

Appendix 2: Covid-19 in Pregnancy Care Framework



Pregnancy Risk	LMC	Covid-19 Care team - may be GP or nurse led team	DHB Obstetric and Maternity team
<p>Low Risk Care Pathway –</p> <p>Women of any gestation with</p> <ul style="list-style-type: none"> - No PET risk factors - No VTE risk factors 	<p>Referral to Covid ANC email address</p> <p>Clinical responsibility remains under LMC</p> <p>Routine visiting schedule decision by LMC</p> <p>Woman to report any pregnancy concerns to LMC, who will refer to O&G as required</p> <p>If no admission to hospital due to Covid illness, please arrange the following ultrasound scans</p> <ul style="list-style-type: none"> - <20/40 at the time of illness: add uterine artery dopplers to anatomy scan - >20/40 at the time of illness: fetal growth scan at 37-38/40 - Refer to O&G if any abnormalities. If normal no further obstetric scanning required unless other risk factors develop 	<p>Referral to Covid ANC email address</p> <p>Arrange O² sats monitor for every pregnant woman regardless of gestation</p> <p>Daily phone reviews for symptoms and signs of worsening Covid illness</p> <ul style="list-style-type: none"> - Note cut off O² sats for pregnancy is ≥ 94% <p>Escalate worsening Covid symptoms and signs as clinically required to ED/Physician teams</p>	<p>Triage referral as low risk on Covid Spreadsheet, admin team to communicate back to referrer.</p> <p>If admitted to hospital during their illness then make individualised plan for pregnancy care on discharge, communicate to GP and LMC</p>
<p>High Risk for PET</p>	<p>Referral to Covid ANC email address</p> <p>Woman requires once a week BP during her isolation period</p> <p>Clinical responsibility is secondary care</p> <p>Three way conversation with LMC and</p>	<p>Referral to Covid ANC email address</p> <p>Arrange O² sats monitor for every pregnant woman regardless of gestation</p> <p>Daily phone reviews for symptoms and signs of worsening Covid illness</p>	<p>Phone LMC and woman</p> <p>Once a week BP check during illness required</p> <ul style="list-style-type: none"> - Obstetric team to arrange <p>Use ANC template to write pregnancy plan and upload to LCW</p>

NOTE: this table determines pre-existing PREGNANCY risk for women who have Covid-19. This does not incorporate MEDICAL risk factors that may impact her Covid illness.

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High risk for PET cont'd	Obstetric team about involvement in care and capacity to do BP check while woman is in isolation, and also return of clinical responsibility once woman has recovered from Covid	Note cut off O² sats for pregnancy is ≥ 94% Escalate worsening Covid symptoms as clinically required to ED/Physician teams	If admitted to hospital during their illness then make individualised plan for pregnancy care on discharge, communicate to GP and LMC
High Risk for VTE	Referral to Covid ANC email address Woman requires Clexane Clinical responsibility is secondary care Three way conversation with LMC about involvement in antenatal, birthing and postnatal care.	Referral to Covid ANC email address Arrange O ² sats monitor for every pregnant woman regardless of gestation Daily phone reviews for symptoms and signs of worsening Covid illness Note cut off O² sats for pregnancy is ≥ 94% Escalate worsening Covid symptoms as clinically required to ED/Physician teams	Phone LMC and woman Enoxaparin required - Obstetric team to arrange Use ANC template to write pregnancy plan and upload to LCW If admitted to hospital during their illness then make individualised plan for pregnancy/postnatal care on discharge, communicate to GP and LMC

NOTE: this table determines pre-existing PREGNANCY risk for women who have Covid-19. This does not incorporate MEDICAL risk factors that may impact her Covid illness.