

State-wide COVID-19 Maternity Pathway

General Practitioner Information Pack
V5 15.02.2022



Welcome

Ngadlu tampinhi, Kurna Miyurna yaitya yarta-mathanya Wama Tarntanyaku. Ngadlu tampinhi purkarna pukinangku, yalaka, tarrkarritya. Parnaku yailtya, parnaku tapa purruna, parnaku yarta ngadlu tampinhi. Yalaka Kurna Miyurna itu yailtya, tapa purruna, yarta kuma puru martinhi, puru warri-apinghi, puru tangka martulayinhi.

We acknowledge the Kurna people are the traditional custodians of the Adelaide Plains and pay respects to Elders past, present and future. We recognise and respect their cultural heritage, beliefs and relationship with the land. We acknowledge that they are of continuing importance to the Kurna people living today.



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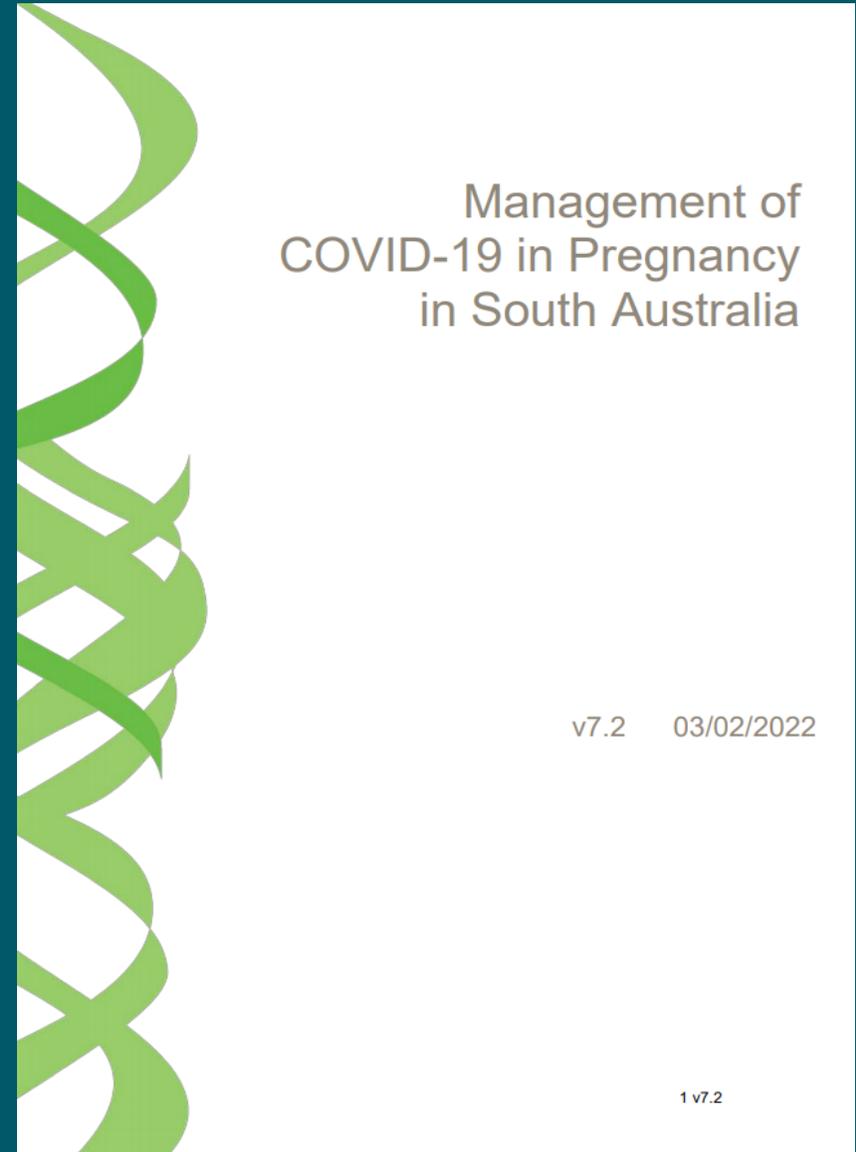
- > Perinatal Principles
- > Care for pregnant women
- > Metro COVID Positive Maternity Pathway
- > Regional COVID Positive Maternity Pathway
- > Obstetric escalation guide
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- > COVID-19 Testing process for Maternity patients
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Perinatal Principles

Provide safe care for COVID-19 positive women and their babies.

