

COVID-19 Maternity care for women who are suspected/confirmed Women's at Sandringham



the women's
the royal women's hospital

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)

Acknowledgments: Monash Health, Mercy Hospital for Women, Western Health, and Safer Care Victoria, Professor Ryan Hodges, Andrea Rindt, and the team at Monash Health. The guideline is underpinned by the Royal College of Obstetrician and Gynaecologist Coronavirus (COVID-19) Infection in Pregnancy Version 5: Published Monday 28 March 2020: <https://www.rcog.org.uk/coronavirus-pregnancy>

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.

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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.

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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.

4.4 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 resuscitaire to the baby rather than the baby to the resuscitaire (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](#)

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- 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.

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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.

<https://www.dhhs.vic.gov.au/covid-19-guidance-unwell-woman>

Table 1. Classification of disease severity

Mild Illness	<p>No clinical features suggestive of moderate or severe disease.</p> <p>Characteristics:</p> <ul style="list-style-type: none"> - no symptoms - or mild upper respiratory tract symptoms - or cough, new myalgia or asthenia without new shortness of breath or a reduction in oxygen saturation
Moderate Illness	<p>Stable woman presenting with respiratory and/or systemic symptoms or signs</p> <p>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</p> <p>Prostration, severe asthenia, fever > 38 °C or persistent cough</p> <p>Clinical or radiological signs of lung involvement</p> <p>No clinical or laboratory indicators of clinical severity or respiratory impairment</p>
Severe Illness	<p>Women meeting any of the following criteria:</p> <ul style="list-style-type: none"> - respiratory rate \geq 30 breaths/min - oxygen saturation \leq 92% at a rest state and/or arterial partial pressure of oxygen (PaO₂)/ inspired oxygen fraction (FiO₂) \leq 300
Critical Illness	<p>Women meeting any of the following criteria:</p> <p>Respiratory Failure:</p> <ul style="list-style-type: none"> - occurrence of severe respiratory failure (PaO₂/FiO₂ ratio < 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. <p>OR</p> <p>Other signs of significant deterioration:</p> <ul style="list-style-type: none"> - hypotension or shock - impairment of consciousness - other organ failure

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.

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4.7 Postnatal management see:

<http://intranet.thewomens.loc/pgp/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.

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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

Royal College of Obstetrician and Gynaecologist Coronavirus (COVID-19) Infection in Pregnancy Version 1: Published Monday 3rd April 2020.

Retrieved from: <https://www.rcog.org.uk/coronavirus-pregnancy>

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

Retrieved from: <https://www.nhmrc.gov.au/about-us/publications/australian-guidelines-prevention-and-control-infection-healthcare-2019>

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

Retrieved from: <https://www2.health.vic.gov.au/about/publications/researchandreports/covid-19-pandemic-plan-for-vic>

