Immediate Actions

- Screen all women for COVID-19 symptoms by telephone if possible, and at point of entry.
- The woman’s support person must be asymptomatic and will be required to wear a mask. A support person who screens as suspected will be denied admission to the hospital.
- Notify the Access Manager/After Hours Manager of all pending suspected/confirmed COVID-19 cases for admission. See Flow Chart F reporting and contact pathway for Women’s at Sandringham.
- Notify the consultant anaesthetist of all suspected/confirmed admissions to Assessment Centre or Birth Centre.
- Notify the multidisciplinary team (MDT) of all suspected/confirmed in-patient admissions.
- Afterhours Clinical Coordinator (OOHC) at Sandringham and COVID-19 Care Coordinator at Parkville (ext: 2020)

1. Purpose

This clinical guideline outlines the requirement for managing pregnant and newly-parturient women with suspected or confirmed COVID-19 infection at the Women’s at Sandringham. Refer to the COVID-19 case definition and testing criteria web page for the most recent definitions and testing criteria.

This guideline refers to the care of women in the second or third trimesters of pregnancy. Care of women in the first trimester must include attention to the same infection prevention and investigation/diagnostic guidance, as for non-pregnant adults.

This guideline is related to:
- Infection Prevention: Standard and Transmission- Based Precautions
- Infection prevention: Patient management during a Pandemic
- New Guideline COVID-19 (25/03/20)
- Cleaning, Disinfection and Sterilisation of reusable Medical equipment
- Refer to Alfred Health infection prevention guideline for cleaning (link on desktop in clinical areas at Sandringham)


2. Definitions

SARS-CoV-2: a new strain of coronavirus causing COVID-19, first identified in Wuhan City, China.

COVID-19 symptoms: influenza-like illness with a fever above 37.5, symptoms of acute respiratory infection (shortness of breath, cough, coryza and/or sore throat), may also include muscle pain and fatigue. See background information for information on transmission and effects.

PPE: personal protective equipment. Equipment that provides a protective barrier to prevent infection e.g. gowns, gloves, masks, protective eyewear. Refer to the table on the intranet page Personal Protective Equipment for guidance on choosing correct equipment for the circumstances. This web page also contains information on the correct process for applying and removing PPE.

MDT: Multidisciplinary Team at Sandringham, consisting of: Consultant obstetrician, Midwife, Consultant anaesthetist, Paediatrician, Theatre Charge Nurse, SCN nurse ID Consultant (telephone consultation). The in-charge midwife notifies the MDT when alerted to the admission of a COVID-19 suspected or confirmed case. Notify the multidisciplinary team as required. Refer to Flow Chart F reporting and contact pathway for notification responsibility. Unplanned ambulance or private car transfer into Sandringham requiring emergency management – establish COVID status and organise PERS transfer ASAP.
3. Responsibilities  
Medical, midwifery and nursing staff caring for pregnant women, Women’s at Sandringham Management Team, Women’s Parkville and Alfred Prahran Executive; Infectious Diseases at Alfred Prahran and Parkville.

4. Guideline

4.1 Advice for ALL pregnant women See Flow Chart A

Advise women to call ahead before they attend their GP practice or Emergency Department if suspected or COVID-19 positive. Discuss all medical appointments in advance so steps to minimise contact with others can be taken.

If it is an emergency, direct the woman to phone 000 and tell the operator of possible COVID-19 exposure.

Advise that they will be screened during a phone triage/consult and/or when presenting to hospital to determine the appropriate care pathway. They should be reassured that care will not be denied just that the pathways for those with suspected or actual infection will be different.

Advise that only two support persons may come with them to hospital when in labour and that these persons must be free of COVID-19 symptoms and consider organising another substitute support person should one of their preferred persons become ill. Advise new restricted visiting hours due to COVID-19.

4.2 COVID-19 screening See Flow Chart AA, Flow Chart B, and Flow Chart F

See the DHHS COVID-19 assessment and streaming matrix for more detailed advice. Telephone screening will be conducted by the midwife in the birth unit and upon entry to the Sandringham hospital. If the woman screens as suspected or confirmed AND is safe and approved by Women’s (AHC) Parkville to transfer, arrange for woman to go directly to Parkville. See Flow Chart D Suspected or confirmed COVID-19 transport advice. Only under exceptional circumstances a COVID+ or suspected woman can be assessed at Sandringham e.g; BBA, placental abruption/ APH.

