



# Regional LHN COVID Positive Maternity Pathway – Overview

This document is intended to support Regional clinicians with decision making

## KEY CONTACTS

### SALHN COVID Number

Phone: 8204 7898

### CRCT Team Leader

Phone: 0401 577 241

Email:  
[Health.CRCTHomeQuarantine@sa.gov.au](mailto:Health.CRCTHomeQuarantine@sa.gov.au)

### GPAT

Phone: 8130 3480

Email:  
[DL.HealthMediHotelGPAT@sa.gov.au](mailto:DL.HealthMediHotelGPAT@sa.gov.au)

### Aboriginal Liaison for regional family

Phone: TBC.....

Email:.....

**State-wide Principle:** COVID positive pregnant women will birth at Flinders Medical Centre (FMC), the SA Health designated COVID hospital for pregnancy, birth, and neonatal care.

### Regional LHN Principles:

- Regional LHNs manage suspected COVID-19 and COVID-19 positive community cases with asymptomatic/mild symptoms and non-birthing women, with local systems/flows in place.
  - Manage Local obstetric assessments i.e. CTG for reduced fetal movements
- Regional women who have a Positive RAT require follow up with a rapid PCR prior to transfer
- COVID positive women are cleared midnight on day 10 from Salesforce data base and can attend high risk settings thereafter for Induction of Labour/Caesarean birth. (All units to use precautionary care if this occurs).
- RATs are to be provided to pregnant women and their partner by their *primary care provider*
- Prepare pregnant women if COVID positive at  $\geq 38$  weeks gestation for transfer to a fully funded Hotel accommodation in Adelaide with significant others following discussion with CRCT
- If a woman presents in established labour, consultation is to occur with FMC pre and post birth. Contact FMC and Medstar to discuss transfer to FMC.
- Refer to Regional LHN COVID Positive Unplanned Birthing Pathway (Slide 4)

### Regional Pre-Admission Testing

- ❖ Planned Caesarean Section/ Induction of Labour
- ❖ All those who are pregnant and their support person to undergo Rapid Antigen Testing (RAT) on arrival at your point of admission
- ❖ Awaiting Spontaneous Onset of Labour
- ❖ All those who are pregnant and their support person will be offered regular tests from 37 weeks of gestation, either RAT, PCR or combination
- ❖ Patients in established labour receive a Rapid Antigen Test. Positive results to be confirmed by rapid PCR

### Regional Risk Considerations

- ❖ COVID Symptoms and days since onset of symptoms or positive test
- ❖ Unvaccinated /partially vaccinated for COVID
- ❖ Co-morbidities
- ❖ Obstetric history
- ❖ Distance from FMC
- ❖ Timeliness and availability of required transport (SAAS, Medstar, private car)
- ❖ Local resources: (i.e., staffing medical, midwives, **availability of negative pressure rooms with space for birth and neonatal resuscitation**)
- ❖ Antenatal screening is a risk mitigation strategy to identify and support early planning in rLHN for safe, planned transfer of COVID positive pregnant women to FMC for birthing.
- ❖ Contingencies are in place if a positive woman does birth locally.
- ❖ Consideration of ongoing care requirements and neonatal needs

## RECOMMENDED COMMUNICATION TO PREGNANT WOMEN

- ❖ *If you or your partner are COVID-positive, it is important you receive care from staff trained in COVID care in pregnancy.*
- ❖ *We recommend all COVID positive women in regional areas requiring inpatient care, transfer to Flinders Medical Centre (FMC) as they have the greatest experience with treating COVID positive women. This ensures you and your baby receive appropriate care, modified to manage COVID-19 while continuing to be woman and baby focused to avoid unnecessary intervention.*
- ❖ *Please note COVID positive partners may attend birth at FMC if asymptomatic, however, there are restrictions on attending the nursery and operating theatres.*

*\*Consider interpretation services*

# Regional COVID Positive Maternity Pathway

Version 1 - 01/02/2022

COVID positive pregnant woman

COVID positive person notifies  
Primary Care Provider (GP Obstetrician, GP  
Obstetric Shared Care, Midwife)

COVID Response Care Team  
(CRCT) Triage and Assessment

CRCT Midwives and GPAT liaise with Regional LHN Primary Care provider and/or pregnant woman for Local management  
*For full matrix refer to COVID-19 Obstetric Escalation Guide, Management of COVID-19 in Pregnancy in SA, v7.1 p.13\**

Mild  
Symptoms

Moderate  
Symptoms

Severe  
Symptoms

Critical

≥38 weeks Gestation/Birthing  
unless obstetric condition warrants  
earlier transfer, e.g. twins

Vulnerable care needs and consider regional LHN resources  
for escalation of care if required

Notify SALHN via COVID Number

≥38/40  
Gestation  
**In early Labour**

≥38/40  
Gestation  
**Not in Labour**

Community (home)  
based care

Supervised &  
Supported COVID care

Face to Face care can be arranged in  
some rLHN, either at the birthing  
hospital or in patient's home

