

COVID-19: Providing community midwifery care

Information for Midwives: updated 10 May 2023

This document should be read in conjunction with the following Ministry of Health documents:

- Te Whatu Ora [Information for community-based midwives](#)
- [Covid-19 Pregnancy and Postnatal Clinical Care HealthPathway](#) for your region

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Midwifery care with endemic Covid-19 in the community

Covid-19 is now endemic in Aotearoa, meaning it is always present in our communities. Midwifery has now returned to normal schedules of in-person care for hapū wāhine.

It is important that midwives provide in-person care at every routinely scheduled midwifery assessment, to ensure health care access and equitable maternity outcomes. The frequency of routinely scheduled midwifery assessments should be based on the pre-Covid standard of care usually provided by a midwife.

For women/people who are [Covid-19 positive](#), see the sections below.

Rationale

During the first two years of the pandemic response, some whānau experienced barriers to accessing healthcare due to the suspension or restriction of some services and decreased in-person care during lockdowns. It is important that whānau can continue to access full midwifery and maternity care at all times as and when they need it. A return to the pre-Covid standard of in-person midwifery care including physical assessment is necessary to assess both fetal growth and maternal health to ensure optimal and equitable health outcomes.

Infection prevention and control

1. Screen all women/people prior to in-person contact. Ask if they have any [Covid-19 symptoms](#).
2. The recommended [PPE to use in community-based primary care provision](#) is set out by Te Whatu Ora. The College considers this a minimum level of PPE and supports midwives to use their clinical judgement on which PPE is required in any given circumstance.

Isolation requirements for people with Covid-19 infection

Current isolation requirements for Covid-19 infection can be found on [Unite against Covid-19](#).

Care for women and people with confirmed Covid-19 infection:

- A routinely scheduled in-person midwifery assessment can be deferred during the infectious period but **only if it is appropriate (according to the woman's clinical situation) to do so**. Some physical care needs are time sensitive and cannot be deferred, for example screening, third trimester assessment of fetal growth, newborn assessment, metabolic screening and weighing the baby.
- If physical assessment is necessary prior to the completion of the woman/person's isolation period, follow [infection prevention and control](#) advice.
- Telephone/video call assessment should be undertaken to assess wellbeing, provide advice, and support psychosocial health and health education needs.
- Make a non-acute referral to the obstetric team/service for every wahine hapū who is diagnosed with COVID-19 infection for an individualised care plan. Most pregnant women and people will remain under the clinical responsibility of the LMC midwife. See the *Care Framework for pregnant women and people isolating in the community for COVID-19*, which is linked from [Te Whatu Ora Covid-10: Maternity page](#) and the [Covid-19 Pregnancy and Postnatal Clinical Care HealthPathway for your region](#).
- Midwifery clinics are not the appropriate setting for in-person assessments of a Covid-19 positive woman or person, due to potential for viral transmission to other clinic users. All in-person assessments should take place in the home or hospital facility.
- Ensure the woman/person has access to information to support a wellbeing / self-assessment of Covid symptoms (open the expandable section on '[If you a pregnant or have recently given birth](#)') and knows how to seek help if necessary.

Place of birth

Well women/people who are **not Covid-19 positive** have the usual choices of place of birth – home, primary facility or hospital.

Primary birthing facilities

Refer to regional policies on primary birthing facility access in relation to the woman's/person's Covid-19 status.

Home birth

It is recommended that midwifery group practices have discussions together to plan how they will manage home birth care if women/people Covid-19 positive or where there is a Covid-19 positive household member and intention to birth at home. Midwives have individualised discussions with women/people and their whānau in partnership. It is recommended that a visit is undertaken in the woman's home to assess if birth care at home is logistically possible with the following considerations.

- Is the woman/person asymptomatic? Symptomatic women/people are recommended to birth in hospital.
- What was the result of the obstetric consultation for Covid-19?
- The midwife and second midwife will need to wear full PPE including N95 mask at all times while inside throughout the labour and birth.
- How will donning and doffing procedures be followed?
- Will both midwives will be able to take breaks by stepping outside the house/apartment?
- Do both midwives agree to provide labour and birth care at home?

If ambulance transfer is warranted at any stage, advise the 111 call-taker and ambulance crew of the woman/person's Covid-19 status.

Mental health and family violence

Be aware mental health may have been affected by a variety of stress responses relating to the pandemic. Resources include National mental health line: [call 1737](tel:1737), GP or support services, and Unite against Covid-19 [Looking after your mental wellbeing](#) webpage.

Be aware that family violence increased during the pandemic. Consider more frequent family violence screening and refer as necessary. Women's Refuge has produced a useful resource including [guidance on screening and responding to disclosures of family violence](#) (pp. 20-22).

English as a second language

Providing care for women and people who are proficient in a language other than English

If a woman or person who is Covid-19 positive has limited or no English (or a language spoken by the midwife), it is important to use formal interpreting services for midwifery conversations and assessment.

Telephone interpreting services are funded for all LMC midwifery care through Connecting Now. For information on how to access this service, contact the College of Midwives National Office.

If the woman's language is one of the 'top 10' languages you won't need to pre-book. For rarer languages, you will need to pre-book using the link on the Connecting Now flyer which the College can supply to you.

Guidelines for health professionals working with remote interpreters can be found at [eCALD](#).