- All health care providers to promote and facilitate vaccinations for pregnant women across the state.
- COVID-19 positive pregnant women will birth at Flinders Medical Centre (FMC), the SA Health designated COVID hospital for pregnancy, birth, and neonatal care.
 - COVID-19 positive Maternal-Fetal Medicine (MFM) women to be cared for by Women's and Children's Network (WCHN) with conference in relation to birthing hospital
 - Cardiac babies to deliver at WCHN
 - Clinical risk of transfer to FMC is to be balanced against providing immediate care to the pregnant woman
- All LHNs to be prepared to support COVID-19 positive pregnant women and neonates.
 - Not all LHNs have the appropriate infrastructure or staffing skill mix to safely support COVID-19 births
 - However, COVID-19 positive pregnant women who attend other LHNs in established labour are to remain at the presenting hospital. (Refer to the local LHN COVID-19 Management Plan.)
- Community Primary Care Providers, CRCT and GPAT Doctors are to work with LHNs for the care of their patients
 - Suspected COVID-19 (sCOVID) patients and positive patients who don't require face to face care are to be managed with local systems and flows
 - Decanting across sites (including private hospitals) inclusive of elective c-section and gynaecology lists for non-COVID-19 women to be done in private and will be negotiated
- There will be visibility of COVID-19 positive pregnant women requiring tertiary care via agreed mechanisms, for example Daily Huddle for state bed management and CRCT Dashboard

Management of COVID-19 in Pregnancy in South Australia



**Note - this is a live document and
continually under review**

Where to find the guideline?

Government of South Australia
SA Health

Search COVID-19 health information

About Testing and tracing COVID-19 Vaccine Response Community Business **Health professional**

COVID-19 health information

Cases and contacts

- Get COVID-19 Ready
- Find a testing centre
- Positive result advice
- Advice for close contacts
- Isolation and quarantine advice

Vaccination

Health professional
COVID-19 vaccination clinical information
GP News
Infection control and PPE
Monoclonal Antibody Infusion Application for COVID-19 positive patients
Palliative Care during COVID-19
Resources for health professionals
Rapid Antigen Testing
Positive for COVID-19? Get advice
Book your COVID-19 vaccination
COVID-19 vaccination for children aged 5 to 11

Ask Zoe

SA Health environmental management in health care facilities policy Directive

Waste management

For information on COVID-19 waste management refer to the [SA Health Infection control and personal protective equipment \(PPE\) advice webpage](#).

General Practitioners

- COVID-19 Testing Guide Flowchart - What should you do (PDF 49KB)
- Fact sheet - Respiratory hygiene stations for general practice
- Maintaining immunisation services during COVID-19 fact sheet (PDF 164KB)
- Guidance for GPs on pathways for COVID-19 positive patients (PDF 153KB)
- Management of COVID-19 in Pregnancy in South Australia (PDF 1.4MB)**
- Testing Clinic Descriptions (PDF 153KB)
- Factsheet – Delivering care to vulnerable populations (PDF 212KB)
- Quick reference guide for testing patients with COVID-19 symptoms (PDF 53KB)
- Metropolitan Respiratory Clinic details and resources
- Regional Respiratory Clinic details and resources
- GP Guide for providing care to sporting teams (PDF 201KB)
- Flowchart - Infection Control recommendations when patients with suspected Coronavirus Disease (COVID-19) present to Emergency Departments (ED) or General Practitioners (GPs) is currently under review. Refer to the Australian Government Department of Health advice:
 - Coronavirus (COVID-19) resources for health professionals, including aged care providers, pathology providers and health care managers
 - Guidance on the use of personal protective equipment (PPE) for health care workers in the context of COVID-19
- General Practice guideline for assessment and testing of patients who telephone the practice seeking care – is currently under review.

For information regarding Personal Protective Equipment for GPs please refer to the SA Health [Infection control and personal protective equipment \(PPE\) advice page](#).

