

Recommendations for antenatal referral for obstetric care in women with suspected, probable or confirmed Covid-19

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Māori currently face inequity in the health system and in health outcomes and this gap is likely to be exacerbated during the Covid-19 pandemic. In making decisions on antenatal referral to obstetric care, consideration should be given to the added risk for Māori hapū māmā (pregnant women).

As always, optimal care is achieved through collaboration with a strong focus on mother and baby. For circumstances that do not easily fit into these guidelines or standard referral guidelines, or where clinical judgement indicates cause for concern, referral to obstetric care should be made.

Screening for Covid-19

All women should be screened before every antenatal assessment for Covid-19 using Ministry of Health/New Zealand College of Midwives screening questions.

Usual referral criteria apply for women who do not have Covid-19.

For pregnant women with suspected, probable or confirmed Covid-19

Mild symptoms

Women should be advised to consult with Healthline and/or their GP for advice about their Covid-19 health care needs. Women with mild symptoms (as determined by Healthline and/or medical assessment) should remain at home and do not require an obstetric referral. *Currently there is no evidence that pregnant women are at additional risk of acquiring the virus or adverse outcomes from the virus.*

Routine antenatal care should continue.

Conditions and complications in pregnancy that are unrelated to Covid-19 may still be present and usual referral criteria apply. Where a woman requires an obstetric consultation for other reasons, ensure the service is informed of the woman's Covid-19 status.

Moderate or severe symptoms

Women who become unwell with Covid-19 should be referred for multi-disciplinary in-hospital assessment following the local hospital/DHB referral guidelines for Covid-19 patients.

Ultrasound scanning

If Covid-19 infection occurs in the third trimester at least one follow-up scan, two to four weeks after infection resolves, is recommended to assess fetal growth. Referral should be made according to SGA guidelines if growth is suboptimal. *Evidence shows other coronavirus infections have been associated*

with a possible increase in growth restriction, but this has not been demonstrated conclusively with Covid-19.

Labour and birth care

If the woman has recovered from Covid-19 prior to labour and birth, there is no need to refer to the obstetric service for care, other than for usual obstetric referral criteria.

All women with confirmed Covid-19 at 37 weeks, or later, should be referred to the DHB maternity service for labour and birth care planning.

All women with suspected, probable, confirmed or ongoing Covid-19 at the onset of labour should be referred for hospital birth, and care transferred to the DHB. Women should be advised to arrive at the onset of regular contractions, or on ruptured membranes or bleeding, after making contact with the birthing suite.