All other indications for assessment will occur in the Birth Centre Room1 for the precautions required.

4.3 When hospital attendance is necessary (suspected and confirmed) See Flow Chart F

Women who develop new symptoms during admission at the Women’s at Sandringham:

As the estimated incubation period is up to 14 days (mean 5-6 days), staff must be aware of the possibility that an infected woman may present asymptomatic and develop COVID-19 symptoms later during an admission.

Testing for COVID-19 should be performed with appropriate PPE. Contact AHC at Parkville for advice. See Flow Chart F

4.3.1 Maternity presentations to pregnancy care clinic who are then suspected to have symptoms of COVID-19. Screen all women presenting to antenatal outpatient clinic. See Flow Chart AA, Flow Chart C, and Flow Chart F taking the recommended precautions and utilising the recommended settings for assessment.

4.3.2 Pregnancy care presentation with suspected or confirmed COVID-19 See Flow Chart F

If it is determined the woman is confirmed COVID-19 and is greater than 20 weeks gestation a management plan for this episode of care needs to include the following people:

- After Hours Manager at Parkville (Ext: 2020)
- A clinical management plan and location of care into the future to be determined on case by case basis.

Once the woman has recovered from the infection plan further pregnancy care at Women’s at Sandringham only after consultation with the Alfred Hospital and Parkville Infectious Diseases consultant, Services Manager, Clinic Care Coordinator and Sandringham Head of Unit.
Consider fetal growth surveillance starting 14 days following resolution of acute illness and then monthly thereafter. Although there is not yet evidence that fetal growth restriction (FGR) is a risk of COVID-19, two thirds of pregnancies with SARS were affected by FGR.

Testing for gestational diabetes (GDM) during the pandemic. See Flow Chart G - Screening for GDM at Sandringham during COVID-19

4.3.3 Planned induction of labour
- Any woman who is COVID-19 positive or suspected will be transferred to Women’s at Parkville for IOL.
- If IOL cannot safely be delayed, the essential advice for care to women admitted to hospital when affected by suspected/confirmed COVID-19 must be followed.

4.3.4 Elective caesarean birth
- Any woman who is COVID-19 positive or suspected will be transferred to Parkville for elective caesarean.

4 Birth Centre - initial assessment - See Flow Chart F
- Refer to Alfred Health Obstetrics at Sandringham, summary of workflow for COVID-19 suspected or confirmed

4.4.1 Care in Labour See Flow Chart F and Appendix 1. Perioperative Management and Workflow of the Confirmed, Suspected, or Unknown COVID-19 Obstetric Patient at Sandringham Hospital Alfred Health.

4.4.2 When caesarean birth or other operative procedure is required in an emergency See Flow Chart F and Appendix 1. Perioperative Management and Workflow of the Confirmed, Suspected, or Unknown COVID-19 Obstetric Patient at Sandringham Hospital Alfred Health.

4.4.3 Delayed cord clamping (DCC) is still recommended following birth for term babies, provided there are no other contraindications.1
- Cleaned and dry the baby as normal, while the cord is still intact.
- Discuss the risks and benefits of delayed cord clamping for preterm infants with the senior neonatologist on duty. In case of precipitate preterm birth where this discussion has not happened, conduct DCC.

4.4.4 Placenta and membranes
- Treat the placenta as infectious. Given the limited information about vertical transmission, placental histopathology and testing for COVID-19 via PCR is recommended.
- Ensure this is clearly documented on the pathology request form.

4.4.5 Skin to skin and early breastfeeding
- Where a newborn baby is term, healthy and not expected to require admission to SCN, immediately after birth the mother should don a surgical mask and be supported with skin to skin contact and breastfeeding.
- When a baby is preterm or has a known condition expected to require admission to SCN, skin to skin is not encouraged and the baby will be placed in an incubator following resuscitation (if required).
- The baby must remain in the birthing room with the mother at all times. All resuscitation must occur in the birthing room/theatre.
  - If necessary, take a portable resuscitare to the baby rather than the baby to the resuscitare (postnatal wards).

