

COVID-19 Alert Level 1

Information for Midwives: updated 24 September 2020

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

This advice is for community midwifery care at **Alert level 1**.

For advice on **Alert levels 2, 3 or 4**: please see the [College website](#).

Community midwifery care at Alert Level 1

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

- [Information for Community Midwives](#)
- [Well Child Tamariki Ora Alert Level 1 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 appointments, ask women the [Alert level 1 Risk assessment questions if COVID-19 status is unknown](#) on the Ministry website.
2. PPE use is outlined in the MoH [Alert level 1 PPE in Maternity settings](#) poster.
3. [Standard precautions](#): meticulous hand hygiene and cleaning procedures need to continue.
4. Continue to clean equipment and surfaces regularly in hospitals, maternity units and clinics.
5. Practice cough and sneeze etiquette. Continue to display hygiene recommendation posters in maternity facilities and midwifery clinics. .
6. 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. Encourage women and whānau to use the MoH [Covid tracer app](#).
7. If you are unwell, don't go to work. The [MMPO Locum Service](#) is available to cover time off in this scenario.
8. Advise women to postpone non-urgent appointments if they are unwell, and get a Covid-19 test if necessary.

Rationale

The move to Alert Level 1 indicates a low risk of COVID-19 exposure in the community, however continued vigilance is necessary. Public health and infection prevention and control measures are in place in order to maintain the current state, until such time as a vaccine is available.

Midwifery care and health equity

Recommendations

9. Ensure each woman understands how and when to contact her midwife when needed. Encourage women 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. Community midwives should return to a usual (pre-Covid) schedule of antenatal and postnatal visits, which can all take place in person.
11. Where DHB and maternity facility midwives have provided the daily postnatal and neonatal assessments in maternity facilities for LMCs in many circumstances at higher alert levels, the responsibility for undertaking these visits returns to LMC midwives, as per the Section 88 Notice.
12. Under alert level 1, 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

13. Consider the impact of the COVID-19 pandemic response, including lockdown, on women and whānau who live with deprivation and women with co-morbidities, including any barriers to accessing health services.
14. 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.
15. Undertake booking visits in the first trimester, and encourage early registration.
16. Promote and refer for influenza vaccination at the woman's earliest convenience (during 'flu season) and pertussis vaccination to occur from 16 weeks of pregnancy. Reassure women it is safe to see their GP for these vaccinations.
17. Ensure that any care or investigations that were deferred during higher alert Levels have now been undertaken.
18. 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](tel:1737) or refer to GP or support services.
19. Family violence increased during lockdown. Consider more frequent family violence screening and refer as necessary.
20. 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

Midwifery care can also return to a normal (pre-Covid) schedule of in-person appointments and acute assessments. Although in many cases, care was provided via virtual consultations or telephone contact over the higher alert periods, these 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. Midwives should now return to in-person appointments for routine care.

Health equity

Under alert levels 4, 3 and to some extent 2, 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 lockdowns have 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 any existing health inequities are not further compounded by the reduction in availability of some services under higher alert levels. Alert level 1 should see a return to full operation of all services and it is important to ensure that women who have experienced barriers to access standard care are supported to access necessary services as early as possible. It is also important to promote first trimester pregnancy registration, to ensure the window of opportunity for health promotion and assessment occurs as early as possible.