

Update and Guidance for LMC Midwives

regarding Covid-19 Omicron Variant

Please note that recommendations may change as the pandemic evolves
(24/2/22)

The following update has been taken from a recent webinar in the CDHB and the RANZCOG webinar “Australian O&G Experience of Omicron.

Triple vaccination and correct use of PPE including having been “fit tested” for an N95 mask are the strategies that underpin staff protection. Overseas experience informs us that we can be confident with this level of protection.

If you are yet to be “fit tested”, please arrange this as soon as possible by emailing Tina.Hewitt@cdhb.health.nz

Principle Messages and Observations

- **Caring for Covid positive clients’ needs to become part of our “business as usual” midwifery care.**
- Omicron is not like Delta and has been described as a disease of the unvaccinated. Omicron will very likely become the dominant Covid-19 variant within a few weeks. The Omicron disease progression time frame is shorter than for previous Covid-19 variants.
- We will learn from our experiences of the Covid-19 pandemic, this learning will undoubtedly inform change in some aspects of policy. It is important that we keep our minds open to change.
- Even though Covid-19 Omicron variant cases are predicted to be very high, severe disease in the pregnant population is not being seen. For vaccinated people Omicron is likely to be a mild illness like a heavy cold with a duration of 7 – 10 days. Fit and healthy pregnant women who have been vaccinated will likely experience a mild to moderate upper respiratory symptoms with Omicron.
- Double Vaccination with a booster shot remains the most useful Covid-19 protection strategy.
- Booster shots are recommended for pregnant and breastfeeding women.
- Most of Omicron infection will be contracted in the community where the vast majority of Covid positive people will be.
- Omicron is more transmissible with an RO=10 but is a less virulent variant than Delta.
- Hospitalisation rates with Omicron are very much lower than with Delta and only a small percentage of hospital admission require ICU/HDU care.
- The Australian experience for Omicron positive pregnancy outcomes has been good with no increase in FGR attributable to Omicron infection.
- There is some evidence from the Australian experience that women with comorbidities are not becoming as sick with the Omicron variant even if they are not vaccinated.
- Omicron is unlikely to cause lower respiratory complications such as pneumonia but a secondary infection with other respiratory pathogens may lead to the development of lower respiratory symptoms.
- The greatest impact of Omicron infection will be staff shortages which may reach critical levels. In preparation for this eventuality LMC practices are urged to form relationships with other practices where they can ask for support should any midwives contract Omicron.
- It is likely that Covid positive health professionals who are symptom free and have a negative RAT test will be able to return to work in a shorter time frame, this policy is still under review.

Antenatal Care

- **Healthy pregnant women who contract Covid-19 Omicron will continue to receive their midwifery care in the community from their LMC and GP and may also receive additional obstetric care dependant on their circumstances.**

- All pregnant women will be risk stratified to level 5 or 6 which will mean they may require additional obstetric input. This arrangement may change if the service becomes overwhelmed with referrals.
- **Screening for Covid-19 symptoms needs to be completed prior to any face-to-face contact.**
- When a Covid infection is suspected the woman needs to contact her GP or contact Healthline - 0800 358 5453. It is not an LMC responsibility to organise testing.
- Covid positive, but otherwise fit and healthy women with uncomplicated pregnancies under 26 weeks may have their face-to-face midwifery care deferred until they have recovered and are tested clear. A phone call, at least once during the 7–10-day illness/self-isolation phase to check on maternal and fetal wellbeing is recommended.
- When caring for known Covid positive women, the recommendation is to wear an N95 mask, gloves, apron/gown.
- A surgical mask needs to be worn for all other face to face client contacts.
- LMC's are permitted to supply an N95 mask for their clients.
- Covid positive women who are > 28 weeks gestation and with comorbidities such as Hypertension, Diabetes, high BMI will need to be monitored more closely with twice weekly phone contact during the Covid illness phase.
- All Covid positive women will require some face-to-face contact from 26 weeks gestation for BP, urinalysis, palpation, SFH measurement and Fetal heart observations. This part of the midwifery assessment may be completed in a shorter time frame with the verbal component of the assessment occurring via a phone call.
- There is no indication for thromboprophylaxis with Omicron variant.
- For the next 8 weeks at least the CDHB will meet the cost of co-payment for scans in the community

Labour & Birth Care

- **All women will require a RAT on admission to a birthing facility, CDHB and St Georges. The results of which will need to be uploaded onto Éclair.**
- Women may still birth in the most appropriate place, this could be home, primary or tertiary facility.
- There is no indication for early epidural administration in labour.
- Health professionals caring for Covid positive women during labour and birth should wear full PPE.
- Covid positive women may use Entonox as **inhalational analgesia is not an aerosol producing activity.**
- Covid positive women who are otherwise fit and well may labour and birth in water.
- Covid positive support people are **not permitted to attend with a labouring/birthing woman** they are required to isolate. So, women may need to consider an alternative person for support if required.

Post Natal Care

- There is no additional special care of a baby born to a covid positive mother other than the normal newborn checks including using the NEWS tool.
- If the mother has birthed during the active/infectious phase of her illness, then it would be advisable for her to wear a surgical mask.
- Maternal observations using MEWS tool are required for all women regardless of Covid status.
- Covid positive women and babies who are well, will be encouraged to go home within a few hours of birth.

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