

## Table 1: Advice for community-based midwives caring for women who are in self-isolation after potential COVID-19 exposure

<p>➤ In all cases when a woman is in self-isolation for risk factors, or for confirmed COVID-19, register the woman with the DHB for coordinated care and support.</p> <p>➤ The DHB is responsible for supplying PPE and education on its use to community-based midwives as indicated below.</p>			
Less than 36w6d	Greater than 37w0d	Labour and birth	Postnatal
<i>Well</i>	<i>Well</i>	<i>Well</i>	<i>Well</i>
Reschedule routine antenatal visits for once the 14-day isolation period ends, BUT only if the midwife assesses that care can safely be deferred and the woman is <36+6 for the whole period of self-isolation.  If the woman requires a visit, ensure she wears a surgical face mask.	Weekly home visits from 37 weeks or according to usual schedule with the woman wearing a surgical face mask. The midwife's assessment and clinical judgement applies.	Labour and birth take place at home or at a secondary / tertiary maternity hospital, as per the woman's preference.  Primary maternity facilities are not equipped for the care of women in self-isolation and so should be avoided.	Home visits according to clinical need, specifically but not limited to: <ul style="list-style-type: none"> <li>✓ Newborn metabolic screen</li> <li>✓ Breastfeeding support</li> <li>✓ Full top-to-toe clinical baby examination and weight within 7 days</li> </ul>
Provide advice on basic hygiene measures (refer to Ministry of Health website).	Provide advice on basic hygiene measures (refer to Ministry of Health website).	The community-based midwife remains responsible for labour and birth care. Transfer occurs as per normal according to Referral Guideline criteria.	The community-based midwife remains responsible for postnatal care.
Advise women to inform their midwife if the situation changes, for example if the woman or a family member becomes unwell.	Advise women to inform their midwife if the situation changes, for example if the woman or a family member becomes unwell.	Midwife to wear full PPE during the labour and birth.  Scrupulous hand hygiene is to be observed.  Maintain social distancing except when required for clinical care.	Woman to wear surgical face mask for visits.
If the woman is anxious, undertake phone and video consultations.	Minimise time spent undertaking physical assessment		Provide postnatal care, breastfeeding and parenting advice over the phone as much as possible.
	Provide phone and video consultations for time specific pregnancy education and information.		
<i>With symptoms</i>	<i>With symptoms</i>	<i>With symptoms</i>	<i>With symptoms</i>
Advise woman to call Healthline, follow advice and inform midwife of advice	Advise woman to call Healthline, follow advice and inform midwife of advice.	Labour and birth take place in secondary / tertiary maternity hospital.  Midwife to advise hospital of COVID-19 status prior to admission.	Care plan developed in collaboration with the DHB team.
Reschedule antenatal visit until 48 hours post symptoms subside if COVID-19 not confirmed	Reschedule antenatal visit until 48 hours post symptoms subside if COVID-19 not confirmed.	If COVID-19 confirmed see Flow Chart 2.	If COVID-19 confirmed see Flow Chart 2.
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