

# Stamp it out, Manage it

## LMC Update – 3 April 2020

As of Thursday 2 April 2020, at 9am there were 797 confirmed and probable cases of COVID-19 across New Zealand. We have 53 cases of Covid-19 in Canterbury and 3 on the West Coast. We currently have **NO** positive COVID patients in Christchurch Hospital. Most cases are related to overseas travel or contact with someone who has travelled. There are some clusters of infection around the country, but the cases of community transmission remain very low with no community transmission in Canterbury.

There are many updates to guidelines and processes as both national and local protocols change. It is really hard to keep on top of things but great to see all of the applicable things being now placed on the College website, and that is a place we are all starting to head to for advice. If anything applicable happens here in CDHB then I will certainly let you know. You can expect regular updates and we will try and get information to you as quickly as possible.

Thank you for all your hard work in rearranging how you work in the community. We do not underestimate how hard this must have been and how much work it is on top of the worries we all have for our own and our family health. Congratulations to Catherine Rietveld – I think she is the perfect person for this role and I know she has been in contact with almost all of you now. Welcome Catherine!

### **Maternity Outpatients**

Much work has been happening in Maternity Outpatients to support women to receive care via methods other than in-person consultations while maintaining a high standard of care. Below details how this has been achieved in each area of the Maternity Outpatient Department. Please note that this is accurate at the time of sending but as you are all aware the way we work is constantly evolving and our systems may need to change again.

### **ANC and Physician Appointments**

- Appointments have been carefully re-triaged by an SMO and, if suitable, moved to telephone consultations
- Some women may find that if they were expecting an Obstetric and Physician appointment that one is a telephone consultation yet the other is in-person. This is because one clinician may need to see the woman but the other can perform their assessment over the telephone or by viewing scan results. We are doing everything we can to reduce the time women are in the clinic space
- Women are informed if their appointment is to be a telephone consultation and are told to expect the call to come from a withheld number. They are given a time frame that the call will take place in order to allow for potential delays due to appointments running over
- Scan appointments still need to be attended
- All clinic rooms now have speakerphone ability
- Traditionally the Doctors each have a list of women to see. To reduce waiting times in the clinic the Doctors are seeing the women as they arrive rather than seeing just seeing the women on 'their list'. If there is a specific reason for the woman to see a particular woman, we will ensure this still happens

### **Anaesthetic Clinic**

- All telephone consultations now
- Women will have their pre-meds given and blood taken on admission

### **BAC clinic**

- Telephone consultations only

### **Core Midwife Clinic**

- Based at CWH now
- Appointments shortened in line with NZCOM guidance
- Telephone call to follow up appointment if further discussions are required

### **DAU**

- Is now based in MAU
- We are working towards moving some appointments to Ashburton, Lincoln and Rangiora. Not all DAU referrals are suitable for primary unit monitoring but we wish to move ones deemed appropriate

### **Diabetes**

- Women with diet controlled gestational diabetes will follow a new Midwife and Dietitian led pathway
- The Dietitian will monitor the diabetes and blood glucose levels via a method decided with the woman (this now includes using a Bluetooth meter)
- The hospital midwife will request a scan at diagnosis and also at around 36 weeks to monitor the growth of the baby. If, during your antenatal visits, you have concerns regarding growth please continue to refer to the ANC
- If there are concerns regarding diabetes control or growth a referral will be made to the Physician and Obstetrician
- These changes are just for diet controlled gestational diabetics. Management for all other diabetic referrals have not changed

### **Fetal Medicine**

- As most consultations require detailed scans by the CWH sonographers the majority of appointments will continue to be in-person and at CWH
- As most of you are aware, Southern Community Laboratories (SCL) have stopped performing NIPS testing in the community. Canterbury Health Laboratories (based near the hospital) currently has the capacity to continue with NIPS testing (VCG percept) which is sent to Australia. We have confirmation from their lab that this will continue, however this will be carefully monitored, and the advice may change at any time as the COVID-19 situation develops

Fetal Medicine will continue to accept all **high risk MSS1** referrals from LMC midwives or GPs and triage appropriately. **Please note that NIPS testing is not available to the wider community. There must be an appropriate clinical indication, and this can only be triaged through the Fetal Medicine department.**

The process for NIPS testing with a high risk MSS1 is as follows:

- Please send in a referral as usual
- Fetal Medicine Midwife will phone the woman in the first instance to ascertain what type of testing is requested and or indicated
- If required a Fetal Medicine Specialist will carry out a phone consult around clinical considerations and or suitable testing methods so the woman/whanau can make informed decisions
- Appt for NIPS or invasive testing is made in Fetal Medicine to sign consent form (no support people can attend)
- Bloods taken at CWH (Women's outpatients department) (this service is only available from 9am-2pm Monday to Thursday) credit or debit card details will be rung through to Blood test centre and then shredded
- Results will take 2-3 weeks
- Appropriate plans for follow up in Fetal Medicine if indicated or discharge back to LMC care

If you have any questions around this, please contact Nic Harrison; Jeannie Matthews; Michele Kane or Karen Gray in the Fetal Medicine department on 03 364 4557 or email [fetalmedicine@cdhb.health.nz](mailto:fetalmedicine@cdhb.health.nz)

### **Ngā Taonga Pēpi Clinic**

- This is being managed by the CORS team and has been moved away from the CWH site
- Women still need attend their telephone or in-person obstetric appointments

### **Postnatal Appointment Following a Fetal Loss**

- Moved to telephone consultations

**Other Information**

- Interpreting services: If a woman requires an interpreter this will be facilitated via a three-way telephone call between the woman, the interpreter and the clinician
- We are calling all women the day before their appointments to ask if they have symptoms, have travelled recently or been in contact with anyone with COVID-19
- In line with national guidance women are to attend their appointment on their own. We are able to consider letting a support person accompany the woman in certain circumstances, but this has to be approved by the Charge Nurse or Midwife of the area
- One option available to women if they wish someone else to hear the content of the appointment is for that person to be on speaker phone for the consultation. This also an option for LMCs wishing to hear what is said.

**PPE**

Thank you so much to Midwifery Resource Centre Coordinator Violet Clapham and Helen Fraser for their input into this process and how we distribute. Ashburton LMCs will have the same process through the maternity unit. The PPE Guidance applies and should only be for those visits where the woman is COVID positive or suspected against the case definition and the visit cannot be deferred. These relate in the main to greater than 37 weeks pregnant and needs assessment and postnatal care or you are attending the woman in labour at home and during the labour she starts to become unwell. All women who meet the above criteria and are due to labour come to Chch Women's. We will send the woman home with sufficient masks for her and her partner for when she breastfeeds her baby and the LMC can pick up additional PPE at the Resource Centre for the postnatal visits.

Not much else to say this week as we all settle into this new way of being.

Keep in touch via Catherine or Helen or direct with us.

Take care of yourselves

Warm regards

Norma and the Team