4.4.6 Cleaning of room and equipment after the birth
- Ensure that cleaning staff are informed of the necessity of wearing PPE prior to entering the room.
- Bag reusable sterile equipment separately and send directly to SPS (use the specified bags in Birth room 1)
- Clean CTG machines and all other reusable, non-sterile equipment with red wipes as usual practice.
- Discard CTG belts.
- If aerosol generating procedures (AGP) were performed, i.e. during a Category 1 caesarean, AGP cleaning precautions are required.

4.5 Anaesthetic management for suspected women: See Flow Chart F
Guideline
COVID-19 Maternity care for women who are suspected/confirmed Women’s at Sandringham

- Refer to Alfred Health Obstetrics at Sandringham, summary of workflow for COVID-19 suspected or confirmed

4.6 Additional considerations for women with confirmed COVID-19 and moderate/severe symptoms

Where pregnant women are admitted to hospital with deterioration in symptoms and suspected/confirmed COVID-19 infection, the following recommendations apply:

4.6.1 Women admitted during pregnancy (not in labour) See Flow Chart F

4.6.2 Particular considerations for pregnant women are:
An individualised assessment of the woman should be made by the MDT team to decide whether elective birth of the baby is indicated, either to assist efforts in maternal resuscitation or where there are serious concerns regarding the fetal condition. Individual assessment should consider: the maternal condition, the fetal condition, the potential for improvement following elective birth and the gestation of the pregnancy. The priority must always be the wellbeing of the mother.
4.6.3 Women with moderate/severe COVID-19 in labour – classification of disease severity whilst awaiting transfer to Women’s Parkville see Table 1.


<table>
<thead>
<tr>
<th>Classification</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Illness</td>
<td>No clinical features suggestive of moderate or severe disease. Characteristics: no symptoms, or mild upper respiratory tract symptoms, or cough, new myalgia or asthena without new shortness of breath or a reduction in oxygen saturation.</td>
</tr>
<tr>
<td>Moderate Illness</td>
<td>Stable woman presenting with respiratory and/or systemic symptoms or signs. Able to maintain oxygen saturation above 92% (or above 90% for women with chronic lung disease) with up to 4L/min oxygen via nasal prongs. Prostration, severe asthenia, fever &gt; 38°C or persistent cough. Clinical or radiological signs of lung involvement. No clinical or laboratory indicators of clinical severity or respiratory impairment.</td>
</tr>
<tr>
<td>Severe Illness</td>
<td>Women meeting any of the following criteria: respiratory rate ≥ 30 breaths/min, oxygen saturation ≤ 92% at a rest state and/or arterial partial pressure of oxygen (PaO2)/inspired oxygen fraction (FiO2) ≤ 300.</td>
</tr>
<tr>
<td>Critical Illness</td>
<td>Women meeting any of the following criteria: Respiratory Failure: occurrence of severe respiratory failure (PaO2/FiO2 ratio &lt; 200), respiratory distress or acute respiratory distress syndrome (ARDS). Note: this includes patients deteriorating despite advanced forms of respiratory support (NIV, HFNO) OR patients requiring mechanical ventilation. OR Other signs of significant deterioration: hypotension or shock, impairment of consciousness, other organ failure.</td>
</tr>
</tbody>
</table>

COVID Management at the Women’s at Sandringham includes the following:

- Pregnant women requiring admission for primarily COVID-related symptoms will NOT be admitted to the Women’s at Sandringham. They will be transferred to RMH with the Women’s to provide obstetric medical care and fetal surveillance.
- Pregnant women who need admission for primarily obstetric reasons, and who have only mild COVID-related symptoms, will be transferred to the Women’s at Parkville for care.
- Pregnant women with moderate, severe, or critical COVID-related symptoms should be admitted to RMH and the Women’s to provide obstetric medical care and fetal surveillance.
- Pregnant women who have been admitted to the Women’s at Sandringham, and deteriorate with COVID-related symptoms should be managed on an individualised basis. The decision to expedite delivery, the site of delivery, and/or transfer to ICU needs to be made on a case-by-case basis.
4.7 Postnatal management see: 
http://intranet.thewomens.loc/ppp/Documents/COVID-19%20Maternity%20care%20for%20women%20who%20are%20suspected%20confirmed.pdf;

4.7.1 Infant care See Flow Chart I Need to insert Link

4.8 Discharge Planning
Any COVID-19 positive women need to be assessed as appropriate for discharge. Planning for PNCITH visits should form part of this discharge planning.

