



## Update from LMC Covid Liaison & LMC Liaison 3/8/22

### Covid-19 Positive Māma Updated Referral Process

**The recommendation for all COVID-19 positive pregnant women to be referred for obstetric review has been rescinded and changed to a risk-based approach.**

Referral for obstetric review is now recommended only for those who have a moderate or high risk of complications from COVID-19 and / or moderate to severe COVID-19 symptoms.

Both the Ministry of Health's *Care Framework for pregnant women/people isolating in the community with COVID-19* available on the [Ministry of Health website](#) and the [NZ Community Health Pathways – COVID-19 pregnancy pathway](#) have been updated to reflect this change.

There is a new Waitaha Covid-19 Triage Form which will replace the one you have been using to date, much of the information requested remains the same apart from vaccination status. All referrers will receive an email with the proposed plan of care, this will also be uploaded to HCS

Post-natal Covid-19 infection needs to be referred to General Practice or the After Hours Surgery if the need is urgent.

A copy of the updated form is at the end of this document. The new form will be updated on Expect and TIAKI in the coming days. In the meantime, it will be fine to use the older version.

If you have any questions or concerns about this new process, please contact Catherine Rietveld 0272286747 or Sonya Gray 0275376056.

*Catherine Rietveld / Sonya Gray*

*Covid Liaison Midwife / LMC Liaison*

## LMC Triage form for Covid-19 Positive Māmā

Email: [maternityclinic@cdhb.health.nz](mailto:maternityclinic@cdhb.health.nz)

Subject line: Covid Positive Māmā

Please be aware that emails are only cleared Monday – Friday 8-5pm

For urgent after-hours referrals please contact the ACMM on Birthing Suite

LMC Name:

LMC Phone:

LMC email:

### Māmā Details:

- Name
- Address
- Telephone
- email
- NHI
- DOB
- BMI
- Ethnicity
- LMP
- EDD
- G.....P.....
- Current gestation ...../40
- Vaccination status- FULLY/ PARTIALLY (primary course plus booster) / NOT AT ALL
- Date of first positive swab / RAT
- Date of isolation completion
- BMI
- Smoker

1. Has your woman been seen in clinic for anything other than VBAC? Yes / No
2. Are there any medical comorbidities – hypertension- essential, PIH, PET
  - i. Diabetes – GDM, Type 2, Type 1
  - ii. Cardiac disease-
  - iii. Respiratory disease – asthma,
  - iv. Previous VTE -? on Clexane
3. What medications are they taking?
4. Are there any fetal concerns?
  - i. Multiple pregnancy
  - ii. Diagnosed IUGR
  - iii. Previous SGA having monitoring
  - iv. Low PAPP-A / abnormal UA dopplers having monitoring
  - v. Recurrent APH
5. Are there any social / safety concerns?
  - i. Housing
  - ii. Language difficulties
  - iii. Drug / alcohol
  - iv. Family violence
6. Are there any other concerns that might require closer observation?