New Zealand College of Midwives
TE KĀRETI O NGA KAIWHAKAWHANAU KI AOTEAROA

COVID-19: Providing community midwifery care during the Omicron outbreak

Information for Midwives: updated 21 February 2022

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

- MoH Information for Community Midwives
- Care Framework for pregnant women and people isolating in the Community for COVID-19
- Covid-19 Pregnancy and Postnatal Clinical Care HealthPathway

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Midwifery care during the Omicron outbreak

During the Omicron outbreak, it is important that midwives provide in-person care at every routinely scheduled midwifery assessment where at all possible, 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. Care may be provided fully in person or by adapting each appointment to a mixture of telephone/video (telehealth) calls for the information sharing aspect of the appointment, followed by a shorter in-person assessment. For women/people who are close contacts or Covid-19 positive, see the sections below.

Rationale

Evidence is emerging that reduced access to maternity care caused by Covid 19 restrictions can impact on maternal and neonatal health. 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. These changes more significantly affected some populations that already experience health inequity and outcome disparities.

It is therefore 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 physical health to ensure optimal and equitable health outcomes. During the Omicron outbreak, the information-

sharing aspect of the appointment can be undertaken by phone or video prior to a shorter in-person physical assessment if preferred.

The Covid-19 strategy has moved from elimination to an environment where Covid-19 is a daily and ongoing reality. We need to establish ways for in-person midwifery assessments to be a routinely provided component of scheduled midwifery assessments, within the constraints of workforce availability if practice members are in self-isolation and care needs to be prioritised.

Infection prevention and control

1. **Screen all women/people prior to in-person contact**. See Covid-19 IPC Risk Assessment questions on the Ministry website.

2. If women/ people answer yes to any screening questions advise them to contact COVID-19 Healthline - 0800 358 5453 for advice and defer in-person assessment if it is appropriate (according to the woman's obstetric situation) until a Covid-19 test result is available.

3. If physical assessment is necessary:
    a) for a woman who answers yes to a screening question prior to the woman/person receiving a negative Covid test result; or
    b) for a woman who is isolating as a close contact; or
    c) for a woman/person who is Covid-19 positive:

    - Use full PPE including N95 mask and request that the woman wears a mask.
    - Aim to spend less than 15 minutes undertaking the assessment.
    - Care may be provided in the home or hospital setting with the woman alone in the room. It is not advisable to undertake these assessments in community clinics.

4. The College of Midwives National Office advisors are available for phone support: 03 377 2732 or via email at covid-19@nzcom.org.nz

PPE

The recommended PPE to use in community-based primary care provision is set out by the Ministry of Health Infection Prevention and Control team. For the current poster, scroll down to the heading: *COVID-19 Interim guide for PPE selection to protect primary and community health and disability care workers*. 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 whānau during the Omicron outbreak

Table 1. Isolation requirements following Covid-19 diagnosis or exposure during Omicron outbreak

Covid-19 status	Isolation requirement
Covid-19 Cases	Isolate for 10 days
Household contacts of a Case	Isolate until Case completes 10 days. [PCR] Test Day 3 and Day 8, or any time if symptomatic
Close contacts (other than household contacts)	Isolate for 7 days. [PCR] Test Day 5, or any time if symptomatic (For midwives who are close contacts: see 'test-to-return' to work process with daily RATs).

Care for women and people who are close contacts

If the woman's/person's routinely scheduled midwifery assessment is due during her/their home isolation, midwives will need to undertake a telephone or video assessment to identify whether it is clinically necessary to also undertake a physical assessment.

- If physical assessment is necessary prior to the completion of the woman/person's isolation period, follow infection prevention and control advice above.
- If there are no factors warranting physical assessment during the woman's/person's isolation period, defer until the isolation period is completed.
- Plan follow-on care.

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 obstetric situation) to do so. Some physical care needs are time sensitive and cannot be deferred, for example assessment of fetal growth, screening, 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 above.
- Telephone/video call assessment should be undertaken to assess wellbeing, provide advice, and support psychosocial health and health education needs.
- Make an urgent non-acute referral to the obstetric team/service for every pregnant wahine 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 and the Covid-19 Pregnancy and Postnatal Clinical Care HealthPathway.
- 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 her wellbeing / self-assessment of Covid symptoms and knows how to seek help if necessary.

Place of birth

Well women/people who are **not** close contacts and 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 are isolating due to Covid-19 status. 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.

For women/people **self-isolating as close contacts**, considerations include:

- That the midwife and second midwife will need to wear full PPE including N95 mask at all times 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?
- Does anyone in the house have Covid-19?
- Do both midwives agree to provide labour and birth care at home?
- Be aware of the potential for delays in ambulance transfers during the Covid-19 outbreak – this may influence the woman's decision or the midwife's threshold for considering transfer.

In situations where a woman/person wishes to birth at home and is **Covid-19 positive**, consider the points above an in addition:

- 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?

Cleaning the room after a person with COVID-19 symptoms has left

There have been situations where midwives have had to clean a clinic room after seeing a client who subsequently tested positive for Covid-19. The Ministry of Health advice (last updated 3 December) is as follows:

The best way to prevent any potential transmission of infections in primary care is to clean the room between clients.

After the person has left:

- *wash your hands and put on gloves for cleaning*
- *wipe down/clean hard surfaces and all items the patient has touched (eg, the examination couch, door handles) by either using:*
    - *detergent and water, followed by a hospital grade disinfectant, noting the dwell time of the product used and follow manufacturers' instructions for use of any additional PPE; or*
    - *a 2 in 1 cleaning and disinfectant wipe that is effective against SARS-CoV-2.*
- *dispose of PPE safely and appropriately in a closed clinical waste bin, followed by hand hygiene practices.*

Stand down of the room is not necessary.

Also see: COVID-19: General cleaning and disinfection advice

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, GP or support services, and MoH Covid-19 Mental health and wellbeing resources webpage.

Be aware that family violence increased during the pandemic. Consider more frequent family violence screening and refer as necessary.

English as a second language

Providing care for women and people who have limited or no English (or not a language spoken by the midwife)

If a woman or person who is Covid-19 positive has limited or no English, it is important to use interpreting services for midwifery conversations and assessment. If you need information on how to access an interpreter, contact the College of Midwives National Office.

Interpreters are usually available within 2 minutes when a call is made to the service. For telephone assessments, a three-way telephone conversation can be conducted between the midwife, the woman and an interpreter as per instructions below.

Instructions on setting up a three-way telephone conversation from an Android or iPhone:

1. Phone the interpreting service as per the instructions you received from the Ministry of Health.
2. Ask for an interpreter in the language you require.
3. Once the interpreter answers the call, explain that you will put them on hold while you call the woman.
4. On your smartphone screen, tap 'add call'. This will put the interpreter on hold once you select or dial the woman's number.
5. When the woman answers, tap 'merge calls'.
6. You can end the call for either participant to return to a normal two-way call, or end the call completely with both at the same time.

Guidelines for health professionals working with remote interpreters can be found at eCALD.

Covid tracer and Awhina apps

- All services operating are required to display the official NZ COVID Tracer QR code posters.
- Community midwives are recommended to set up a Tracer QR code for clients to scan during home visit. For information on obtaining a QR code see the Ministry of Health website.
- Midwives, women/people and whānau are recommended to download and use the Ministry of Health's Covid tracer app.
- Midwives may find it useful to download the Ministry of Health Āwhina app which provides notifications of updated Covid advice.