

# COVID-19 Maternity update for LMCs – 27/3/2020

Dear All

How different a week can be! We would like to acknowledge the challenging circumstances we are facing over the next four weeks as our country moved to Alert Level 4 to reduce the risk of transmission in the community. Thank you for your care and professionalism during this time in keeping wāhine and pēpi at the centre of our care.

## Changes to Service

Our outpatient appointments have moved to being virtual or by phone for over 80% of the women who come and see us. These are triaged, and we continue to see women who need to be seen by our teams in clinic. I think there has been some misinformation about this and it is essential that we do maintain physical checks of women who require our care. When we say we are doing visits virtually, they are still having their scans etc but rather than coming to CWH they are receiving their scan results by phone and a discussion with our O&G team. A plan is then shared with the LMC or an appointment is made to see the woman depending on what the result tells us. The standard of care is not changing and that is essential to remember currently. We all want our mums and their babies to remain well cared for. Our fetal medicine and high risk obstetric remains focussed on this site but they too have looked at appointment times etc to be able to spread women, so they are not sitting in the waiting room anymore.

This change ensures a lot less women are coming to the hospital each day and at this time of shutdown means they can stay home and have some of the discussions we ask them to come here for in their own home instead. We are also hoping that scanning can also reduce here and be done in some of the community centres but that sits now with our Executive Team. You may have seen that elective surgery has been cancelled but this does not refer to caesareans as they are not deferrable of course! Women are also having a rethink about mode of birth in this new world and we are aware of a number of homebirth bundles increasing from our community units and going to LMCs as women change their minds. Please check in with women as their plans are changing about where they want to be for labour and birth. Please also reassure women that CWH is maintaining isolation measures for women with suspected or confirmed COVID-19 but most women who come here will still be asymptomatic and well from this virus so not to be frightened if they need this level of care. Attached is the memo that came out to us yesterday which reflects the national policy about visitors.

An EOC (Emergency Operations Centre) has been established to coordinate the Chch Hospital and CWH response. An ECC receives requests from the many EOCs both in CDHB and WCDHB COVID-19 so they can respond at an Executive level across the whole system in this pandemic and now we are in a State of Emergency.

## COVID-19 Disease

We continue to spend time explaining what we know about this virus from the information provided by the Infectious Diseases, Public health and Microbiology teams. There is a lot of misinformation out there but also not a lot of robust evidence either because studies have not had time to be done. All the available evidence indicates that COVID-19 transmission is driven by close contact with people who are **symptomatic** (particularly with cough).

There is some good information coming out of Taiwan, China and Singapore which is useful. A CDHB Infection, Prevention and Control Executive Committee (IPCEC) has been stood up this week and through them constantly reviewing such evidence and speaking with colleagues internationally and nationally we are being guided. There is therefore a national view for all issues in regard to the wearing of masks and uniforms and PPE usage which is being guided and monitored. See the two attachments related to how we do and do not use this – one from MOH and one from our COVID Team. As these things change you will all be the first to know but this is all in the expert's hands in relation to where we are at and about the disease and spread. We know this has caused some distress among discussions with you but the restrictions of visitors, the hand hygiene and 2 metre cough distancing are still the key prevention of transmission measures.

Thank you to those who came this week to the PPE demonstrations. You will recognise our two registrars in this video about how to put on and take off PPE. They were inspired this week with it all.

<https://www.youtube.com/watch?v=MdTRLNk517o>

## Essential Service Providers

Health is an essential service and for our system to continue to work effectively we really need our community workforce colleagues. It is in our strong interest to keep you all well to do so. As frontline staff, you need to take care of yourself. Flu vaccines are now available and the vaccinators are roaming around all facilities. Their dates and times change but if you call us we can tell you where they will be week by week.

Screening of all women coming into our services and everyone coming into our facilities is now occurring following the nationally accepted screening tool. There are only two points of entry to the Chch Hospital campus now. We have a total of 30 confirmed and probable COVID-19 cases in the Canterbury region today and **no evidence** of community transmission in our region. No pregnant women registered as COVID positive. Doing all this is preparing us well to manage this virus.

A one support person policy was in force throughout the maternity services until Thursday. Now it is one support person for labour and birth and then no visitors onto Maternity ward at Women's for the duration of stay or at the community units after birth. This is a national decision which you will get a notice about today. There will be substantial social media and other information nationally on this so everyone knows. We have only started to implement this today and everyone at Women's was spoken to about it. We are so grateful for the amazing support from women and their partners though though it will be for them. Unfortunately, we also must limit the visits to CWH by LMC midwives postnatally and so we will be doing all postnatal cares on Maternity ward until discharge. The community units have the same rules about visitors, but we are happy for LMCs to still visit women there postnatally. We have also decided today that women who must birth at Women's for whatever reason and can be discharged from Birthing Suite can still be transferred to our community units if they are asymptomatic. If a woman is admitted to Maternity Ward for whatever reason, then at discharge from there she has to go home. We realise this will potentially mean longer stays but women who are unwell have those stays now and those who are medically and obstetrically and neonatally well can go home direct.

## Use of Personal Protective Equipment

No changes to current practice of following IPC guidelines for patient requiring or suspected of requiring droplet/contact isolation.

PPE will be provided for COVID suspected and confirmed cases for your protection specifically postnatally. We are working with the Midwifery Resource Centre closely in regard to providing midwives who have women who have or are suspected of COVID-19 PPE for postnatal care. Remember all women antenatally who have suspected or confirmed need to be seen by us in MAU as outlined in the flow chart I sent to you all last week. Hand hygiene and social distancing are key public health protection measures. Please support and remind each other of optimal techniques. The CDHB will continue to provide further information on PPE, updating as necessary.

[https://www.health.govt.nz/system/files/documents/pages/covid19-ppe-community-care\\_providers-27mar20.pdf](https://www.health.govt.nz/system/files/documents/pages/covid19-ppe-community-care_providers-27mar20.pdf)

## Support

Support continues to be available from the 1737 helpline. I am also aware that the College is looking at providing some local LMC support and we are working with them on this through the National Office. I believe this will be in all regions, but I am awaiting their details as we can all see how alone many of you are feeling out in the community at this time. It is scary for us all and things are changing very fast plus all the awful news we keep seeing from the other side of the world is very confronting and I know has caught up with me a few times in the past week.

All efforts should be made to reduce possible transmission amongst staff and each other. Stop handshakes, hugs, hongi. Avoid touching your face. Continue with regular hand hygiene. Spacing at all times and for our team which includes you when you are in one of the units rethinking how we do handovers and who needs to actually be in the room etc. I wonder if the world will ever be the normal it was only a few weeks ago ever again. Fingers crossed.

CDHB has enough supplies of PPE and supply coordinators will replenish stock as required.

**Please remember this is a droplet infection and is not an aerosol one like measles is.**

The changes made this week are reassuring for those who know about pandemics that instead of a flood we will have a trickle, so fingers crossed!

We value all our staff and our LMC colleagues in the community and while you may not see it we are working with you through the region and Helen Fraser and Bex Tidwell, who is providing backup for her at this time as they are doing a great job as liaison at this really hard, fast moving time to maintain all of our wellbeing.

Kindest regards

Norma Campbell, Katherine Gee, Sonya Matthews, Amanda Daniell, Katherine Manning, Bronwyn Torrance, Suzanne Salton Julie Dockrill and Andrea Robinson