Ensure that all women with suspected or confirmed COVID-19 have this clearly documented in their discharge summary for the Maternal and Child Health Nurse, GP and/or outsourced home visits.

All women to be advised prior to discharge that they will be contacted by PNCITH on day of proposed visit. As part of discharge planning a home risk assessment is performed prior to discharge.

Advise the woman that the visiting midwife will telephone her and ask her to answer her phone when ‘No Caller ID’ is displayed.

4.8.1 Postnatal Care in the Home (PNCITH) See Flow Chart E PNCITH
A management plan for PNCITH for suspected/confirmed cases are referred to on a case by case basis.

General precautions
- When planning PNCITH visits, consider if a home visit is vital for any woman or if a telephone consult would be sufficient, particularly if the woman is multiparous.
- Consider if the infant needs physical assessment e.g. weight, TcB, SBR, NST
- Determine if an NST has been done prior to discharge, to avoid unnecessary contact.
- Ensure that the PNCITH cars are stocked with full PPE equipment, including appropriate disposal bags.
- Ensure appropriate stocks of cleaning equipment to ensure scales etc. are appropriately cleaned between each visit.

Home visits
- Other household members, including children, must not be present during the physical visit.
- Conduct most of the visit from the car by telephone, even if sitting in front of the house.
- Each telephone contact must include the standard screening questions and appropriate precautions taken. See Screening and precautions required flowchart AA.
- Establish what equipment is needed in the home; minimise items taken into the home.
- Clean equipment before and after use with alcohol wipes.
- Swab the interior and exterior car door handles and steering wheel with wipes and use hand sanitiser after leaving the premises.
- Ask the woman to be in a room as close to the front door as possible for the physical assessment to avoid going into several rooms.
- Keep the physical visit to less than 15 minutes and actual face-to-face contact to less than 10 minutes. The consult can continue by phone afterwards.
- If a baby weight and/or NST is required, ask the woman to have the baby undressed (but wrapped in a blanket) and ready for this before you enter the premises.
- Include advice on standard hygiene techniques as part of the general education.
- Provide as much breast-feeding support as possible verbally, over the phone.
- Women can be referred to the breastfeeding service, as usual, as additional or specialist lactation care/review
- Lactation consultants in the breastfeeding service will discuss with the woman what will be the best type of appointment for her including telephone call, video-call or face-to-face appointment.

In the event that the woman is unable to be contacted by telephone, send an SMS asking her to contact the PNCITH contact number as soon as possible.
Guideline
COVID-19 Maternity care for women who are suspected/confirmed Women’s at Sandringham

Evaluation, monitoring and reporting of compliance to this guideline or procedure
Compliance to this guideline or procedure will be monitored, evaluated and reported through VHMIS.

References

National Health and Medical Research Council Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)

Department of Health and Human Services, COVID-19 Pandemic Plan for the Victorian Health Sector, Date Published 10 Mar 2020

Department of Health and Human Services, COVID-19 Guidance for care of the unwell woman during pregnancy and birth 22 May 2020

Perioperative Management and Workflow of the Confirmed, Suspected, or Unknown COVID-19 Obstetric Patient at Sandringham Hospital Alfred Health 22 May 2020

Legislation/Regulations related to this guideline or procedure
NA

Appendices

| Flow chart A | General Advice for all pregnant women |
| Flowchart AA | Screening and precautions required |
| Flow chart B | Telephone Screening |
| Flow chart C | Pregnancy Clinic attendance |
| Flow chart D | Suspected or confirmed COVID-19 transport advice |
| Flow chart E | PNCITH |
| Flow chart F | Reporting and contact pathway for COVID-19 |
| Flow chart G | GDM screening flow chart |
| Flow Chart H | COVID-19 Women’s at Sandringham Maternity |
| Flow Chart I | Women’s at Sandringham COVID-19 Neonatal |

Appendix 1. Perioperative Management and Workflow of the Confirmed, Suspected, or Unknown COVID-19 Obstetric Patient at Sandringham Hospital Alfred Health
Women’s at Sandringham
General advice for all pregnant woman
(with no immediate need for hospital assessment)

Pregnant woman calls requesting general advice
No need for hospital assessment

Does woman have symptoms?

