

Urgent Updates from LMC Covid Liaison & LMC Liaison 22/3/22

Thank you everyone for your patience as we develop a system for sharing information without the need for lengthy emails. Sonya & I are in dialogue with the CDHB and NZCOM to find a solution that will meet everyone's needs. We are hopeful that a better system will be in place soon.

- ✓ *******Pre-eclampsia******* Please be extra vigilant with any of your women showing signs of Pre-eclampsia no matter how mild they appear to be. It is recommended that you have a low threshold for face-to-face midwifery review including B/P, urinalysis, palpation, SFH measurements and FHR. Please also have a low threshold to do pre-eclampsia bloods and a PCR. Be aware symptoms may be atypical. Early observations from midwifery and medical staff are suggesting that Omicron may be exacerbating and rapidly escalating Pre-eclampsia and other gestational hypertensive conditions.
- ✓ **CORRECTION FROM LAST COMMUNICATION 17/3/22**
*For LMC's who accompany an LMC as a "runner" where the LMC is caring for a C+ mama, remember to apply for CDHB funding through **MMPO/EXPECT** via charlotte.evers@cdhb.health.nz Charlotte will send you a form to complete.*
- ✓ **Vaccinations** Please encourage hāpu māmā to get boosted as the sickest pregnant women are those who are not boosted.
- ✓ **Staff shortages** If an LMC is available to attend her woman to commence an IOL in the situation where there is insufficient CDHB staff capacity and the IOL could not be safely deferred, the LMC will be able to claim from the CDHB for the woman's care up to the point when the LMC would have been called to attend her client? During the hours that the LMC is being paid by the CDHB there would be a requirement for them to assist on the floor as able.
- ✓ **Runners** If the ACMM needs a "runner" a request will go out through the Omicron Phone specifically for that reason. We recommend that all LMC's ask the ACMM when they ring in to Birthing Suite to advise that they are bringing in a C+ woman if there is a "runner" available or if they would like her to arrange one. We have suggested that one "runner" will be servicing several rooms and receive notifications of requirements from the LMC's via text including the room number. The runner then gets the requested items and leaves them outside the door, on a trolley or in a box, having knocked to advise the delivery. Utilising "runners" in this way will keep unnecessary bodies off birthing suite and leave more LMCs in the community instead of taking two out of a practice to be on Birthing Suite with one woman. The "runner" midwife will be paid for work by the CDHB using the usual remuneration process.
- ✓ **Close contacts are no longer required to self-isolate and only confirmed cases and household contacts of a confirmed case will be required to do so.** Confirmed cases and household contacts should isolate for 7 days and can self-release after day 7, providing any testing requirements are met. If household contacts develop symptoms, they are encouraged to test sooner.

Catherine Rietveld & Sonya Gray

Covid Liaison Midwife/ LMC Liaison