

COVID-19 Alert Level 2

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 2**.

For advice on **Alert levels 1, 3 or 4**: please see the [College website](#).

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](#)
- [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. [Screen](#) all women prior to in-person contact. See [Alert level 2 Risk assessment questions if COVID-19 status is unknown](#) on the Ministry website.
2. Maintain physical distancing of at least 1m during midwifery appointments, except for when direct physical contact is necessary.
3. Face masks: the Ministry of Health provides recommendations for the use of [PPE in maternity settings](#) at each alert level on its website. These recommendations are a minimum level of necessary PPE and the midwife may choose to wear a face mask in other circumstances, according to their clinical judgement.
4. [Standard precautions](#): meticulous hand hygiene and cleaning procedures need to continue.
5. Organise clinic waiting area to ensure women can sit at least 1m away from others.
6. Request that the woman limits her support people to 1 or 2 symptom-free people for appointments.
7. 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. Midwives, women and whānau are recommended to download and use the Ministry of Health's [Covid tracer app](#).
8. Aim to avoid prolonged visits, but there is no requirement to limit in-person contact to 15 minutes for well women who are not in quarantine/self-isolation.
9. Practise continuity of carer throughout antenatal, birth, and postnatal midwifery care where possible to reduce risk of exposure for women and midwives.
10. If you are unwell, don't go to work in person. The [MMPO Locum Service](#) is available to cover time off in this scenario.
11. All services operating under Alert level 2 and above are required to display the official NZ COVID Tracer QR code posters. For information on obtaining a QR code and poster for midwifery clinics, see the [Ministry of Health website](#).
12. Midwives may find it useful to download the Ministry of Health [Āwhina app](#) which provides notifications of updated Covid advice.

COVID-19 screening questions

Screen the woman according to the [Risk assessment questions if COVID-19 status is unknown](#) on the Ministry website.

If the woman answers yes to any of the questions: if it is clinically safe, defer any face-to-face contact until the woman's COVID-19 status is known, or her self-quarantine/self-isolation period is finished. If a face-to-face assessment is required, discuss the woman's care needs with the DHB to determine the appropriate location.

See the [current case definition](#) for updated details.

Midwifery care and health equity

Recommendations

13. Ensure each woman understands how and when to contact her midwife when needed. Reassure women that it is safe to have midwifery visits at 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.
14. Midwives continue to be clinically responsible for the co-ordination and provision of maternity care for the women in their caseload. Midwives continue to use their clinical judgement to determine the optimum midwifery contact for each woman within their care, as determined by women's individual needs.
15. Referrals to DHBs for specialist consultations continue as per the Referral Guidelines and each DHB's processes.
16. Continue in-person appointments for asymptomatic women who do not have HIS criteria. Seeing the woman's physical appearance and mood is an important aspect of a midwifery assessment.
17. Turanga Kaupapa and tikanga continue to be supported during this time.
18. Virtual appointments are acceptable in some circumstances if you choose to do this where a physical assessment is not deemed clinically necessary, in first and second trimester (apart from booking visit).
19. If conducting any telephone/video call contact, consider the woman's confidentiality by ensuring she is aware that she may be required to share personal information. She may want to consider being alone in a room during her consultation.
20. Ensure comprehensive documentation of all contacts with women and reasons for providing any care that differs from your standard practice.
21. The Ministry of Health has recognised the mental health impact of Covid-19 and has provided dedicated support for health workers. On the [Covid-19 Mental health and wellbeing resources](#) webpage there is information about counselling services that are available to support frontline health workers.
22. 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

23. 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.
24. [Covid-19 Advice for Māori](#) has been produced by Te Rōpū Whakakaupapa Urutā | National Māori Pandemic Group.
25. Undertake booking visits in the first trimester, in person wherever possible, and encourage early registration.
26. 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.
27. Ensure any care or investigations that were deferred during higher alert levels are undertaken as soon as possible.
28. 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.
29. Family violence increased during lockdown and may increase with additional stress on moving back up alert levels. Consider more frequent family violence screening and refer as necessary.

30. 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

Under higher alert levels, 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 who 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, 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 existing health inequities are not further compounded by the reduction in availability of some services under higher alert levels. Alert level 2 sees an increase in the operation of services and it is important to ensure women who have experienced barriers to access to 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.