Does she have an antenatal appointment scheduled?

Advising to access the DHHS website
For most up-to-date information

Advise to undertake the
Self-assessment for risk of coronavirus (COVID-19)
On same website

Phone 000 and tell the operator of possible COVID-19 exposure.

- Ask to telephone the 24 hour Coronavirus Health Hotline on 1800 675 398.
- OR their GP
- OR local emergency department (not WEC) to arrange for testing and appropriate care.
- Advise to call ahead before they attend their GP practice or Emergency Dept.
- All medical appointments should be discussed in advance so steps to minimise contact with others can be taken.

No further advice to be given

Delay appointment Follow Flow Chart C

Version 4 6/5/20 – 9.45am
Women's at Sandringham Screening

Coronavirus disease 2019 (COVID-19) Interim Infection Prevention guidance: patients and staff
Women's at Sandringham Telephone Screening

Women calls Women’s at Sandringham

Determine reason for call

Example: 
• Suspected ROM with convincing/unconvincing history

Antenatal concern or labour

Provide general advice as per flowsheet A

If not appropriate for T/F to RWH Parkville, follow Women’s at Sandringham flow chart

Coronavirus disease 2019 (COVID-19) Interim Infection Prevention guidance: patients and staff

COVID-19 screening questions

Women answers YES to confirmed COVID-19

Refer care to RWH Parkville
Notify:
• RWH CCC
• MIC
• Services Manager
• Sandringham Birth Suite Registrar
• Obstetric Consultant

If required Call 000 and advise of possible COVID-19 symptoms/exposure

Care to proceed as usual

Woman answers yes to one or more questions

NON URGENT

Urgent

Ask woman to remain at home and await follow up call
• Inform MIC & RWH CCC 8345 2020 who will contact appropriate staff and escalate
• Notify Sandringham Birth Suite Registrar & Obstetric Consultant
• Call Services Manager In Hours, Email AH
• Contact Alfred Sandringham OOH 0424 505 316
• Call women with plan and document

Advise to present to RWH Parkville
• Inform MIC & Services Manager
• Notify Birth Suite Registrar and Obstetric Consultant
• Informs RWH CCC on 8345 2689

Version 5 – 7/7/20 – 3.15pm
Women's at Sandringham
Attendance for pregnancy care - Outpatients

**Flow Chart C**

- **Woman presents to Women's at Sandringham Outpatient Clinic**
  - **COVID-19 screening at clinic entry**
    - **NO to all questions**
      - Directed to Relevant Waiting area for care
        - Discloses role of COVID-19 During consultation
    - **YES**
      - Advise woman to return to her car and await follow up phone call
      - Notify Clinic Coordinator
  - **Can visit be delayed? Clinic Coordinator to review history**
    - **NO**
      - Provide woman with surgical mask immediately and remain in current room
      - Notify Clinic Coordinator AND Services Manager for ongoing care
      - If appropriate COVID swab
      - Ensure COVID clean of all potentially exposed spaces
    - **YES**
      - Determine if telephone appointment appropriate
      - Make appointment
      - Avoid face-to-face consult until cleared, if possible
      - Document management plan for follow-up care
      - Determine if referral to COVID-19 screening clinic is required for testing

*Version 6 - 13/7/20 – 5.06pm*
Women's at Sandringham
Suspected or confirmed COVID-19
When hospital attendance is necessary, such as imminent birth or Obstetric Emergency
Transport Advice

Need for admission determined to Women's at Sandringham or RWH Parkville

COVID-19 screening positive & suspected

Requires an ambulance

Women to attend by private transport

Admission to RWH Parkville
Notify:
- RWH CCC
- MIC
- Services Manager
- Birth Suite Registrar
- Obstetric Consultant

Admission to Women's at Sandringham
Notify:
- MIC
- Services Manager
- RWH CCC
- Alfred Sandringham DOHC
- Birth Suite Registrar
- Obstetric Consultant

- Advised to bring maximum of one HEALTHY support person, who will also be asked to wear a mask on arrival
- Ask to call on arrival to car park and remain in car until staff attend them in car park

