



COVID-19 Alert level 2

Information for Midwives: 11 August 2020

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

As a result of 4 new cases of community transmission in Auckland, diagnosed on 11 August 2020, resurgence planning has been activated for Aotearoa New Zealand.

As of 12 noon on 12 August 2020:

The **greater Auckland region** is in **Alert level 3**: please see [alert level 3 document](#) for advice.

The **rest of Aotearoa New Zealand** is in **Alert level 2**.

These alert levels are in place for a minimum of 3 days.

Community midwifery care at alert level 2

This document should be read in conjunction with [latest updates on the Ministry of Health website](#) on the emerging situation.

Midwives, women and whānau are recommended to download and use the Ministry of Health's [Covid tracer app](#).

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 in-person visits, ask women [screening questions](#) to assess the risk of Covid-19, as per symptoms and the high index of suspicion (HIS) criteria on the [Ministry of Health website](#).
2. Maintain physical distancing of at least 1m during midwifery appointments, except for when direct physical contact is necessary.
3. Face masks should be worn by the midwife, woman and any support people if physical distancing is not possible.
4. Organise clinic waiting area to ensure women can sit at least 1m away from others.
5. Request that the woman limits her support people to 1 or 2 symptom-free people for appointments.
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. Strongly recommend that women and whānau use the MoH [Covid tracer app](#).
7. [Standard precautions](#): Meticulous hand hygiene and cleaning procedures need to continue.
8. Maintain the use of PPE as appropriate and as per [MoH guidance](#).
9. Aim to avoid prolonged visits, but there is no current requirement to limit in-person contact to 15 minutes for well women who are not in quarantine/self-isolation.



COVID-19 screening questions

If the woman answers yes to either question below: 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.

1) Do you or anyone in your household or childcare 'bubble' have any of the following symptoms: fever, cough, sore throat shortness of breath, head cold (runny nose, sneezing, post-nasal drip), loss of sense of smell?

2) Do you meet any High Index of Suspicion (HIS) criteria?

HIS criteria: In the 14 days prior to illness onset have you:

- had contact with a confirmed or probable case
- had international travel
- had direct contact with a person who has travelled overseas (eg Customs and Immigration staff, staff at quarantine/isolation facilities)
- worked on an international aircraft or shipping vessel
- cleaned at an international airport or maritime port in areas/conveniences visited by international arrivals, or
- any other criteria requested by the local Medical Officer of Health

If answer to either question is YES:

Advise the woman to remain at home and to contact her GP or Healthline 0800 358 5453 or present to a community-based testing centre (CBAC) to be tested for COVID-19 without delay. The woman must remain in self-quarantine/self-isolation until she receives her result. If the woman has come to clinic, ask her to leave and follow this same process.

Midwifery care and health equity

Recommendations

10. Ensure that 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.
11. Midwives continue to use their clinical judgement to determine the optimum midwifery contact for each woman within their care, as determined by woman's individual needs.
12. Continue in-person appointments for asymptomatic women. Seeing the woman's physical appearance and mood is an important aspect of a midwifery assessment, and can now start to occur more frequently.
13. Ensure comprehensive documentation of all contacts with women and reasons for providing any care that differs from your standard practice.
14. 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

15. 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.
16. Undertake booking visits in the first trimester, in person where ever possible, and encourage early registration.
17. Promote and refer for influenza vaccination at the woman's earliest convenience and pertussis vaccination to occur from 16 weeks of pregnancy. Reassure women it is safe to see their GP for these vaccinations.
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. 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.
20. 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.
21. 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

It is important that women know they can continue to access midwifery and maternity care during alert level 2.

Under the previous alert levels 4 and 3, 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 order to meet our Tiriti o Waitangi responsibilities, midwives continue to provide care and make relevant referrals to ensure that existing health inequities are not compounded by the reduction in the availability of some services in level 2.