

## COVID-19 Alert level 2

### Frequently Asked Questions for Community Midwives: updated 20 May 2020

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

## Labour and birth care

### Place of Birth

1. The following information relates to care for women not defined as suspected, probable or confirmed for COVID 19 infection as per the [MOH case definition](#) Updated 20 May 2020

My client is 38 weeks pregnant and booked to give birth in a primary unit – can she still birth in the primary unit? Updated 20 May 2020

Yes, if she is well and does not have suspected or confirmed COVID-19, and has not been contact traced as a close contact of a case.

I have a client who has booked to give birth in the local maternity unit but now wants to have a home birth – should I support her to have a home birth? Updated 24 April 2020

If the woman meets your usual expectations of having a healthy (low risk) pregnancy then yes you can support her to birth at home. See the College FAQs on home birth during COVID-19 [for midwives](#) and [for women](#).

I have a client who wants to birth in the hospital – she is low risk – should I advise her to birth at home or in a primary unit to reduce the risk of COVID-19 transmission?

Hospitals are undertaking stringent precautions to ensure that COVID-19 is not transmitted to staff or other hospital inpatients. Therefore it should not be necessary to advise a change of the woman's planned place of birth – unless the woman herself initiates the conversation.

1. The following information relates to care for women who have been defined as suspected, probable or confirmed for COVID-19 infection COVID 19, Updated 20 May 2020

My client has COVID-19 symptoms and has been tested but goes into labour before her results are available - can she still give birth in the local primary unit? Updated 24 April 2020

No. This woman is a suspected case of COVID-19 and therefore requires to continue self-isolation/quarantine until her test results are available. The woman will need to birth at a secondary or tertiary maternity facility.

I have a client who due and whose child has been traced as a direct contact with a COVID-19 positive person. Both the woman and her daughter are asymptomatic.

What are her options for place of birth? Updated 20 May 2020

In general women cannot practice full physical distancing from their children so they are considered to be in self-isolation/quarantine as well. Due to the increased risk of COVID-19 PPE should be worn according to the Ministry of Health guidance for the use of [PPE for maternity care](#) provision.

The decision on place of birth needs to be individualised. The potential options are:

- Home: only if both primary and second midwife are happy to provide home birth care for a woman in self-isolation/quarantine.
- Secondary or tertiary maternity facility. Labour care remains the responsibility of the LMC midwife unless the woman becomes symptomatic, when she would be defined as a suspect case and tested.

## Labour and birth care (all women)

Which PPE should I wear? Updated 24 April 2020

For information on PPE go to the Ministry of Health guidance for the [use of PPE for maternity care](#) provision.

Can my clients still give birth in water? Updated 20 May 2020

Yes - if your client is not unwell or in self-isolation/quarantine for possible exposure to COVID-19, then there is no reason for her not to use water during birth.

However, if your client is defined as suspected, probable or confirmed for COVID-19 then she should be advised that using water during labour and birth is not recommended. This is because the virus can sometimes be found in faeces which can then be transmitted to the baby. It may also be more difficult for you as a midwife to use adequate protection equipment during a water birth.

Can my client use an epidural during labour?

Yes – in all circumstances. There is no evidence that women with suspected or confirmed COVID-19 cannot have an epidural or a spinal block.

Can my clients use Entonox during labour and birth? Updated 24 April 2020

The MOH advises that Entonox can be used for women at low risk of COVID 19 and by women who are suspected, probable or confirmed for COVID 19 infection with the midwife and other health professionals wearing [appropriate PPE](#). For more information see the Ministry of Health [Advice for the use of Entonox in labour](#)

My client's partner is in self-isolation/quarantine due to recent overseas travel, but the woman has not been overseas. Can her partner remain with her during her labour and birth? Updated 24 April 2020

No. Unfortunately, the woman's partner is considered a potential COVID-19 risk and will have to remain in the hotel where s/he is in government-mandated quarantine as per the amendments to



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border controls which took effect at 2359 on 9 April. If the woman labours within her partner's two-week quarantine period, or longer if her partner becomes symptomatic, her partner will not be able to attend to support the woman in labour.