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

Retrieved from: <https://www.dhhs.vic.gov.au/covid-19-guidance-unwell-woman>

[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

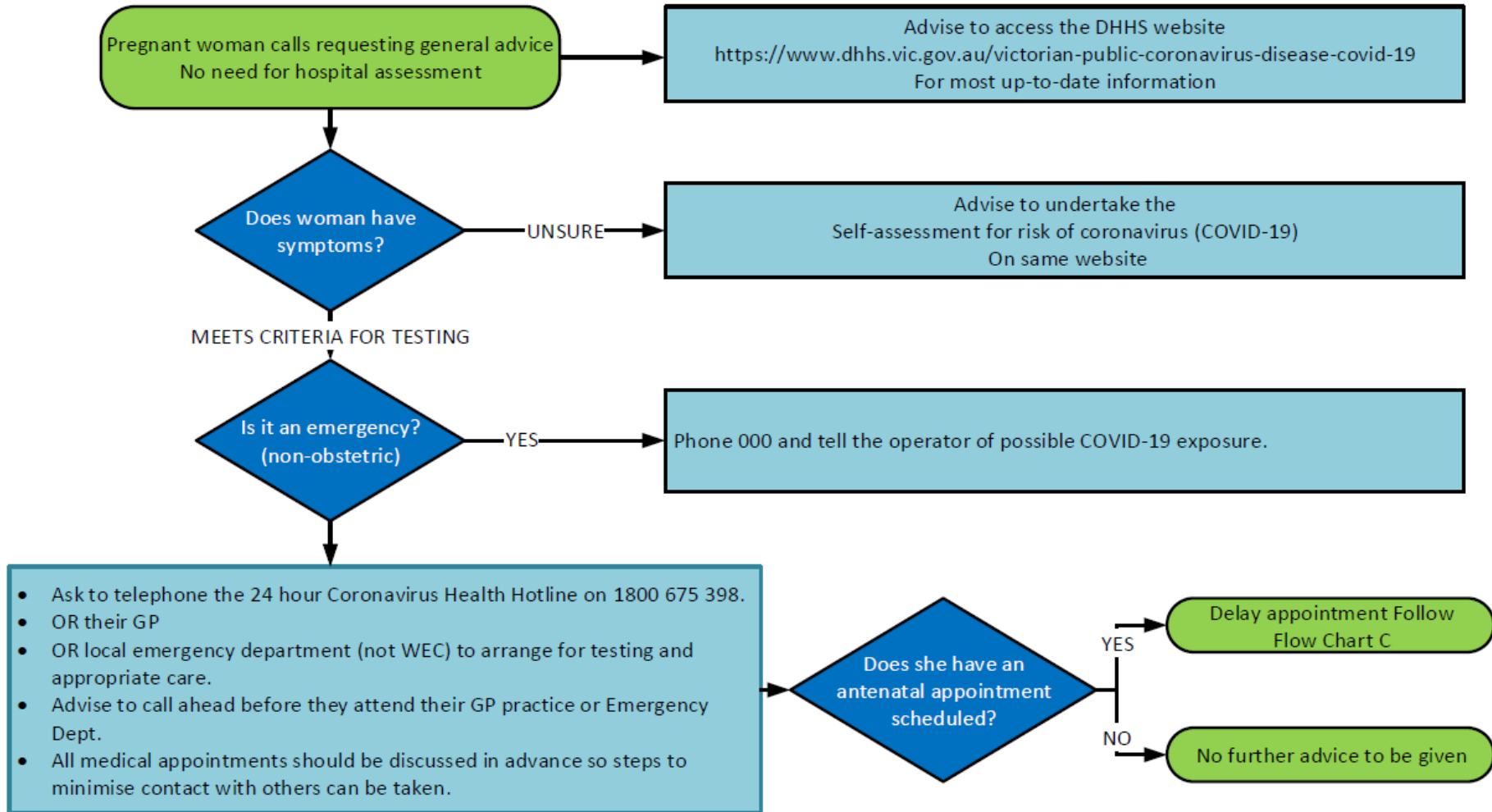
Appendices

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

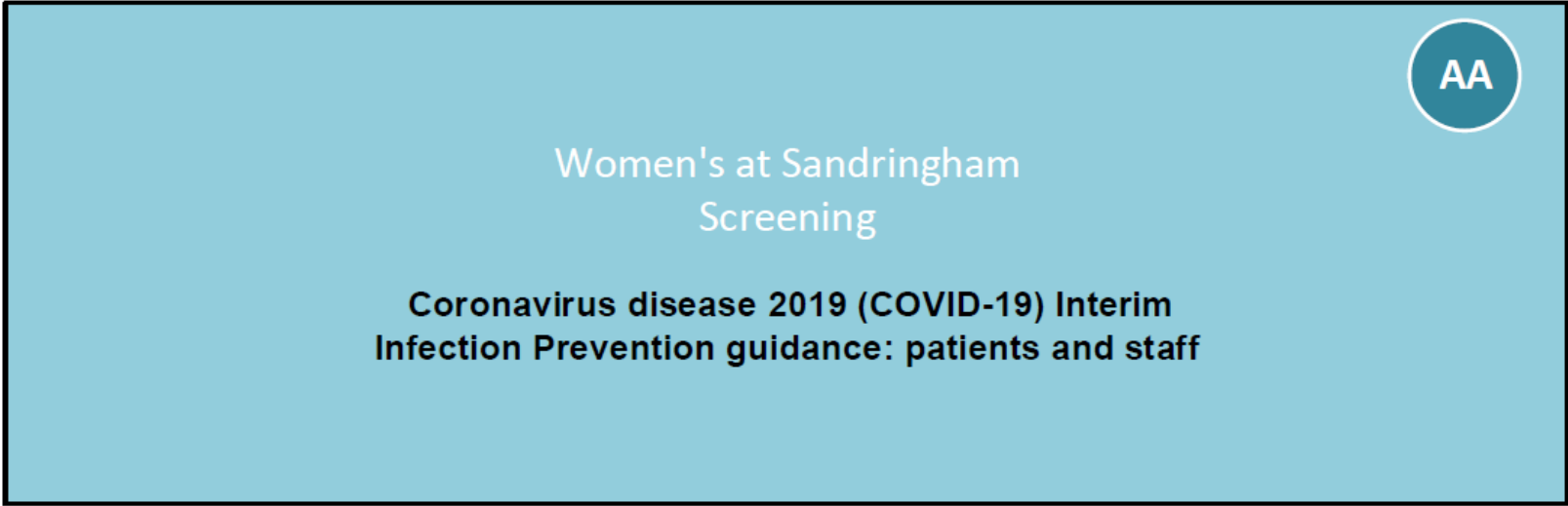
[Appendix 1.](#) Perioperative Management and Workflow of the Confirmed, Suspected, or Unknown COVID-19 Obstetric Patient at Sandringham Hospital Alfred Health