On this page

- Australian Government Department of Health updates and resources
- TGA COVID-19 information and updates
- SA Health resources
- Related Documents
- Related Links

Helplines and support

COVID-19 health information

[Coronavirus Disease 2019 \(COVID-19\) resources and links for health professionals](#) page under the heading of [SA Health Resources](#) > [General Practitioners](#)

Current Situation – SALHN Vaccination Rates

| | |
|-----------------------|-------|
| Single Dose | 8.6% |
| Double Dose | 49.4% |
| Third Dose | 2.6% |
| Total Women Booked | 1712 |
| <i>as at 02/02/22</i> | |

Hospital Admissions

| Antepartum ICU Admission | 1 – 34 weeks – progressive oxygen requirement, Asthma |
|---------------------------|---|
| Deliveries | 40 |
| Intrapartum ICU admission | 0 |
| Post Partum ICU admission | 1 – secondary to anaemia day 5 |

Maternity Care Pathways

Non Birthing COVID-19 Positive

- > COVID-19 Positive Pregnant women are to be managed at home with local systems/flows dependent on each LHN's COVID-19 Management Plan
- > If required Hospital in the Hotel is available for COVID-19 positive women, arranged via CRCT & the patients obstetric care team
- > VTE prophylaxis is to be considered
- > Monoclonal Antibody Infusions are to be considered if criteria is met

Birthing COVID-19 Positive

- > COVID -19 positive women are to birth at FMC
- > Maternal Fetal Medicine & Cardiac babies are to deliver at WCHN
- > COVID-19 positive women presenting at other LHNs in established labour will birth at presenting hospital
- > For COVID-19 positive women who birth at other LHNs, SALHN is to be contacted to discuss post birth transfer to FMC

Non Birthing Suspected COVID-19 (sCOVID)

- > Pregnant women suspected of having COVID-19 requiring acute care will be treated at the hospital to which they present
- > Where appropriate, a COVID-19 test will be undertaken at the presenting hospital to determine the most suitable pathway for care.
- > Following a positive RAT, a rapid PCR is required prior to transfer to FMC.

Birthing Suspected COVID-19 (sCOVID)

- > sCOVID-19 pregnant women in established labour will deliver their baby at the presenting hospital.
- > A COVID-19 test will be completed at presenting hospital. If COVID-19 positive, contact SALHN to discuss requirement of post birth transfer to FMC.

Non Birthing COVID-19 Negative (BAU)

- > Encourage COVID-19 vaccination for unvaccinated women
- > Provide clinical care via Telehealth where clinically appropriate
- > COVID-19 Negative pregnant women will continue to receive high quality care

