

COVID-19 Alert level 4

Frequently Asked Questions for Community Midwives: 27 March 2020

General questions

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

Can I still work as a community midwife during the COVID alert level 4?

Yes. Midwifery care is classed as an essential health service (for further information <https://covid19.govt.nz/government-actions/covid-19-alert-level/essential-businesses/>) because women will still need to have access to midwifery care at this time for their pregnancy, labour and birth and post-partum. However, you will need to adapt the way you provide care to minimise physical contact time (see College advice Alert level 4), this is to keep yourself, your family and your clients safe. LMC midwives continue to be clinically responsible for the maternity care co-ordination and provision for the women in their caseload.

How should I adapt my midwifery care during the COVID-19 alert level 4?

COVID-19 alert level 4 requires everyone to stay at home (unless they require essential services) and ensure physical distancing when accessing essential services. This is different to women who are self-isolating due to recent travel or contact with a confirmed or probably COVID-19 case – see College advice for Alert level 4.

Under COVID-19 alert level 4, pregnant women can travel or you can travel to them, for midwifery care. However, in order to support safety, you should do the following:

- Contact women in your caseload to reassure them that they you will continue to provide midwifery care to them.
- Advise that during this time, much of their routine appointment assessment can be undertaken through phone or video call and you will determine if a physical assessment is required.
- Advise that you will continue to provide labour, birth and post-partum care unless they are self-isolating and unwell, or are COVID-19 positive (see College advice Alert level 4 table 1). In this case the DHB midwives will provide their labour care.
- Conduct all routine non-physical assessments, provide pregnancy information, parenting education and care planning over the phone or via video call.
- Use your clinical judgement and knowledge of the woman and her maternity history to identify whether a physical assessment is necessary during routine antenatal or postnatal care.
- Ensure women know to contact you for acute assessment, labour and birth and other acute concerns.

Are there any specific circumstances when I should undertake a physical assessment?

Yes, at a minimum we would advise that you undertake a physical assessment for:

- Women who are 37 weeks or more gestation
- Women in labour
- Women with acute maternity related concerns – i.e. reduced fetal movements (discuss with your DHB maternity manager whether you or the core staff will provide in-hospital assessments)
- Women with complex maternity concerns – Diabetes, risk of pre-eclampsia etc.
- Concerns about fetal growth or increased chance of SGA

- Early postnatal care
- Breastfeeding support
- All new-born examination and assessments including weights
- Metabolic screening

There may be many other situations in which a physical assessment is required and which should be determined by clinical judgement and discussion with the woman,

Prior to any physical assessment you should screen the woman by asking 3 questions, these are:

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. See College advice Alert level 4, Table one on face to face assessment for women in self – isolation.

How do I keep myself and my family safe whilst working as a midwife during COVID-19 alert level 4?

You will need to ensure social distancing at all times and good handwashing before and after any physical care that you undertake. Disinfect all work surfaces and equipment between care provision. Try to limit physical contact with women to less than 15 minutes. You should wear a face mask when providing care for women who are self-isolating (due to recent travel or COVID-19 contact). For women who are self-isolating and are unwell or have confirmed COVID-19 you will need to refer for consultation and discuss their care with the hospital team. For these women, any physical care provision will require that you wear full personal protective equipment.

Why should I limit my physical contact to 15 minutes or less?

By limiting contact time to 15 minutes or less you are limiting any potential exposure to COVID-19, however, there may be situations where longer appointments are appropriate (rural situations where phone or internet contacts are problematic). It is essential to ensure handwashing and physical distancing of more than 2m are undertaken.

Will this change in care provision impact my ability to claim under section 88 service specifications for antenatal and postnatal care?

No. We have discussed this issue with the Ministry of Health and they have reassured the College that as long as care provision is fully documented – with details of discussions undertaken as well as the rationale for not undertaking a physical assessment, then midwives are able to claim the full antenatal and postnatal modules. More information is available at

<https://www.health.govt.nz/publication/primary-maternity-services-notice-2007>

If a woman has COVID-19 in labour and her care is handed over to the DHB, can I still claim the labour and birth fee?

We have discussed this issue with the Ministry of Health and they have reassured the College that because this is their requirement and is aimed at preventing exposure of community midwives, then midwives will be able to claim the labour and birth module. Full documentation of date/time of labour along with COVID-19 status will be required. For more information see

<https://www.health.govt.nz/publication/primary-maternity-services-notice-2007>

Should I continue to go to the hospital to undertake early postnatal care?

If the woman is well and staying home as required by COVID-19 alert level 4, but not in self-isolation due to COVID-19 risk factors, then you can continue to provide early postnatal care (in the hospital or at home). However, you should discuss the situation with the maternity team, at the time, as this situation may be dependent on whether there are active cases of COVID-19 within the maternity hospital.

What personal protective equipment (PPE) should I wear when providing midwifery care?

For most women who are undertaking social distancing by staying at home under COVID-19 alert level 4 there is no requirement to wear PPE. You do need to wash your hands before and after physical contact. For women who are self-isolating due to potential COVID-19 exposure please see College advice Alert level 4.

How do I access personal protective equipment (PPE)?

You District Health Board will supply you with PPE. Discuss with your regional College chairperson if you are having difficulties obtaining PPE.

I have been unable to access PPE and need to provide midwifery care to a woman who is unwell and self-isolating due to recent travel. What do I do?

Midwives are not expected to do any visit that requires PPE (according to the Ministry's advice) if they cannot access PPE from the DHB. If PPE is unobtainable, care may need to be provided in a DHB facility where PPE is available.

Will ultrasound pregnancy scanning still be available for women in my region?

Ultrasound scanning is an essential health service, and availability should continue but may be impacted by the COVID-19 situation. We would advise you to contact your regional chairperson to identify the ultrasound service availability in your region. It will be important to ensure only clinically required scans are undertaken.

Will I still be able to organise blood tests and other investigations for women that require them?

Laboratory services are an essential health service and availability should continue but may be impacted by the COVID-19 situation. We would advise you to contact your regional chairperson to identify laboratory service availability in your region. It will be important to ensure only clinically required scans are undertaken.

How do I organise prescriptions for women who require them?

The pharmacy guild had requested that prescriptions are faxed to them and women asked to contact the pharmacy prior to visiting to make sure that their prescriptions are ready. Once the prescription has been faxed you will need to send the signed prescription to the pharmacy by post.