

Care Framework for pregnant women/people isolating in the community for COVID-19 – depending on clinical risk stratification

Gestation		LMC	COVID-19 Designated Clinical Lead (may be GP, Nurse Practitioner or other provider)	DHB Obstetric and Maternity Units
Antenatal and Intrapartum care	Low risk of complications from COVID-19 and asymptomatic or mild symptoms – care triaged to stay with LMC	<ul style="list-style-type: none"> Clinical responsibility for Maternity care remains with LMC / Midwife Routine visiting schedule is provided by phone or video where appropriate. Keep in-person physical assessment <15 minutes where possible, if visits cannot be reasonably or safely postponed Any concerns about worsening COVID 19 condition should be escalated to the COVID 19 clinical lead and the Obstetric team - See Health Pathway Pregnancy in a COVID-19 Patient 	<ul style="list-style-type: none"> Manage COVID-19 care depending on woman's clinical situation Escalate as clinically required- See Health Pathway Pregnancy in a COVID-19 Patient Communicate any changes in management or recommended care to LMC / Midwife. 	<ul style="list-style-type: none"> Consultation with Obstetric Team if indicated If an Obstetric referral is indicated, a case review will take place and a plan of on-going and follow up care will be made and communicated as part of the three-way consultation with the woman and the LMC. An in-person visit may not be required.
	Mod/High risk of complications from COVID-19 and / or moderate to severe COVID-19 symptoms – care triaged to be transferred to obstetric team	<ul style="list-style-type: none"> Referral to Obstetrics for consultation, triage and transfer of clinical responsibility for care for duration of illness as clinically required. Three-way discussion to negotiate and clarify LMC involvement in care, including responsibility for in-person acute care Clinical responsibility for care is returned to the LMC when the woman/person has recovered from COVID-19 Routine visiting schedule is provided (if LMC remains involved in care) by phone or video where appropriate. Keep in person physical assessment <15 minutes where possible, if visits cannot be reasonably or safely postponed Any concerns about worsening COVID 19 condition should be escalated to the COVID 19 clinical lead and the Obstetric team - See Health Pathway Pregnancy in a COVID-19 Patient 	<ul style="list-style-type: none"> Manage COVID-19 care depending on woman's clinical situation Escalate as clinically required Increase monitoring as clinically indicated – See Health Pathway Pregnancy in a COVID-19 Patient Communicate any significant changes in management to LMC / Midwife and the local Maternity Unit Obstetric service. 	<ul style="list-style-type: none"> Transfer of care to Obstetric Team is indicated. A case review will take place and a plan of on-going and follow up care will be made and communicated as part of the three-way consultation with the woman and the LMC. Routine visiting schedule is provided (if LMC does not remain involved in care) by phone or video where appropriate. Keep in person physical assessment <15 minutes where possible, if visits cannot be reasonably or safely postponed.
Postpartum		<ul style="list-style-type: none"> Clinical responsibility transferred to LMC on discharge from hospital – if responsibility for care has been with Obstetric Team Referral to Paediatrics if new neonatal infection in the postnatal period Routine visiting schedule is provided Any concerns about worsening COVID 19 condition should be escalated to the COVID 19 Clinical lead and the assigned clinical lead for COVID care (GP) and paediatric teams - See Health Pathway Pregnancy in a COVID-19 Patient 	<ul style="list-style-type: none"> Manage COVID-19 care depending on woman's clinical situation Escalate as clinically required- See Health Pathway Pregnancy in a COVID-19 Patient Communicate any changes in management with LMC / Midwife. 	<ul style="list-style-type: none"> Consultation with Obstetric Team if new maternal infection with moderate or high risk of complications from COVID-19 and/or moderate to severe COVID-19 symptoms. Consultation with Neonatal Teams if neonate is COVID-19 positive. Three-way discussion to plan: <ul style="list-style-type: none"> follow up care for post infection depending on the woman's clinical situation.

Further information

1. This diagram is to be read alongside the Health Pathway for providing clinical care to COVID-19 confirmed pregnant women and people, to determine the pregnant woman or person's risk stratification.
2. **Three-way discussions:** the groups involved in these conversations are expected to include the pregnant woman or person, the Midwife/LMC and Obstetricians as per the Guidelines for Consultation with Obstetric and Related Medical Services (Referral Guidelines).
3. Robust processes will be needed that enables information sharing between Midwives, COVID Clinical leads, DHB Obstetric and Maternity Units and the COVID-19 hub.
4. DHBs COVID Care Coordination Hubs will need to establish processes that enables coordination and triaging of women's/people's care requirements.
5. If a clinical transfer of care to Obstetric Teams takes place, it is expected that the care will be returned to the LMC once clinically appropriate to do so.
6. LMCs will be paid for the care they provide. From 28 February 2022, if they are not involved in providing care, they are not able to claim for that module of the Notice.