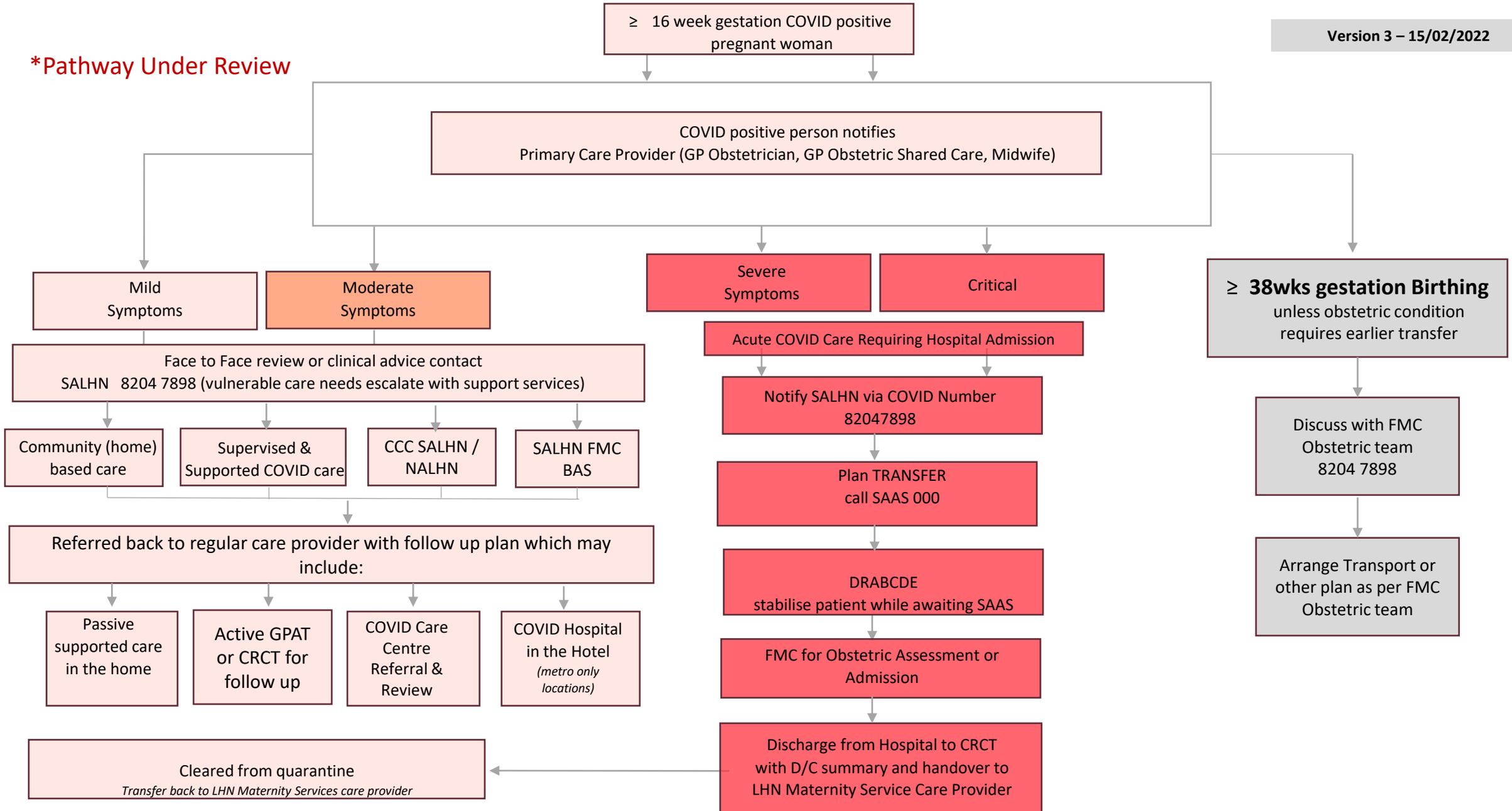
Birthing COVID-19 Negative

- > COVID-19 Negative pregnant women booked at FMC may be required to birth at an alternative location, such as the Women's and Children's Hospital, the Lyell McEwin Hospital or a Private Hospital.
- > Regional COVID-19 **Negative** pregnant women will continue to receive care and birth at their designated hospital.