[Flow Chart A](#)

Women's at Sandringham
General advice for all pregnant woman
(with no immediate need for hospital assessment) **A**



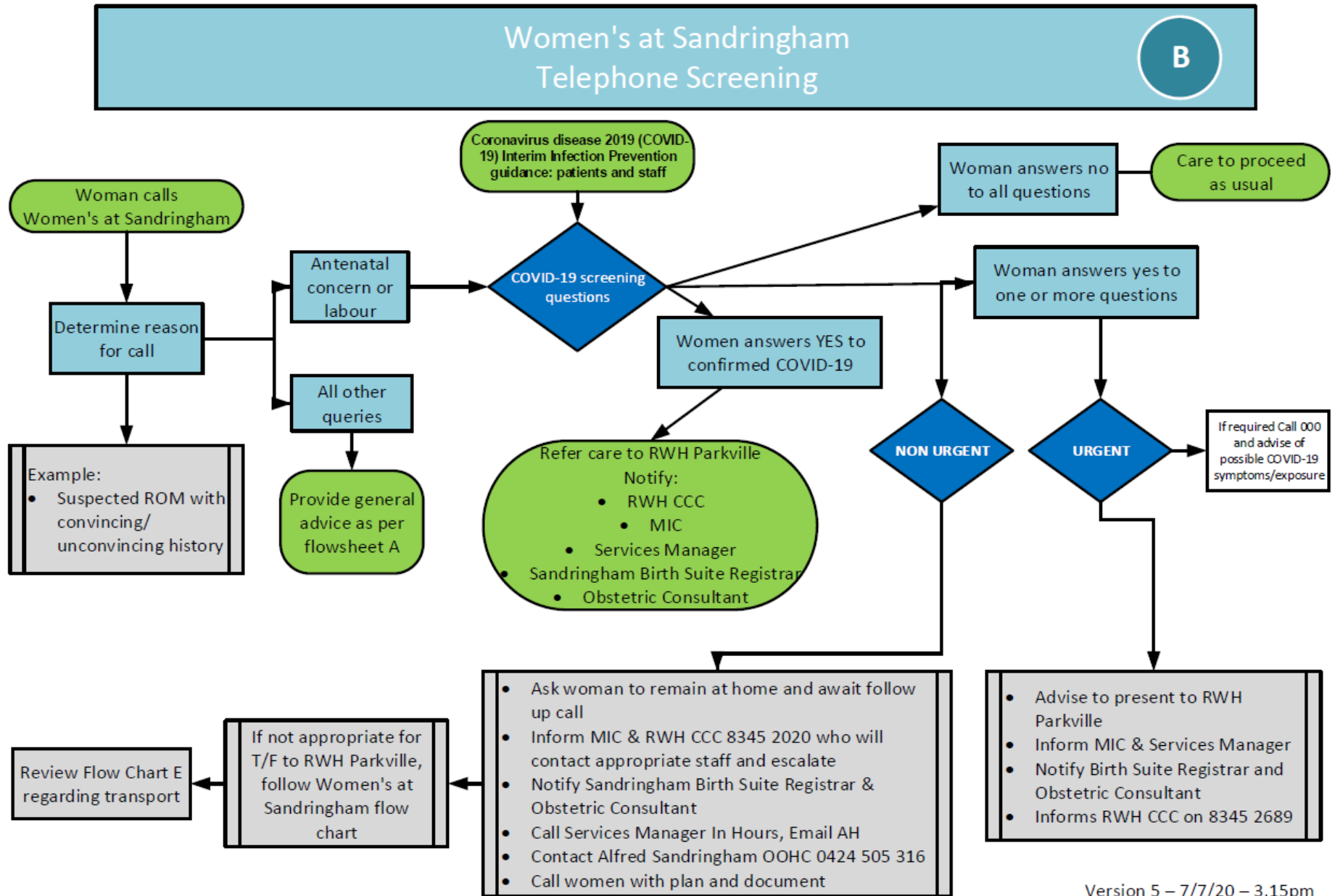
Version 4 6/5/20 – 9.45am

A light blue rectangular box with a black border. In the top right corner, there is a dark teal circle containing the white text 'AA'. Centered in the box is the text 'Women's at Sandringham Screening' in a white sans-serif font. Below this, in a smaller white sans-serif font, is the text 'Coronavirus disease 2019 (COVID-19) Interim Infection Prevention guidance: patients and staff'.