- Advise to call 000 if an emergency and to advise Ambulance Service of COVID-19 status
- Paramedics should call Alfred ED Sandringham Hospital on arrival prior to transporting woman inside
- Alfred ED Sandringham should then call Women's at Sandringham prior to transfer women up to F3
- Maternity staff to meet paramedics at entry to F3 in full PPE – "runner" full PPE to clear pathway to Birth Suite Rm 1
- Follow Women's at Sandringham flow chart
**Women's at Sandringham**

**PNCITH: COVID-19 Suspected or positive**

- **Woman requires PNCITH**
  - Home visit required
  - Prior to visit
  - Prior to booking PNCITH confirm COVID-19 screening - NEGATIVE

**Consider:**
- Prior to accepting OOA R/F ensure COVID-19 screening negative
- DO NOT ACCEPT IF SUSPECT OR POSITIVE

**Can the visit be delayed?**
**INFORM & DISCUSS MX PLAN**
- ANUM/MIC
- Services Manager
- Paediatrician
- O&G Reg
- RWH AHM in collaboration with ID R/V history and management plan

**NEGATIVE**
- Book patient
- Routine care
- Pt & staff to wear mask

**Prior to visit**
- Conduct COVID-19 screening via phone

**NEGATIVE**
- Attend home for PNCITH, routine care

**YES**
- Conduct phone call assessment
- Make ongoing management plan with appropriate multi-disciplinary teams
- Inform woman of plan and address any concerns
- Document

**NO**
- Formulate management plan
- Determine location for PNCITH, consider PNCITH, RWH, Parkville WEC, ward visit
- Inform woman and address concerns

**Version 3 – 13/7/20 – 5.06pm**
Women's at Sandringham
SUSPECTED OR CONFIRMED COVID CARE PATIENT PATHWAY
CALL COVID CARE COORDINATOR (Ext 8345 2689)

Note: Only an Infectious Diseases Physician can confirm that a patient should be placed on a Suspected or Confirmed COVID Care Pathway. The Infectious Diseases Physician on duty must be contacted by the COVID CARE COORDINATOR as soon as they are informed by a member of staff that a patient with a suspected/confirmed case is being admitted OR if a member of staff has become concerned about a current inpatient. The decision from the Infectious Diseases Physician must be clearly documented in the patient's file and followed by all staff.

<table>
<thead>
<tr>
<th>Maternity Inpatient pathway</th>
<th>Theatre</th>
<th>Neonatal Pathway</th>
<th>Maternity Outpatient Pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AAU</strong></td>
<td><strong>Birth Centre</strong></td>
<td><strong>Antenatal</strong></td>
<td><strong>Postnatal</strong></td>
</tr>
<tr>
<td><strong>Notify COVID coordinator</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Notify ID physician</strong></td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>What extension to call</strong></td>
<td><strong>MIC 0407 743 117</strong></td>
<td><strong>MIC 0407 743 117</strong></td>
<td><strong>MIC 0407 743 117</strong></td>
</tr>
<tr>
<td><strong>Location to transfer patient to</strong></td>
<td>BS 1</td>
<td>BS 1</td>
<td>BS 1</td>
</tr>
<tr>
<td><strong>Key people to notify</strong></td>
<td>• RWH CCID</td>
<td>• RWH CCID</td>
<td>• RWH CCID</td>
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<tr>
<td></td>
<td>• Birth Suite Registrar</td>
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</tr>
</tbody>
</table>

Version 5 – 7/7/20 – 3.44pm
Women's at Sandringham
Gestational Diabetes Screening
COVID Pandemic Changes

High RISK for GDM

- Previously elevated blood glucose levels
  - Previous GDM
  - Impaired fasting glucose
  - Impaired glucose tolerance
- Maternal age ≥40 years
- Ethnicity: Asian, Indian subcontinent, Aboriginal, Torres Strait Islander, Pacific Islander, Maori, Middle Eastern, non-white African
- Family history diabetes mellitus (1st degree relative with diabetes or a sister with hyperglycaemia in pregnancy)
- Pre-pregnancy BMI > 30 kg/m²
- Previous macrosomia (baby with birth weight > 4500 g or > 90th centile)
- Polycystic ovarian syndrome
- Multiple pregnancy
- Medications: corticosteroids, antipsychotics

