New Zealand College of Midwives
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COVID-19 risk reduction during midwifery care: 24 March 2020

This information is subject to change according to Ministry of Health updates.

Planning midwifery care for ALERT LEVEL 4

The Ministry of Health has confirmed that midwifery care in both the community and hospital are **Essential Services**. This means that, **at Alert Level 4, midwives can continue to provide maternity care**.

Alert level 4 requires women and their families to stay at home as a way to ensure population-level **physical distancing** – unless they require an essential service. The Ministry of Health's advice is that where midwives determine that a woman requires a physical assessment this can be carried out either in the woman's home or at the midwife's clinic. Please see advice on antenatal/postnatal face-to-face visits below.

For the purpose of this advice, **Self-isolation is different from Alert Level 4 physical distancing.** Self-isolation means the woman has a risk factor for COVID- 19: The Ministry of Health definition of who should self-isolate is currently as follows:

- If you arrived in New Zealand **from any country** in the last 14 days, you should self-isolate for 14 days from the date you departed the last country you visited. If you arrived more than 14 days ago, you do not need to self-isolate.
- If you have been in close contact (see below) with someone confirmed with COVID-19, you should self-isolate for 14 days from the date of contact.

Community midwives will need to adapt their care provision to minimise physical contact time. This means undertaking consultations virtually or by telephone where possible, using their clinical judgement about when women need a physical assessment, and keeping the physical assessment as short as possible, no more than 15 minutes. The midwife should identify if there are any clinical issues by phone that may require further investigation prior to physical assessment. **LMC midwives continue to be clinically responsible for the maternity care co-ordination and provision for the women in their caseload.**

Midwives must **document** their clinical decision-making, their actions, advice and appointments with women, both when conducted remotely and in person.

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A 'Close contact' is currently defined as any person with the following exposure to a confirmed or probable case during the case's infectious period, without appropriate personal protective equipment (PPE):

- direct contact with the body fluids or the laboratory specimens of a case
- presence in the same room in a health care setting when an aerosol-generating procedure is undertaken on a case
- living in the same household or household-like setting (eg, shared section of in a hostel) with a case
- face-to-face contact in any setting within two metres of a case for 15 minutes or more
- having been in a closed environment (e.g. a classroom, hospital waiting room, or conveyance other than aircraft) within 2 metres of a case for 15 minutes or more
- having been seated on an aircraft within two metres of a case (for economy class this would mean 2 seats in any direction including seats across the aisle, other classes would require further assessment)
- aircraft crew exposed to a case (a risk assessment conducted by the airline is required to identify which crew should be managed as close contacts)

Prior to any face-to-face contact with women, in **every** case:

- Screen women for COVID-19 risk before any physical contact – phone ahead of the appointment. If you can't get in touch, screen the woman when the she arrives, before the she enters your clinic or before you enter her home.

The 3 Questions

- **1)** Do you have a fever or cough, or shortness of breath, or a sore throat?
- **2)** Have you had overseas travel in the last 14 days?
- **3)** Have you had contact with a suspected or confirmed or probable COVID-19 in the last 14 days?

If answer is YES to any of the questions

Advise woman to remain at home and to contact **Healthline 0800 358 5453** or their GP for further advice re self-isolation and/or COVID-19 testing.

If she has come to clinic, ask her to leave and call Healthline or their GP. The woman informs the midwife of Healthline's advice.

If the woman does not follow up with advice from her midwife to call Healthline or their GP, the midwife could call the woman's GP and/or the DHB to seek advice on whether the woman should be tested.

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During all face-to-face midwifery care, practise:

- Frequent and scrupulous hand hygiene: soap and water where possible, hand sanitiser (**min 60% alcohol**) if soap and water not available. Take your own towel and soap to visits.
    - Hand washing/sanitising after physical touch (hands-on assessment e.g. BP, palpation) and on leaving the home or when client leaves clinic
    - Reiterate to woman about hygiene measures
- social distancing (2m or more, physical touch only as necessary)
- cough and sneeze etiquette
- keep the clinic visit short. You may want to conduct your conversation aspect of the visit by phone first, then only do the physical assessment in person. Physical assessment should be no more than 15 minutes.