AA

Women's at Sandringham
Screening

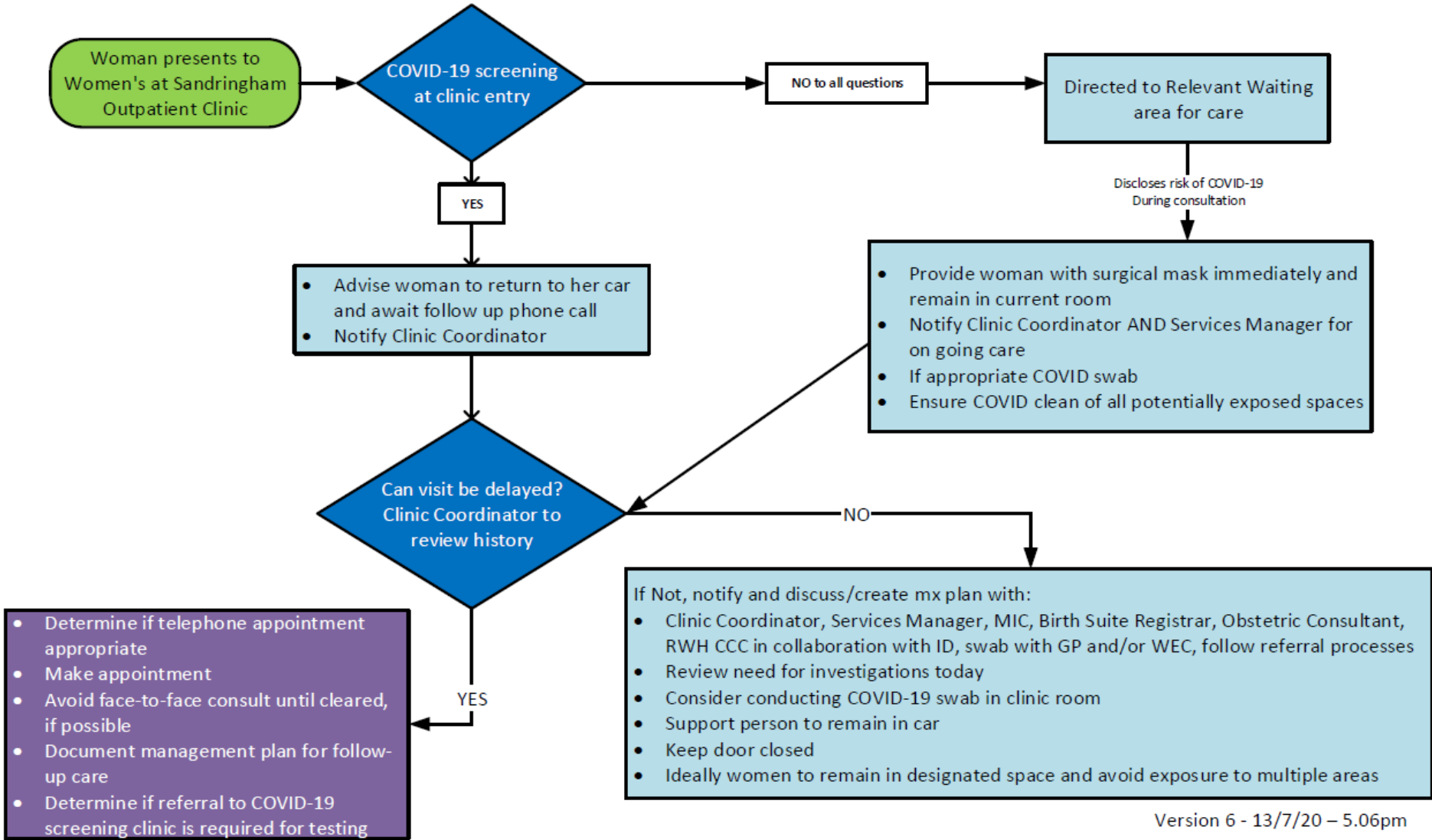
**Coronavirus disease 2019 (COVID-19) Interim
Infection Prevention guidance: patients and staff**



Version 5 – 7/7/20 – 3.15pm

[Flow Chart C](#)