Low risk for GDM

OGTT at 26-28 weeks

Pregnancy OGTT at booking

Normal

Abnormal

GDM diagnosed
Manage as per guideline

Postnatal testing for women with GDM

- Delay until after the pandemic (6-12 months), unless there is a clear clinical need beforehand
- Recommend all women have GTT before their child reaches 12 months of age or before trying to conceive again

Version 4 22/5/20 – 8.35am
Suspected COVID-19 flow chart

**Flow Chart H COVID-19 Women’s at Sandringham Maternity**

- **Preparation**: Remove all non-essential equipment. Apply personal protection to doors (Crisp indicators). PPE trolley to be located outside of room. Heat and cooling NOT available in room. Clinical waste bin to be located in Doff space outside of room. Signage for PPE DON, DOFFING outside room. Advised STRICTLY NO VISITORS.

- **General Care/First Stage**: Communicate with MIC regular & escalate care early. Allocate midwife to remain in room with women. Offer reassurance to midwife. Encourage hand hygiene regularly by patient and patient. Ensure perineum is in isolation. Do not remove any paperwork from room or write notes whilst contaminated PPE.

- **Second Stage**: All for PPE box at the commencement of Stage 2. Two midwives need to be in the room (one senior midwife) and one nurse. Communicate with MIC regularly & escalate care early via speaker phone.

- **Use Room Packs as Needed**: Birth, IV, SBP, PEF, O2, Neb, Neonatal Resuscitation packs.

- **Third Stage**: Active 3-stage management. Plan for optimum care for 3-stage unless contraindicated. Normal disposal of placenta.

- **Transfer to and from OT**: Refer to “Sandringham Theatre Flow Chart”.

- **Confinement**: Birth suite/Room 46 to rest for 30 mins. If aerosol generating procedure occurs before full COVID discharge clean. Staff will also require full COVID clean including outer clothes. Notify DOCN: Afford to do cloth kit or green clinical medical wipes. Staff to be wearing surgical mask.

- **Postnatal Care**: Encourage regular hand hygiene by woman and support person. Cluster patient care to reduce the need to DOFF and DON outside the room. Do not leave any paperwork in the room. Woman and support person to wear surgical mask at all times. Mild face opening.


- **Documentation**: Notes go into paper box for 24 hours before being handled.

- **Referral**: Refer to "Telephone Screening" flow chart B and "Transport Advice" flow chart D.
Flow Chart I

COVID19 NEONATAL

WELL BABY FROM BS & PN
- Stay with mum in BS & PN ward
- Managed by midwife

UNWELL BABY FROM BS & PN
- Does the baby require SCN admission?
  - NO
    - Managed by midwife and/or SCN nurse
      - SCN Staff to prepare for TF
      - SCN to bring Isolette to PN Room
      - SCN staff to apply full PPE
      - Once baby in Isolette then TF to isolation room in SCN
      - SCN staff to then remain with baby
      - Staff member already in the room
        - Open Isolette door
        - Place the baby into the clean Isolette
  - YES

UNWELL BABY NEEDS TRANSFER WITH PIPER
- FROM BS or OT
  - Is baby able to remain at place of birth?
    - YES
      - Manage baby as per guidelines await PIPER team
    - NO
      - Room is required
      - PIPER delay

For transfer to SCN:
- Ensure Isolette room is prepared. Remove all non-essential equipment
- Ensure SCN is ready to receive prior to conducting transfer to ward
- SCN Nurse from OT to UCHF and return PPE to T/P ??
- Runner SCN to don PPE and ensure ready for transfer
- Baby to be transferred to isolation RM
- Query – paperwork to remain in room awaiting ID ??

Cleaning:
- Refer to Maternity COVID 19 flowchart

Reminder:
- Shower after caring for C19 women in outpatient building shower
- Clean shoes with Isowipes or add clinical clinical wipe pack
- No at risk staff to be caring for C19 women

Version 3 - 21/5/20 - 2.35pm
Appendix 1. Perioperative Management and Workflow of the Confirmed, Suspected, or Unknown COVID-19 Obstetric Patient at Sandringham Hospital Alfred Health