**GREEN – STAMP IT OUT**

Dear LMC colleagues

Firstly I want to thank you all for your feedback and attendance at recent LMC forums around the DHB. It is important to keep up to date in this rapidly changing world we are living in. The Ministry of Health website contains the most up to date information for us all as does our CDHB website. The MOH team do a daily update which is also worth watching.

The one thing I have learned in the last week is that what we knew and were doing last week can change on a daily basis.

 Currently there is no community spread of COVID-19. We are still applying the keep it out, stamp it out and slow it down approach. As at Friday 20th March at 8.41am there were nationally 39 confirmed cases of COVID-19 and 3 probable cases. This is important to reassure everyone that the Public Health teams are working very hard to track and trace everyone who has been in contact with those who are suspected or confirmed as having COVID-19.

CDHB has now set up a testing centre opposite Christchurch Hospital beside the labs. This is for those referred by GPs for testing and not for the public to just access.

The case description (see Risk Assessment above) remains the same and whilst many symptoms are similar to influenza let the woman discuss that with Healthline 0800 611 116 or her general practice.

I am aware that almost all of you have sent messages to all the women in your caseloads in relation to letting you know if they are not feeling well so you can advise them to call Healthline or if they are not really showing signs f the COVID case so you can delay appointments. I am also really impressed with how you are rethinking how you do appointments do you can maintain social distance whilst you are seeing women, seeing women in their homes and / or spacing clinics more so women are not in waiting room and I know some of you are asking women to place a scarf over their face or nose when doing close contact things like blood pressures or listening to the fetal heart and doing these in 15 minute appointments. Many of you are arranging phone calls or video calls to have the longer discussions about birth plans etc also. All great stuff.

The most important things to recall are this is a droplet infection and so if a woman has no such symptoms she is unlikely to infect you plus WASH YOUR HANDS!

**Influenza**

While the Influenza vaccine does not protect against COVID-19, however it will help prevent a serious illness that causes hundreds of deaths and places significant pressure on healthcare services each winter in New Zealand.

Improving protection against influenza for our Pregnant Women is the improve our ability to manage increased demand because of COVID-19.

Please talk to your clients about the Influenza vaccine and advise them that they can get this from either General Practice or community pharmacy now.   If they want further information they can find this at [fightflu.co.nz](http://fightflu.co.nz/)

**Vaccination for LMCs**

We are doing these around all our maternity units so please drop in and have your influenza vaccination this year also. The MOH are really asking that all health professionals do that this year as a protection for you but also for your clients.

**COVID Risk Assessment Chart**

See attached flow chart to use with women in the community and we will be using the same for women when they present to Clinics or Birthing Suite here unless you have told us beforehand you have done it and all clear. Please tell us if you have concerns and phone ahead so we can place a mask on the woman or meet her downstairs in full PPE

**Visitors to Maternity- all units**

A national decision has been made today that there can be one support person per woman and no children under 16 in maternity units. Our colleague was in contact with an Italian colleague and when asked what was the one thing they wished they had done earlier it was this. We have implemented this today and the media release will be out tomorrow so we are taking things slowly. One at a time in the birthing room but a named support on maternity please. Our Ward Clerks will ask in all units or the midwife in charge. Please respect they are following national guidance on this and we are in a pandemic so we do have to take all advance precautions when we can. I have also checked in regard to Tangata Whenua and this is an equity issue as we suspect Maori may well be in higher numbers affected by this because there is more asthma etc so the more we can prevent and minimise community spread the better for our whole community.

So far this has been very well accepted by the women and their families.

**Place of Birth**

For all women who are COVID positive or suspected COVID, they will have to birth at CWH. I am aware the MOH will be circulating some information in regard to care of these women soon and I am sure the College will share that as they have been working with them.  On this note it therefore makes sense that if women are well and do not obstetrically need to birth at CWH that a discussion is had with these women and that they may prefer not to come to Women’s  and instead use a community unit or home birth.

**Postnatal Stay**

We are reviewing this as we proceed though this pandemic but if we get community spread then the less time women spend in any hospital the better and so we will be trying to have women and babies well enough to go home rather than transfer from CWH to a community unit. The community units are the places we will have reserved for all well women.

**Women in  isolation**

Can you let MAU know of any women who are COVID confirmed and in isolation at home and we will check on them daily. Women who are self-isolating and are well do not need regular calls but do need the information to call Healthline or contact their GP if they become unwell and fit the case description as in the assessment flow chart above.

**PPE**

As you will be aware there is no community spread currently and so all women who have been in contact with anyone who is COVID positive will know and will be in self- isolation as a result. We suggest you ask those women to tell you if this is the reason why they are in self-isolation so you can amend your clinic checks with them as above until they are over the two weeks periods. We are hearing some very innovative ways of checking on these women in between if they are near the end of their pregnancy but if you do need to do an actual visit then clearly you will need PPE to do that. The good news is that from what we know it is generally a mild infection in pregnant women and is over quite quickly so 48 hours after symptoms go then you are fine to visit her again as normal.

We will be providing all LMCs with PPE and we have sufficient to do this. The Infection Control team are working through this and anticipated requirements of not only LMCs but also GPs and other community teams. We will be in discussion with the Midwifery Resource Centre as a point of pick up and replenishment next week. This will particularly come into play for postnatal cares but we will ensure you have access in case of a labour and an unwell women. As noted above though please check the health status of women during this time before going to visit them. If a woman is displaying COVID symptoms and in labour then these women should be directed to CWH where we will meet them in PPE. If you can tell the ACMM that a woman is on her way in and tell the woman or her support to contact the ACMM on arrival at the entrance to Women’s then we will meet them in PPE and take them to Rooms 300 or 301.

We have also been doing simulations for a Cat 1 section if a woman is confirmed COVID or meets the case description and is unwell. We have also been discussing elective C/S and the need to delay until well possibly and IOL the same but these are case by case discussions we will be having.

**Entonox**

We have had many discussions about the use of this over the past week and we have had some final advice today:

The suggestion out of the UK (RCOG guidance) is that there is no evidence that the use of Entonox is an aerosol-prone procedure - RCOG guidance at <https://www.rcog.org.uk/globalassets/documents/guidelines/coronavirus-covid-19-infection-in-pregnancy-v3-20-03-18.pdf?fbclid=IwAR23zg7tBTFY1wiqI4-RqHydJg8nigsXZeKaRfh3A26wv9-MwJPSoKg435E>

If the patient is in a single room and staff are wearing appropriate PPE, the patient doesn’t necessarily have to wear a mask.

However a mask on the patient is required if they are transported through an open ward, waiting room or corridor.

What I take from this is that the staff wear the PPE and the patient does not necessarily have to wear a mask but ideally also they should if possible to limit spread in the room.

**CTG in Labour**

Evidence is also coming that women who are currently in labour and COVID confirmed need to have a continuous CTG.

Probably enough for this week.

Updates to you all as things change as they seem to in this place at the moment.

Keep safe and well.

Norma

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