency consult)**

* **Hand-over of care for weekends**

**and holidays e-referral COVID-19 Community Service – Clinical Care Out of hours**

* Primary Care Response Unit (PCRU)
* Support for GPs with non-clinical

advice managing patients [**PCRU@waikatodhb.health.nz**](mailto:PCRU@waikatodhb.health.nz)

or **027-269-3864 (8-4pm)**

* Amohia (managed isolation) duty

nurse **027 221 1518**