- Personal Protective Equipment (PPE) recommendations are in the Ministry guideline for community-based midwifery care: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals#midwives
    - Clinic: no PPE required as women can only attend if they are **not** in self-isolation for COVID-19 risk factors
    - Home: see table 1 below.
    - Where PPE is required, the DHB supplies this for the LMC midwife and a surgical mask for the woman, as well as training on correct application and removal of PPE.
- If women who are in self isolation for COVID-19 risk factors (as opposed to Alert 4 social distancing) require clinically necessary visits, they will need to occur at home.

Midwife to liaise with DHB maternity services when a woman is in self-isolation (whether or not confirmed COVID-19 positive). Community-based midwifery care remains the responsibility of the LMC midwife.

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Antenatal and postnatal appointments

At Alert Level 4 essential services are operating. **The midwife makes a clinical decision about what constitutes essential care for the women in her caseload, according to their individual circumstances and maternity related/obstetric factors that influence their pregnancies.** Referrals to DHBs for specialist consultations continue to occur as per each DHB's processes.

Where face-to-face contact is not clinically necessary, virtual or phone consultations are recommended to continue the woman's midwifery care conversations. This may not be feasible for women who do not have phone access and for women with limited English language. Telephone interpreting is available via the MMPO for all College members. Contact MMPO for further advice or discuss with DHB.

PLEASE FAMILIARISE YOURSELF WITH THE MINISTRY OF HEALTH'S GUIDANCE:

- MOH Information for community-based midwives
- Table 1: Advice for community-based midwives caring for women who are in self-isolation after potential COVID-19 exposure
- Table 2: Advice for community-based midwives caring for women who have confirmed or suspected COVID-19

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals#midwives

Cleaning clinic rooms and equipment between clients

After the client has left, carry out a thorough clean of the room:

- Clean all 'high-touch' surfaces such as desks, counters, table tops, doorknobs, bathroom fixtures, toilets, phones, keyboards and bedside tables every day with antiseptic wipes or disinfectant, including bleach solutions.
- Clean midwifery equipment between uses
- Always wear disposable gloves when cleaning. When finished, place used gloves in a rubbish bin. Wash your hands immediately after handling these items.
- Ensure PPE is disposed of safely and appropriately in a closed Biohazard bin/bag.

The CDC provides some useful information on cleaning and the difference between cleaning and disinfecting in the context of COVID-19:
https://www.cdc.gov/coronavirus/2019-ncov/prepare/cleaning-disinfection.html#routine-cleaning

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Table 1. Advice for minimising the risk of exposure to COVID-19 when face-to-face assessments are clinically necessary