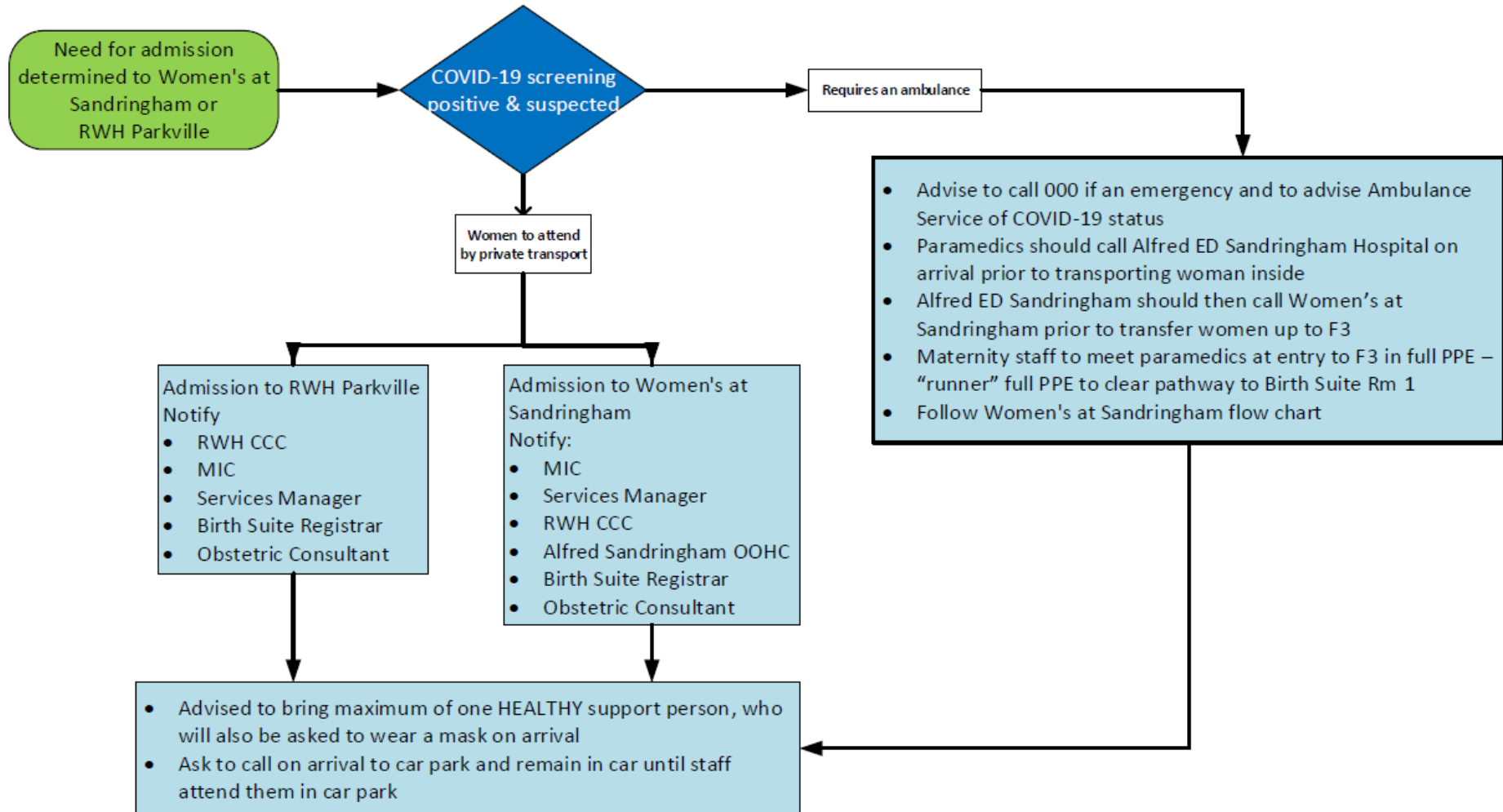
Women's at Sandringham Attendance for pregnancy care - Outpatients

