

COVID-19 Alert level 2

Information for Midwives: 19 May 2020 v2

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

Community midwifery care at alert level 2

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

- [Information for Community Midwives at Alert Level 2](#)
- [Well Child Tamariki Ora Alert Level 2 Guidance](#).

The following guidance is divided into two sections: infection prevention and control (public health) measures; and midwifery care and health equity.

Infection prevention and control

Recommendations

1. Prior to all in-person visits, ask women the [Ministry of Health COVID-19 screening questions](#).
2. Maintain physical distancing of at least 1 metre during midwifery appointments, except for when direct physical contact is necessary.
3. Organise clinic waiting area to ensure women can sit at least 1 metre away from others.
4. Request that the woman limits her support people to 1 or 2 symptom-free people for appointments.
5. Keep a detailed record of all names and contact details of anyone who attends an appointment with a woman, so rapid contact tracing can occur if necessary.
6. [Standard precautions](#): Meticulous hand hygiene and cleaning procedures need to continue.
7. Maintain the use of PPE as appropriate and as per [MoH guidance](#).
8. Aim to avoid prolonged visits, but there is no longer a requirement to limit in-person contact to 15 minutes for well women who are not in quarantine/self-isolation.

Rationale

The move to Alert Level 2 indicates that the lockdown measures under Alert Levels 4 and 3 have had the intended effect of reducing COVID-19 transmission in New Zealand. Under Alert level 2 it is imperative that we maintain public health and infection prevention and control measures in order to avoid a resurgence of infections and mitigate the continuing risk that the virus poses, until such time as a vaccine is available.

Midwifery care and health equity

Recommendations

9. Ensure that each woman understands how and when to contact her midwife when needed. Reassure women about the low risk of exposure to COVID-19 that has enabled the country to move to alert level 2. Encourage them to seek and access additional health care for any

concerns. Reiterate signs and symptoms that would require the woman to contact you and ensure prompt assessment and appropriate referral.

10. Make a plan for returning to your standard schedule of care as we progress through level 2. Midwives continue to use their clinical judgement to determine the optimum midwifery contact for each woman within their care, as determined by woman's individual needs.
11. Begin to increase your in-person appointments. Seeing the woman's physical appearance and mood is an important aspect of a midwifery assessment, and can now start to occur more frequently.
12. Ensure comprehensive documentation of all contacts with women and reasons for providing any care that differs from your standard practice.
13. Under alert level 2, the Ministry of Health will continue to pay midwifery claims for labour and birth care when a handover to the DHB has been required due to COVID-19, or when usual antenatal/postnatal care has not been possible due to COVID-19. Follow instructions on the MoH website under the heading: [Claiming for COVID-19 related transfers of care](#).

Prioritising care

14. Consider the impact of Alert Levels 4 & 3 on women and whānau who live with deprivation and women with co-morbidities, including any barriers to accessing health services.
15. Consider Tiriti o Waitangi responsibilities and prioritise care to ensure that maternity health inequities experienced by Māori, Pacific and other ethnic groups are not compounded by COVID-19-related health service restrictions.
16. Undertake booking visits in the first trimester, in person where ever possible, and encourage early registration. Register any women whose booking visits were deferred. Promote and refer for influenza vaccination at the woman's earliest convenience and pertussis vaccination to occur from 16 weeks of pregnancy. Reassure women it is safe to see their GP for these vaccinations.
17. Plan to undertake or refer for any care or investigations that were deferred during Alert Levels 4 & 3.
18. Undertake 3rd trimester appointments in person where ever possible.
19. Continue with virtual appointments if you choose to do this where a physical assessment is not deemed clinically necessary in first and second trimester (apart from booking visit).
20. Mental health may have been affected by a variety of stress responses relating to the effects of being in lockdown. Check in with women about their mood and mental wellbeing. Advise women to use the national mental health line by [calling 1737](#) or refer to GP or support services.
21. Family violence increased during lockdown. Consider more frequent family violence screening and refer as necessary.
22. Refer to the Well Child Tamariki Ora (WCTO) provider of the woman's choice and the GP by 4 weeks postpartum. Add a notification on the referral if the woman or baby have increased needs so that WCTO can prioritise them. Advise women about the importance of childhood immunisations beginning at 6 weeks, according to the schedule.

Rationale

Midwifery care

Community midwives can now take a phased approach to moving towards a normal schedule of midwifery contacts and incorporate more in-person care, as opposed to being expected to return to

'normal' activity all at once. This is the time to revisit care plans and ensure that any care that has been deferred is brought up to date.

In New Zealand the frequency and number of antenatal contacts is expected to be determined by the individual woman's needs rather than a scheduled 'number' of contacts. Midwives work in a partnership model to build and support a relationship based on respect and trust. It is the frequency of contact, sharing of information and time for discussion that enables this relationship to develop. This relational care, which includes in-person appointments, supports the midwife's ability to make a thorough assessment of the woman's emotional, social and psychological wellbeing as well as her physical health during pregnancy.

Although in many cases, care has been provided via virtual consultations or telephone contact over the Alert Level 3 & 4 period, it is important to note that virtual and telephone contacts for care were implemented in a relatively quick time frame during a period where the health service was responding to a pandemic. It will not be possible to effectively evaluate the impact of using these methods of providing care, including the unintended consequences, due to the circumstances in which they were implemented. Some midwives and some women may prefer to continue to use virtual or telephone contacts in some instances, but in general, this should be considered as an adjunct to usual care rather than a replacement for in-person appointments.

Health equity

Under alert levels 4 and 3, those health care services that continued to operate were modified to minimise in-person contact by undertaking, where possible, telephone or video contacts. Some women experienced barriers to accessing clinically or socially indicated services due to the suspension or restriction of services by a number of health service providers. These changes have the potential to more significantly affect populations that already experience health inequity and outcome disparities. In addition, the lockdown has created social, financial and emotional pressures including over-crowding, home schooling, increased family violence, financial insecurity with wage reductions and recession-based redundancies, and anxiety and mental health issues. Transport has been affected with public transport and car repair service restrictions. All of these factors may have contributed to delays in seeking maternity care.

In order to meet our Tiriti o Waitangi responsibilities, midwives continue to consider how to prioritise care to ensure that existing health inequities are not compounded by the reduction in the availability of some services in level 2. Alert level 2 is a time for ensuring that women who have experienced barriers to access to standard care, are supported to access necessary services as early as possible. It is also important that any outstanding registrations for midwifery care take place as soon as practicable, to ensure that the window of opportunity for health promotion and assessment occurs during the first trimester where possible.