Appointment location	Well woman, at home physical distancing due to Alert level 4	Woman in self-isolation due to COVID-19 risk factors, well/asymptomatic	Woman in self-isolation and unwell: suspect case	Woman with confirmed COVID-19
Clinic visit	**For clinically necessary visits:** • No PPE required • Remove toys, magazines • Clean equipment between uses (see below) • Clean clinic surfaces between clients (see above) • No waiting in waiting area: woman to remain in car and midwife texts/phones to ask her in	**No clinic visits**: self-isolation means the woman must stay at home See self-isolation guidelines on the Ministry of Health website: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/covid-19-self-isolation		
Home visit	**For clinically necessary visits:** • No PPE required • Clean equipment between uses (see above)	**For clinically necessary visits:** • The Ministry advises that the midwife does not need to wear PPE Notify the DHB maternity service and seek individualised support • Visit takes place in the woman's home as the last visit of the day • See the woman (and baby) on her own • Limit time in the woman's home to the physical assessment. Max 15 minutes and as much as possible stay 2 metres away • Conduct most of the conversation by phone • Provide the woman with a surgical face mask to wear for the whole visit	**For clinically necessary visits:** • Midwife wears full PPE: surgical face mask, eye protection, gown, gloves Notify the DHB maternity service and seek individualised support • Visit takes place in the woman's home as the last visit of the day • See the woman (and baby) on her own • Limit time in the woman's home to the physical assessment. Max 15 minutes and as much as possible stay 2 metres away • Conduct most of the conversation by phone • Provide the woman with a surgical face mask to wear for the whole visit	**If woman is hospitalised:** • Care is led by the DHB in accordance with pandemic plan and Ministry of Health guideline. **For clinically necessary home visits:** • Midwife wears full PPE: surgical face mask, eye protection, gown, gloves Notify the DHB maternity service and seek individualised support • Visit takes place in the woman's home as the last visit of the day • See the woman (and baby) on her own • Limit time in the woman's home to the physical assessment. Max 15 minutes and as much as possible stay 2 metres away • Conduct most of the conversation by phone • Provide the woman with a surgical face mask to wear for the whole visit

376 Manchester Street / PO Box 21106 Edgeware Christchurch / Telephone (03) 377 2732 / Facsimile (03) 377 5662 / Email nzcom@nzcom.org.nz

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Place of Birth

Public Health measures take priority over women's birthing preferences in this exceptional circumstance. The choice of planned place of birth for women in self-isolation may be affected.

Advice on place of birth options and use of PPE in each scenario has been produced by the Ministry of Health: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals#midwives

Table 2. COVID-19 place of birth options

Options to offer women for planned place of birth	Well women, not in self-isolation	Women in self-isolation, well/asymptomatic	Women in self-isolation and unwell: suspect case	Woman with confirmed COVID-19
Home	Yes	This decision needs to be made in discussion between the woman and the midwife as to whether the midwife and her back-up deem it appropriate to provide care at home, given the context and circumstances	No	No
Primary birthing unit	Yes	No	No	No
Hospital (sec/tertiary)	Yes	Yes	Yes	Yes
PPE requirements	No	Yes	Yes	Yes

Responsibility for labour and birth care: Ministry of Health advice

- The Ministry of Health's guideline advises that the LMC midwife remains responsible for labour and birth care for their clients who do not have suspected or confirmed COVID-19
- women who have suspect or confirmed COVID-19 are transferred to the DHB for labour and birth care.
- Women who are in self-isolation for epidemiological risk (this means recent travel or contact with a confirmed or probable COVID-19 case) and are **well/asymptomatic**, remain the responsibility of the LMC midwife for labour and birth.

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There is a clear definition of a **suspected case** in the case definition: https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-information-specific-audiences/covid-19-novel-coronavirus-resources-health-professionals/case-definition-covid-19-infection

The case definition of a suspected case is currently:

A suspected case satisfies both the epidemiological and the clinical criteria for each of the following three scenarios (i.e. in the same row):

	Clinical criteria		**Epidemiological criteria**
1	Fever (≥38°C) OR any acute respiratory infection with at least one of the following symptoms: shortness of breath, cough or sore throat with or without fever.	AND	Travel to or from (excluding airport transit) **countries or areas of concern** within 14 days before onset of illness
	OR		
2	Fever (≥38°C) OR any acute respiratory illness with at least one of the following symptoms: shortness of breath, cough or sore throat with or without fever	AND	Close contact[1] or casual contact[4] with a suspect, probable or confirmed case of SARS-CoV-2 infection in the 14 days before onset of illness
	OR		
	Healthcare workers[3] with moderate or severe community-acquired pneumonia	AND	Regardless of any international travel

In addition to the suspect case definition above, consider, for surveillance purposes, testing the following patients[2]

3	Critically ill patients in ICU/HDU with bilateral severe community-acquired pneumonia AND no other cause is identified	AND	No source of exposure has been identified (ie, regardless of travel history)