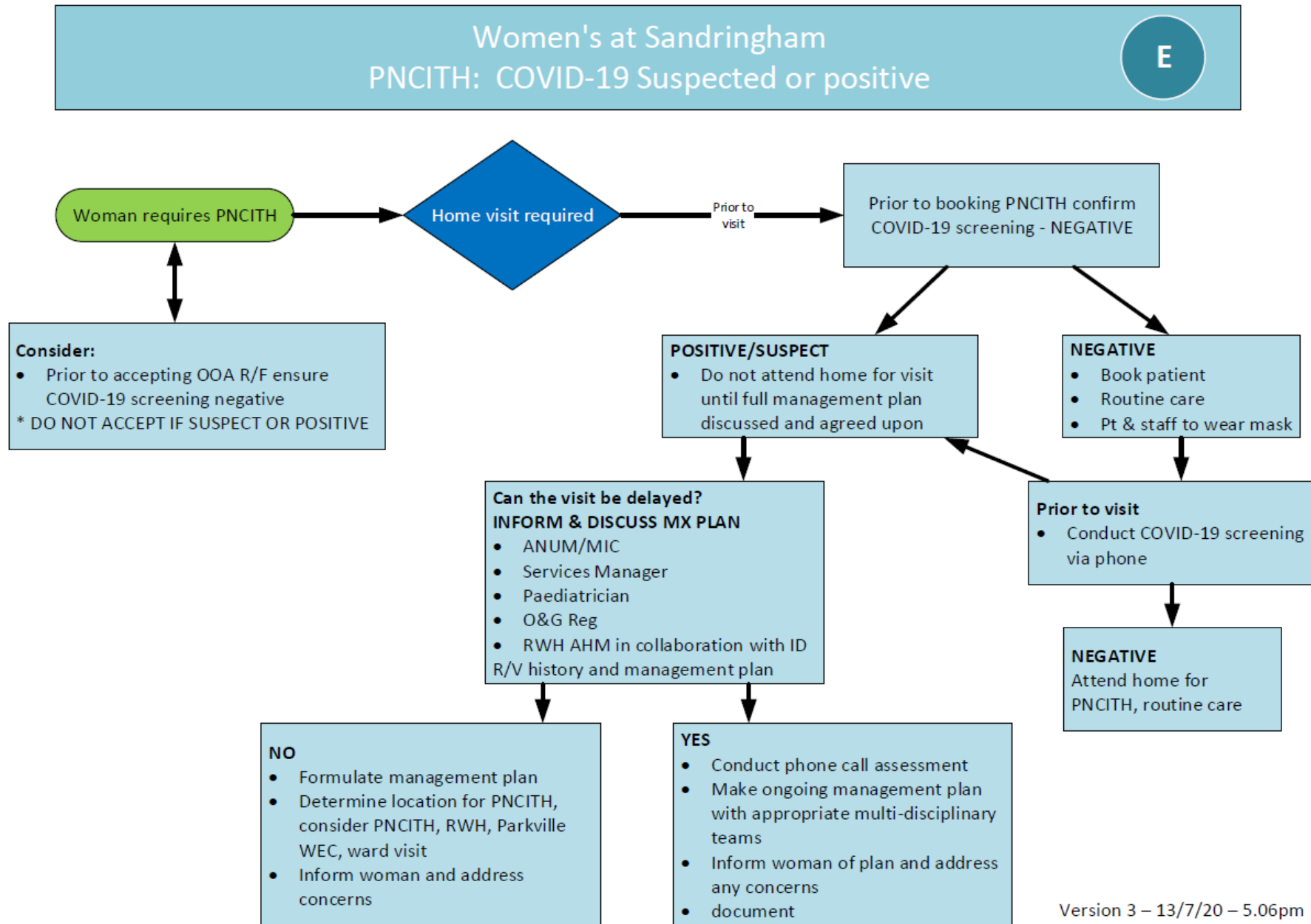


Version 6 - 13/7/20 – 5.06pm

Women's at Sandringham
Suspected or confirmed COVID-19
 When hospital attendance is necessary, such as imminent birth or Obstetric Emergency
 Transport Advice

D





Women's at Sandringham
SUSPECTED OR CONFIRMED COVID CARE PATIENT PATHWAY
CALL COVID CARE COORDINATOR (Ext 8345 2689)