Metro COVID Positive Maternity Pathway

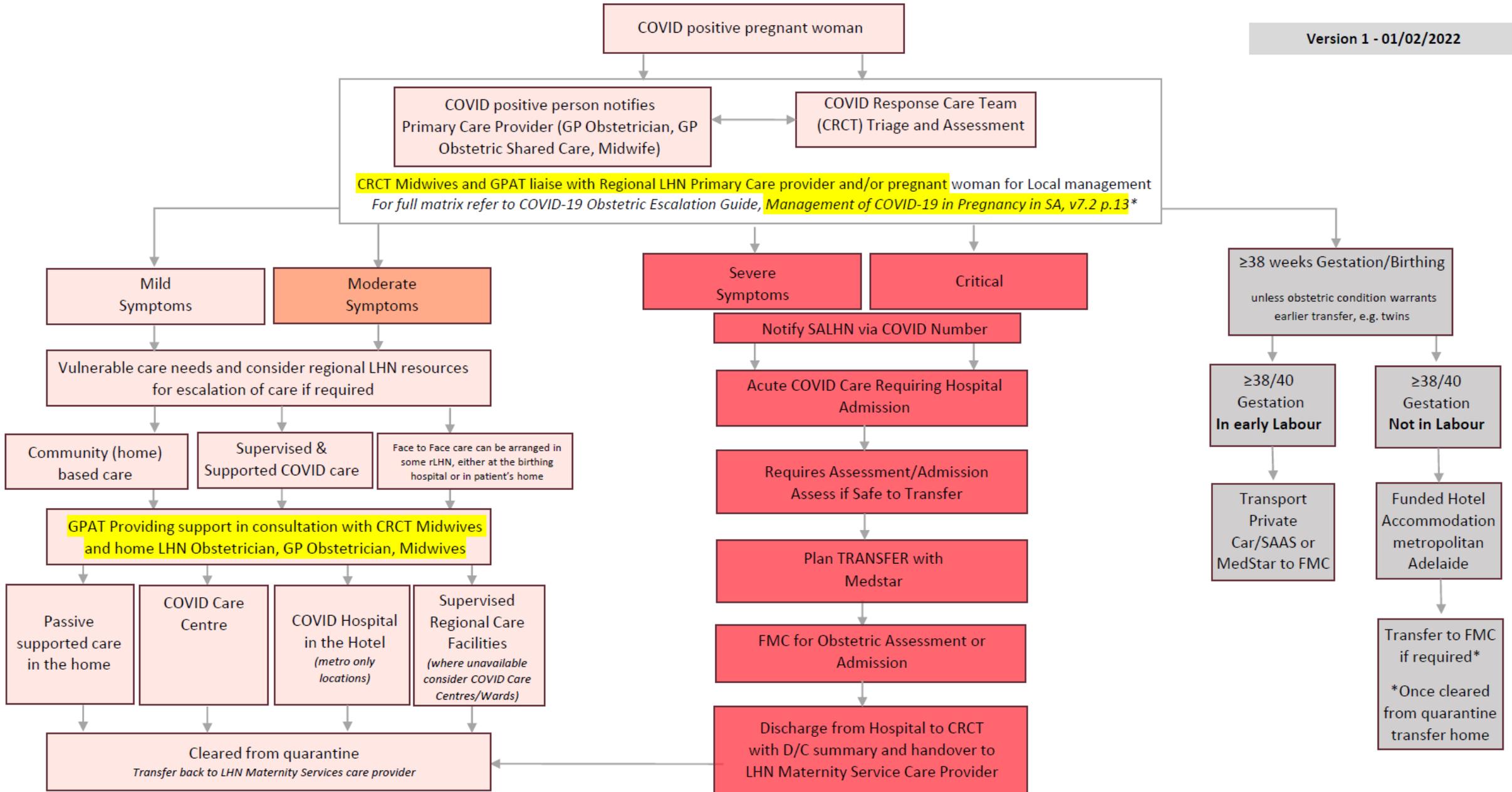
Version 3 – 15/02/2022

*Pathway Under Review



Regional COVID Positive Maternity Pathway

Version 1 - 01/02/2022



Caring for a Pregnant Woman with COVID-19

A guide for Clinicians

Mild Pregnancy Care

Women who have **mild disease** or are **asymptomatic** will be managed at home with Telehealth support via the CRCT and the booking hospital.

Regional/rural/ remote pregnant women with COVID will be assessed case by case in consideration of local resources for care escalation.

Moderate – Severe Pregnancy Care

Transfer planning in partnership with CRCT.

In pregnancy, women with **moderate or severe disease** will be managed as inpatients at Flinders Medical Centre. **Women should be referred to Flinders Medical Centre for review if they report:**