Acute COVID Care Requiring Hospital  
Admission

Requires Assessment/Admission  
Assess if Safe to Transfer

Transport  
Private  
Car/SAAS or  
MedStar to FMC

Funded Hotel  
Accommodation  
metropolitan  
Adelaide

GPAT Providing support in consultation with CRCT Midwives  
and home LHN Obstetrician, GP Obstetrician, Midwives

Plan TRANSFER with  
Medstar

FMC for Obstetric Assessment or  
Admission

Transfer to FMC  
if required\*  
  
\*Once cleared  
from quarantine  
transfer home

Passive  
supported care  
in the home

COVID Care  
Centre

COVID Hospital  
in the Hotel  
*(metro only  
locations)*

Supervised  
Regional Care  
Facilities  
*(where unavailable  
consider COVID Care  
Centres/Wards)*

Discharge from Hospital to CRCT  
with D/C summary and handover to  
LHN Maternity Service Care Provider

Cleared from quarantine  
*Transfer back to LHN Maternity Services care provider*

\* Management of COVID-19 in Pregnancy in SA, v7.1 p.13 currently under review

# MAB Infusion Locations across rLHN

Location Local Health Network	Pre-infusion Counselling - SA VTS default	Referral Processes agreed	Contact Details <i>* All Subject to change</i>
Eyre Far North (EFN) <b>Ceduna, Coober Pedy, Port Lincoln</b>	SA VTS	Yes	Dr Susan Merrett -
Riverland Murray Coorong (RMC) <b>Berri and Murray Bridge</b>	Yes	Yes	Dr Caroline Phegan
Yorke & Northern (YN) <b>Port Pirie</b>	Yes	Yes	Dr Viney Joshi
Barossa Hills Fleurieu (BHF) <b>Kangaroo Island Gawler, Mt Barker, South Coast</b>	SA VTS	Yes	Dr Sharon Morton
Flinders Upper North (FUN) <b>Port Augusta</b>	SA VTS	Yes	<i>Dr Nes Lian-Lloyd -</i>
Limestone Coast (LC) <b>Mount Gambier</b>	Yes	Yes	Dr Elaine Pretorius

\*  
Subject  
to  
change



# Regional LHN COVID Positive Unplanned Birthing Pathway

## Key Principles

### KEY CONTACTS

#### Local Escalation Contacts

GP Obs:  
Obstetrician:  
Midwife:  
Aboriginal liaison/AMIC:  
DoNM:  
EDMS:  
Anaesthetist:  
Medstar:

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### GENERAL PRINCIPLES (refer to COVID-19 site plan for further information)

- ❖ First consideration is for all COVID-19 positive presentations  $\geq 38$  weeks gestation, to plan transfer to FMC.
- ❖ Be aware of local LHN Covid-19 Pathway for unexpected births and ensure regular mock drills/scenario/simulations, e.g. PPE donning and doffing.
- ❖ A labouring woman will be temporarily cared in a designated COVID-19 unit with birthing facilities and a negative pressure room suitable for any resuscitation equipment required.  
**Nearest local Covid-19 positive Unplanned Birthing site is:** \_\_\_\_\_
- ❖ Birthing Unit to have dedicated maternity covid care staff on each shift.
- ❖ Ascertain vaccination – if not fully vaccinated, co-morbidities, with COVID-19 symptoms arrange immediate transfer.
- ❖ The woman and newborn are monitored closely until transferred

### PRESENTING IN LABOUR

- ❖ Notify FMC covid-19 obstetrician via SALHN COVID-19 number of pending transfer noting higher risk factors; no vaccination, co-morbidities, previous Obs history
- ❖ INITIATE TRANSFER PROCESS with MedStar.
- ❖ Alert all maternity covid team; midwives, ward staff, operating team and recovery staff. dedicated staff must be available through out peripartum admission.
- ❖ Minimise staff exposure
- ❖ Availability of negative pressure rooms with space for birthing and neonatal resuscitation.
- ❖ Observe low threshold for escalation of care. E.g. if woman requires oxygen supplementation to maintain oxygen levels
- ❖ Consider if any delay to transfer to ensure ongoing staffing resources.

### EMERGENCY Caesarean section

- ❖ Consult with FMC COVID-19 specialist anaesthetist for advice.
- ❖ Share care plan with all maternity covid team; midwives, ward staff, operating team and recovery staff.
- ❖ Dedicated staff must be available through out peripartum admission
- ❖ Notify MedStar and FMC of a pending postpartum transfer
- ❖ Postnatal recovery to take place in negative pressure room.

### RECOMMENDED COMMUNICATION TO COVID Positive Women

- ❖ *We acknowledge you may wish to remain closer to home to have your baby.*
- ❖ *Evidence shows pregnant and birthing women, and their babies, are at a much higher risk of complications from this disease. Being unvaccinated significantly increases your chances of becoming severely unwell and requiring ventilation in an ICU. Yours and your baby's safety is paramount.*
- ❖ *The safest place for your care is to be in the specially prepared "hospital in the hotel" and Flinders Medical Centre Covid birthing suite. This is our recommendation.*
- ❖ *If transfer to FMC is not an immediate option for clinical reasons, your care will be provided in a designated regional COVID unit with birthing facilities, until further arrangements are considered.*