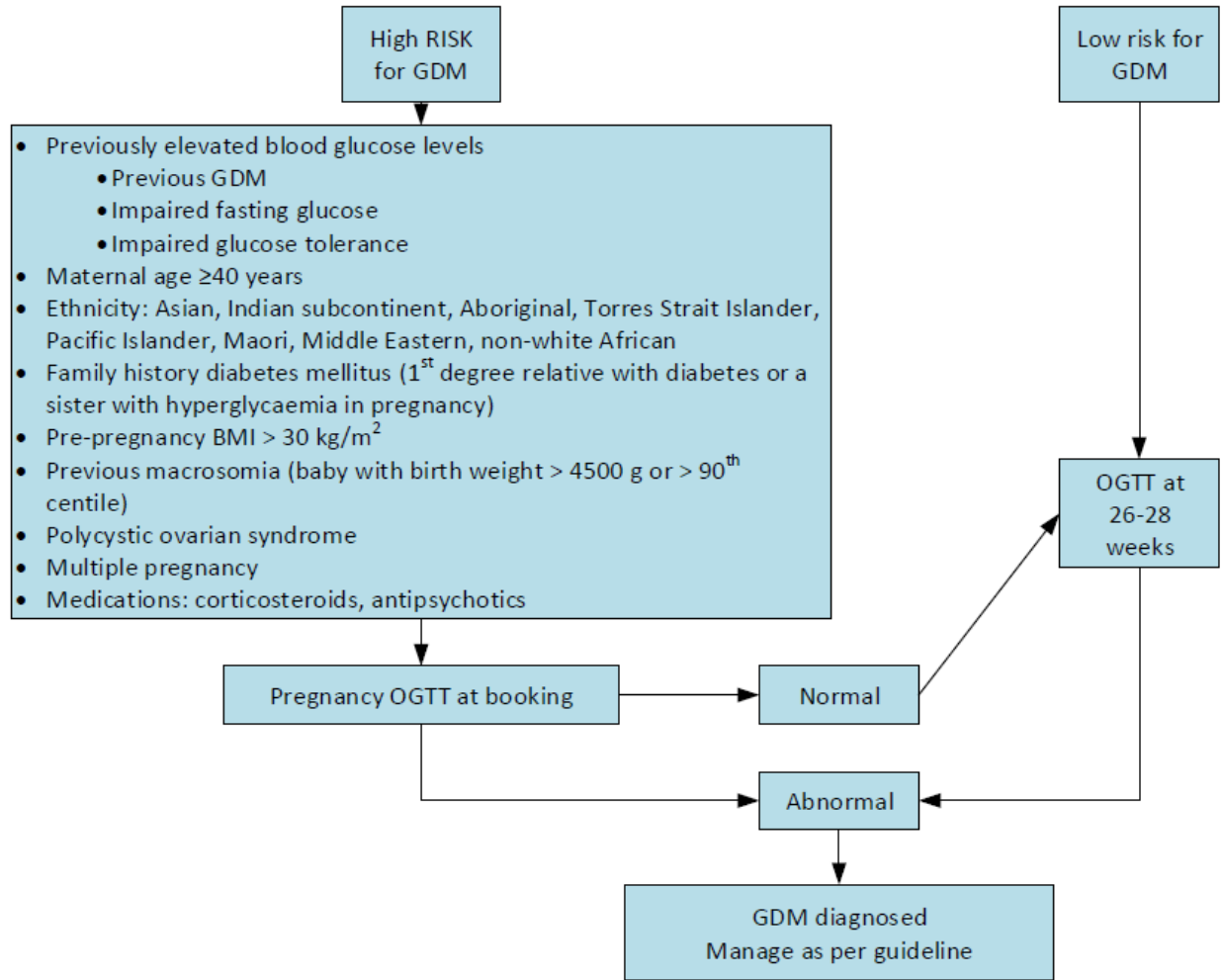
F

Note: Only an Infectious Diseases Physician can confirm that a patient should be placed on a Suspected or Confirmed COVID Care Path way. 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.

	Maternity Inpatient pathway				Theatre	Neonatal Pathway	Maternity Outpatient Pathway
	AAU	Birth Centre	Antenatal	Postnatal			
Notify COVID coordinator	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Notify ID physician	Yes	Yes	Yes	Yes	No	Yes	Yes
What extension to call	MIC 0407 743 117	MIC 0407 743 117	MIC 0407 743 117	MIC 0407 743 117	OT in charge 0408315275	ANUM SCN 0466 412 089	TCC 8345 3296
Location to transfer patient to	BS 1	BS 1	BS 1	F3 RM 46	Call AUM 0407743117 to discuss	• COVID19 Isolation Room • SCN	See Flow Chart C
Key people to notify	<ul style="list-style-type: none"> •RWH CCC/ID •Birth Suite Registrar •Obstetric Consultant •MIC •SCN •Anaesthetist •Alfred Sandringham OOHC 	<ul style="list-style-type: none"> • RWH CCC/ID • Birth Suite Registrar • Obstetric Consultant • MIC • SCN • Anaesthetist • OT in charge • Alfred Sandringham OOHC 	<ul style="list-style-type: none"> • RWH CCC/ID • Birth Suite Registrar • Obstetric Consultant • MIC • SCN • Anaesthetist • Alfred Sandringham OOHC 	<ul style="list-style-type: none"> • RWH CCC/ID • Birth Suite Registrar • Obstetric Consultant • MIC • SCN • Anaesthetist • Alfred Sandringham OOHC 	<ul style="list-style-type: none"> • RWH CCC/ID • Birth Suite Registrar • Obstetric Consultant • MIC • SCN • Anaesthetist • Alfred Sandringham OOHC 	<ul style="list-style-type: none"> • RWH CCC/ID • Neonatal Registrar • Neonatal Consultant • MIC • Alfred Sandringham OOHC 	<ul style="list-style-type: none"> • RWH CCC/ID • Birth Suite Registrar • Obstetric Consultant • MIC • SCN • Anaesthetist • Alfred Sandringham OOHC • Services Manager

[Flow Chart G](#)

