Management of COVID-19 Positive wāhine in Pregnancy

For GPs and LMCs - Version 2 24th December 2021

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Updates for this version(Version 2, 24 December 2021)

Summary of updates:

* Video link for Clexane
* Updated processes for oximeters and sphygmomanometers
* Information on discharging pregnant women from hospital.

## Document Purpose

* This document is a guideline to help you navigate care for your COVID-19 positive pregnant wāhine. 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.

# INSTRUCTIONS:

## Primary care providers - responsibilities

* Clinical responsibility for Maternity care remains with LMC / midwife - continue to provide routine care by phone or video where appropriate, keeping in-person physical assessment <15 minutes if possible, where it cannot be reasonably or safely postponed.
* **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 wāhine 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 GP/LMC to advise wāhine to isolate**, 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 wāhine (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.
* **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 wāhine 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 should be done by LMC (or GP if no LMC). If urgent and/or >39/40, a phone call is advised.
* All pregnant wāhine > 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. If wāhine > 28/40, this will be done by obstetric team.
* 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>

## Primary Care Response Unit

* If you are unable to contact a wāhine 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.
* 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.

## Risk stratification

TABLE 1 Risk Stratification Assessment

|  |  |
| --- | --- |
| **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** | **GP to provide daily remote clinical care and pulse oximeter. LMC add a sphygmomanometer if >20/40. Review more frequently if clinically indicated** |

## Normal disease progression (diagram)

Diagram

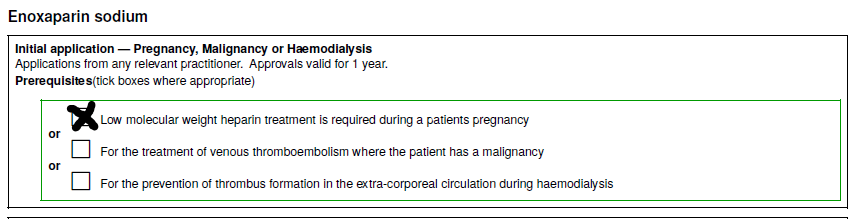
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## Medications Management

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

**Clexane (Enoxaparin sodium)**

* **All pregnant patients with COVID-19 have a significantly increased clotting risk.**
* They **all** require at least 14 days of Clexane – but may be longer if long immobilisation or other risk factors such as advanced maternal age, smoker, BMI>40, twins.
* Clexane requires a Special Authority application (SA1646) from any relevant practitioner. Choose first option (below)



* 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
* “How to inject Clexane” video <https://www.youtube.com/watch?v=ey_aewVfoIM>

**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

## Pulse Oximeters and Sphygmomanometers

**Pulse oximeters and Sphygmomanometers**

These should be supplied to all pregnant wāhine 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 woman’s address, please ensure that the current isolating address and NHI of the wāhine is attached.**

Sphygmomanometers will be dispatched via courier or dropped off by a member of the supply chain team. Once a wāhine/ whare is no longer required to isolate, the sphygmomanometer can be returned to the general practice or collected by logistics.

The sphygmomanometer can be cleaned by wiping the unit thoroughly with hospital grade wipes such as Clinell or Mediwipes.

## Discharging COVID-19 Wāhine

**Discharging COVID-19 wāhine from Delivery Suite or Ante-natal/post-natal wards**

* Avoid discharging out of hours
* COVID-19 positive women will need to isolate at home. Ensure they are able to travel safely and also have their manaaki/welfare needs met before discharge. Sending a woman to a home without food/nappies etc. will force people to break their isolation.
* For Manaaki/welfare concerns, contact [CSIQService@waikatodhb.health.nz](mailto:CSIQService@waikatodhb.health.nz)
* Ensure a HARD handover goes to GP.
* If GP not known, please do a handover to PCRU
* [PCRU@waikatodhb.health.nz](mailto:PCRU@waikatodhb.health.nz) or 027-269-3864 (8-4pm)

## Respiratory Team Support

**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**

Key Sector Contacts

**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)**
* Primary Care Response Unit (PCRU)
* Support for GPs with non-clinical
* advice managing patients [PCRU@waikatodhb.health.nz](mailto:PCRU@waikatodhb.health.nz)
* 027-269-3864 (8-4pm)
* Amohia (Managed Isolation Facility) duty nurse **027 221 1518**