COVID-19 Quick Reference Guide Vaginal Birth (COVID-19 Suspected/Confirmed)

Western Health

COVID - 19

Be Safe – Be Smart – Be Kind

Refer to the COVID Microsite for education & Training resources https://coronavirus.wh.org.au/nursing-midwifery/education-training-resources-for-nurses-midwives/

Admission to Birthing

- Admit the woman to an appropriate room based on her COVID-19 status: refer to level 3 COVID-19 map
  - Women will be screened on the ground floor in hours (7am – 8.30pm), and at Level 3 front desk out of hours; a mask will be provided where required.
  - For all anticipated arrivals from phone triage, The midwife should attend initial COVID-19 screening over the phone using the Outpatient COVID-19 Screening tool
    - If a woman is screened as either low/ high-risk suspected, confirmed COVID-19 or is currently in quarantine, the woman should remain in her car and phone MAC 9055-2300. for a midwifery escort via the back lifts to an appropriate room: refer to level 3 map
    - The midwife is to wear full PPE and provide the woman and her support person an N95 mask to wear to her allocated room on level 3
  - For Suspected COVID-19 positive women, Obstetric triaging can continue to be performed in MAC, as per usual processes in a room with an Air purifier.
    - If confirmed COVID-19 positive, a direct admission to birthing should be organized.
- Notify the following staff when suspected or confirmed COVID-19 woman is admitted to Birthing
  - MWIC is to notify the On Call Obstet Consultant, Access/Afterhours Manager and Theatre NIC
  - On Call Obstetric Consultant (or Senior Registrar) is to notify the Duty Anesthetist.
  - Document COVID-19 status in EMR alerts as low risk suspected or high risk suspected or confirmed

Personal Protective Equipment for Suspected/Confirmed COVID-19

- Refer to COVID-19 PPE guideline on the microsite for required PPE
- Refer to QRG Donning & QRG Doffing
  - Donning occurs outside the room before entry and doffing occurs inside the room before exit
  - For invasive procedures that require sterile gloves (e.g. vaginal examination), previously donned gloves will be removed and hand hygiene performed prior to applying the sterile gloves
- If neonatal resuscitation is required, the midwife should activate a Neonatal Code Blue protocol ensuring current PPE guidelines are followed.

Room Equipment for Suspected/Confirmed COVID-19 Rooms

- Check that the necessary equipment is in the room (see room equipment checklist)
  - The room beyond the curtain is considered ‘dirty’ and the space from the curtain to the door is considered ‘clean’. The tape separates the spaces. The storage cupboard doors are considered ‘clean’ and therefore should not be opened by the donned midwife
- Take the phone number list (updated by the night obstetric team) into the room
- Any opened packs and/or unused equipment must be discarded following the woman’s discharge
  - Unopened packs can be wiped down with Clinell wipes and returned to the birth trolley
- If extra neonatal equipment is required it will be brought into the room by the neonatologist

Personnel in Suspected/Confirmed COVID-19 Rooms

- One midwife should provide care for a woman in quarantine, high-risk suspected, low-risk suspected or confirmed to have COVID-19 and should remain in the room with the woman during her labour.
- A runner will be allocated by the MWIC at the commencement of the shift for every 3-4 rooms

  - Each runner will be allocated a CISCO phone and will provide extra equipment, assistance, cover breaks and may also receive the baby.
- Women with suspected or confirmed COVID-19 may have one support person
  - Consider the support person as also being suspected for Covid-19
  - Support persons must remain in room (including bathroom use)

Intrapartum Management for Women in Quarantine, High-risk suspected, Low-risk Suspected or Confirmed COVID-19

- Intrapartum observations remain the same, with the addition of hourly $Sa0_2$ measurements
- CTG can be co-signed using ISP outside of the room, utilizing the phones to communicate for sign off
  - All abnormal CTGs must be escalated as per standard practice
- The partogram and CTG paper should be kept in the room and not removed
  - All other documents are to remain outside the room and be completed by the runner or updated when the midwife/doctor leaves the room
- Carbetocin for 3rd stage management will be handed into the room by the runner once requested.
- Emergency and Staff assist buzzers should still be answered as per standard practice.
  - To minimise the staff required, responders should be the most experienced available
  - Code Green Caesarean is **NOT** to be activated for women in quarantine, low-risk suspected, high-risk suspected or confirmed COVID-19; this must be noted on the partogram
- **Insertion of IV and blood taking:**
  - Once collected the zebra stickers will be applied and samples are placed in a red pathology bag.
  - The bag will be placed in a 2nd not contaminated red pathology bag held open by the runner
  - In the IV pack, there will be Group and Hold request slip. All other requests are to be made on EMR using the WoW.
  - Bloods should be delivered to pathology in person. The pneumatic tube system cannot be used
- An FSE should be avoided where possible. A decision to apply an FSE will be at the discretion of the Consultant/Senior Registrar.
- Fetal blood sampling is contraindicated.
- Early epidural is recommended.
- Nitrous oxide may be used in a negative pressure room or a single room if an air purifier is available.
- Cord gas packs can be handed into the room if required.
- NBS attendance will only occur for routine obstetric and neonatal indications as per standard practice.
- Disposable Birth Kits and Suturing Kits should be utilised for women.

Obstetric Staff Attendance

- When a medical review is required contact the Senior Registrar to coordinate Ext 53112
  - The most senior clinician should attend to minimise the number of staff in/out of the room
  - Consultant/Senior Registrar to hand their mobile phone/pager to the runner prior to entering the room
  - The runner will answer any calls and relay messages across the curtain
- Medical notes are to be written in the room on the partogram
- For women requiring an interpreter, the obstetric team should arrange an early (pre-emptive) consent for trial of instrumental/LUSCS with a phone interpreter, in hours where possible.
- If an instrumental birth is required it will be coordinated through the Consultant/Senior Registrar.
  - The instrumental trolley will not be brought into the room.
  - The equipment required will be handed over to the medical staff by the runner.

Immediate Postnatal Management for Women with Suspected or Confirmed COVID-19

- Runner (or delegate) will be required to don PPE to enter the room to receive the baby
- The woman must wear a surgical mask immediately following birth during skin-to-skin and breastfeeding

  - The support person should wear a mask at all times, especially while caring for the baby.
- The placenta is to be sent for histopathology. No swabs are required. Order Placental histopathology and placental PCR for SARS-CoV-2. Hand deliver the placenta specimen to pathology.
- Equipment is to be removed at a suitable time following birth once all other mother and baby care has been attended or once the woman has been discharged from the room.
- Women with confirmed COVID-19 will remain in Birthing for duration of their postnatal stay (unless otherwise advised).
- Women in quarantine or with Low-risk or High-risk suspected COVID-19 will be transferred to an isolation room until covid-19 test results are available and women de-isolated.
- Non disposable Instruments such as Forceps need to be placed in double bags. Staff are to call the Ward PSA to take this to CSSD immediately for sterilising. PSAs are required to call CSSD staff before transporting the contaminated instruments.