Women's at Sandringham Gestational Diabetes Screening COVID Pandemic Changes

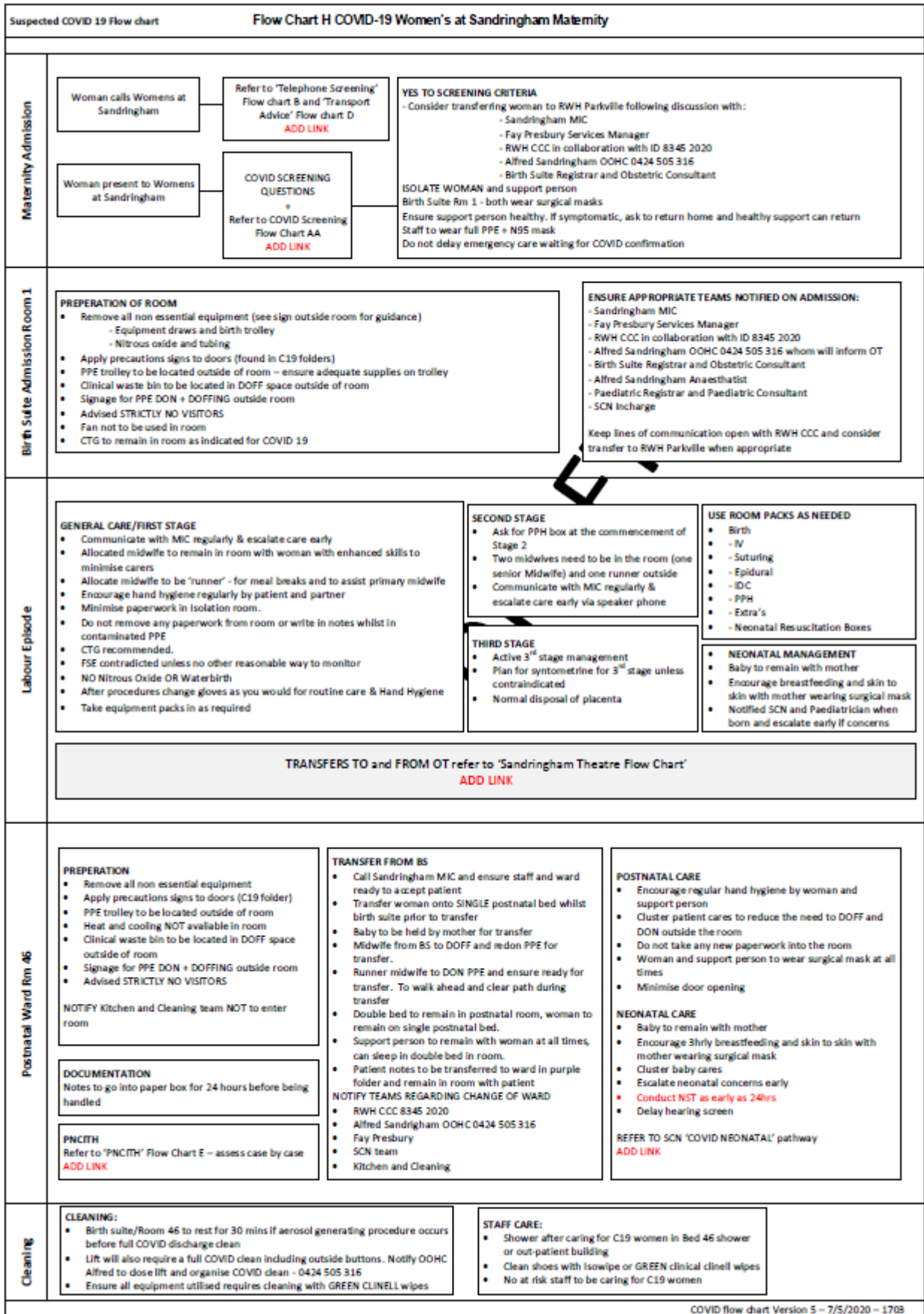


Postnatal testing for women with GDM

- Delay until after the pandemic (6-12months), 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

[Flow Chart H](#)



COVID flow chart Version 5 – 7/5/2020 – 1708

COVID19 NEONATAL	
Phase	
WELL BABY FROM BS & PN	<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <p>Stay with mum in BS & PN ward</p> <p style="text-align: right;">→</p> </div> <div style="border: 1px solid black; padding: 10px;"> <p>Managed by midwife</p> </div>
UNWELL BABY FROM BS & PN	<div style="border: 1px solid black; padding: 10px;"> <p>Does the baby require SCN admission</p> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">NO</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">YES</div> </div> <div style="margin-top: 10px;"> <p>Managed by midwife and/or SCN nurse</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <ul style="list-style-type: none"> 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 <p>Staff member already in the room</p> <ul style="list-style-type: none"> Open isolette door Place the baby into the clean isolette </div> </div> </div>
UNWELL BABY NEEDS TRANSFER WITH PIPER	<div style="border: 1px solid black; padding: 10px;"> <p>FROM BS or OT</p> <p style="text-align: right;">→</p> </div> <div style="border: 1px solid black; padding: 10px; text-align: center; margin-bottom: 10px;"> <p>Is baby able to remain at place of birth</p> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">YES</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">NO</div> </div> <div style="margin-bottom: 10px;"> <p>Manage baby as per guidelines await PIPER team</p> </div> <div style="text-align: center; margin-bottom: 10px;"> <p>• Room is required</p> <p>• PIPER delay</p> </div> <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div style="border: 1px solid black; padding: 5px; text-align: center;">Transfer baby to SCN isolation room on BS resuscitaire</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Transfer baby to SCN isolation room on OT resuscitaire</div> </div> <div style="border: 1px solid black; padding: 5px; text-align: center;"> <p>SCN staff to Prepare PPE transfer of baby and to remain with baby</p> </div>

Version 3 – 21/5/20 – 2.33pm

[Appendix 1. Perioperative Management and Workflow of the Confirmed, Suspected, or Unknown COVID-19 Obstetric Patient at Sandringham Hospital Alfred Health](#)