

## Lakes DHB referral pathway for pregnant women who are Covid-19 positive.

The purpose of this document is to clarify the Antenatal Clinic referral process for those women who are pregnant, or within six weeks post-partum and have tested positive for Covid.

For further background information on Covid-19 in pregnancy please refer to the Midlands Community Health Pathways link: <https://midland.communityhealthpathways.org/952638.htm>

And also the Ministry of Health Covid-19: Maternity page found at <https://www.health.govt.nz/covid-19-novel-coronavirus/covid-19-information-health-professionals/covid-19-maternity>

### 1. What to do if a woman tests positive for Covid-19

- a. Ask them to register their result
  - Online via [mycovidrecord.health.nz](https://mycovidrecord.health.nz)
  - Phone 0800 222 478 and choose option 3
- b. Ensure they follow through with the prompts that identify their pregnancy status, as this will trigger the appropriate care plan from the Covid care team – e.g. daily phone check and an O2sats monitor.
- c. If the woman indicates she is having issues with registering her result or pregnancy status please email the appropriate Lakes Covid hub with her details
  - Rotorua: [covid19@raphs.org.nz](mailto:covid19@raphs.org.nz)
  - Taupo: [Lakesclinicalcovid@pinnacle.health.nz](mailto:Lakesclinicalcovid@pinnacle.health.nz)

### 2. ANC referral:

- a. Send through a non-acute ANC referral to the Lakes DHB dedicated Covid ANC email: [pregnant.covid@lakesdhb.govt.nz](mailto:pregnant.covid@lakesdhb.govt.nz)
- b. Note this is ONLY for Covid referrals. **Please complete a second referral through your normal process if the woman has additional referral indications.**
- c. Use the “Triage form for Covid positive pregnant women” to provide adequate information for the O&G triage team – see Appendix 1
  - Either copy and paste into the above email, or fill out and attach to the above email.
  - Note: LMCs may use their normal online process e.g. EXPECT if preferred
- d. **The MOST IMPORTANT information for the triage team is whether the patient has any risk factors for Preeclampsia or VTE. Please refer to the Appendix 1: Triage form to ensure correct risk factor information is given.**
- e. Please indicate if the woman is already known to clinic, or if a second referral is required for other other obstetric indications e.g. previous caesarean section
- f. If any high risk factors for PET

- GPs: no further action, this information is for Obstetric triaging + management
  - LMCs: please indicate if you have capacity to do a BP check once weekly during her isolation period.
- g. If any high risk factors for VTE
- Clexane is required. Please phone oncall Obstetrician immediately in addition to written referral to enable Obstetric team to arrange clexane for the woman.

### 3. Determine responsibility of the woman's care

- a. Refer to **Appendix 2: Covid in pregnancy care Framework** which outlines pregnancy risk factors and care plan for LMC, Covid team, Obstetric team.
- b. If no risk factors for preeclampsia or VTE, and no other obstetric indication to be under secondary care: **woman remains under LMC care –**
- LMC triages pregnancy concerns (e.g. pain, vaginal bleeding or fluid loss, reduced fetal movements) and refers as required
  - LMC to arrange ultrasound scans as outlined in Covid in pregnancy care Framework – Low risk category
  - Covid care team to manage covid symptoms and escalate as required to ED/Physician teams.
- c. If the woman has any risk factors for PET
- She will require a BP check one a week during her illness/isolation period.
  - Clinical responsibility for this is secondary care Obstetric service
  - Three way conversation with LMC about involvement in care and capacity to do BP check while woman is in isolation
  - Covid care team to manage covid symptoms and escalate as required to ED/Physician teams.
  - If patient was not already under secondary care prior to their Covid illness, it is expected that clinical responsibility returns to the LMC on the patient's recovery from Covid-19
- d. If the woman has any risk factors for VTE
- Clinical responsibility for the woman is secondary care Obstetric service.
  - The woman will require Clexane, which the Obstetric team will arrange
  - Three way conversation with LMC about involvement in antenatal, birthing and postnatal care.
  - Covid care team to manage covid symptoms and escalate as required to ED/Physician teams.

## Appendix 1: Lakes DHB Triage form for Covid Positive Women in pregnancy

Email: [pregnant.covid@lakesdhb.govt.nz](mailto:pregnant.covid@lakesdhb.govt.nz)

**Subject line: Covid Positive Women**

For urgent after-hours referrals please contact the oncall Obstetric team

Referrers name:

LMC name (or state if no LMC):

### **Woman's Details:**

Name:	
Telephone:	
email:	
NHI:	
DOB:	
Ethnicity:	
G _ P _ _	
EDD:	
Current gestation :	
Vaccination status:	
Day 0 of illness	
<b>*Any risk factor for preeclampsia? (use table below)</b>	
<b>*Any risk factor for vTE? (use table below)</b>	

**Has the woman been referred (or will be referred) to ANC for any other reason? Yes / No**

[If Yes, describe]

Please complete a second referral for non-covid referral indications (e.g. previous Caesarean section) and send through normal ANC referral process.

Any risk factor for Preeclampsia	Tick if any	Any risk factor for Venous Thromboembolism	Tick if any
Previous Preeclampsia		Previous VTE (DVT or PET)	
Current diabetes – preexisting or gestational		Known major thrombophilia e.g. anti-thrombin deficiency, homozygous Factor V Leiden (FVL), Homozygous prothrombin G20210A mutation, FVL + prothrombin G20210A mutation (compound heterozygote), antiphospholipid syndrome (not just anti-phospholipid antibodies)	
Current hypertensive disorder – preexisting, gestational, preeclampsia		Significant medical co-morbidities e.g. current malignancy, active inflammatory bowel disease, systemic lupus erythematosus (SLE) or inflammatory polyarthropathy, renal disease with proteinuria with protein:creatinine ratio (PCR) > 300, poorly controlled type 1 diabetes with nephropathy;	
Renal disease Stage 3 or over			
Age >40			

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

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.

## Appendix 2: Covid in pregnancy care framework

	<p>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</p>	<p>Daily phone reviews for symptoms and signs of worsening Covid illness  <b>Note cut off O2sats for pregnancy is <math>\geq 94\%</math></b></p> <p>Escalate worsening Covid symptoms as clinically required to ED/Physician teams</p>	<ul style="list-style-type: none"> <li>- Arrange via Covid home visit nursing team (pathway to come)</li> </ul> <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>
<b>High risk for VTE</b>	<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  <b>Note cut off O2sats for pregnancy is <math>\geq 94\%</math></b></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"> <li>- Obtain Special authority</li> <li>- Prescription emailed to Lakes Care Pharmacy for Rotorua, and to ___ for Taupo</li> <li>- Referral to Welfare services to deliver prescription to woman (pathway to come)</li> </ul> <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.