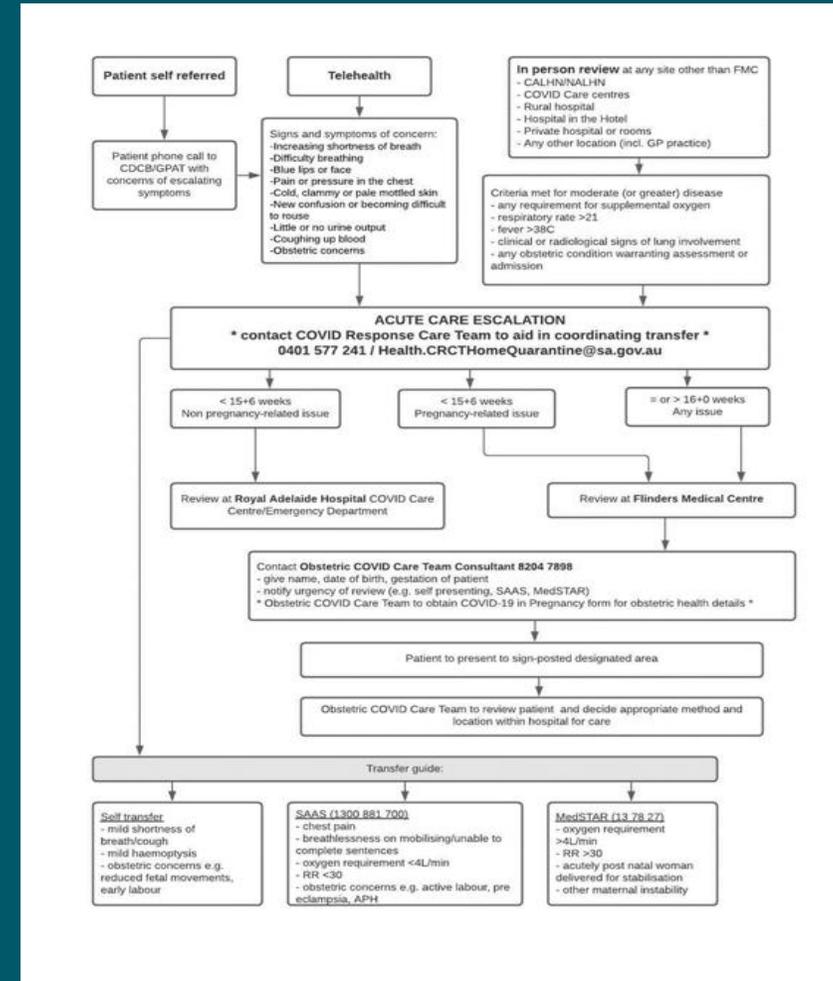
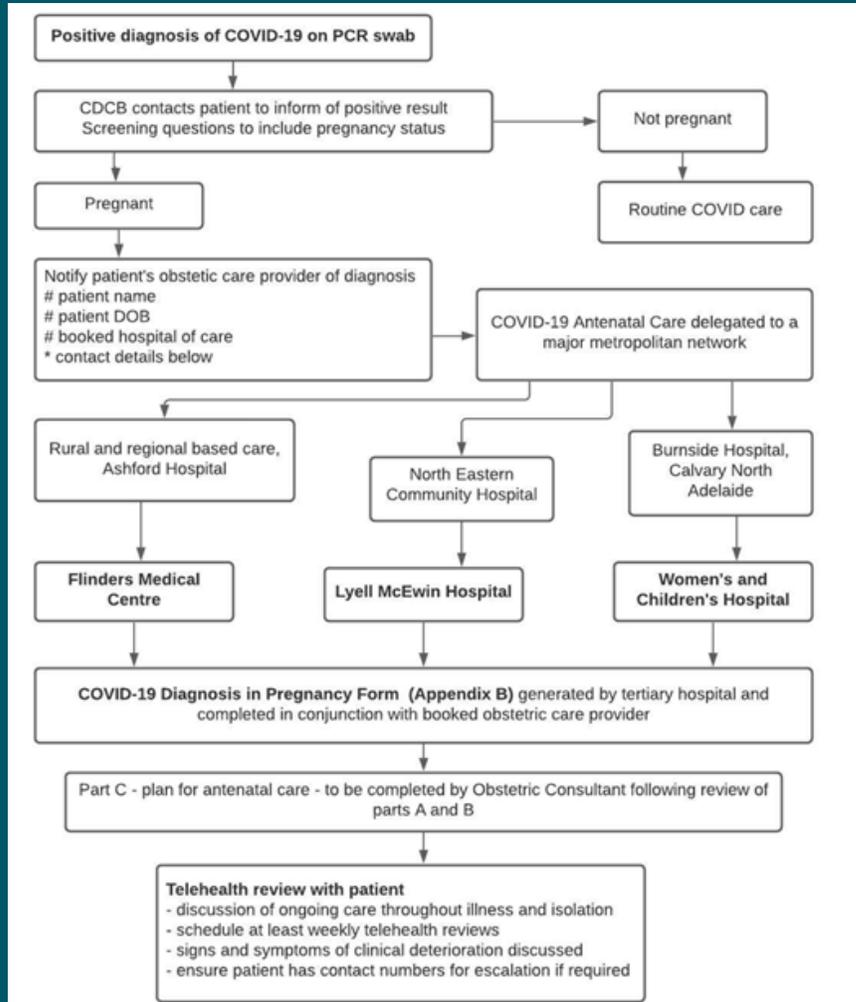
- SOB and/worsening
- Syncope
- Chest Pain
- Vomiting, Severe abdominal pain, or diarrhoea >4x/day

Obstetric concerns, such as but not limited to: Reduced fetal movements, query labour, Vaginal bleeding, hypertension (preeclampsia)

| Category | Oxygen requirements | Maternal Care | Fetal considerations (>23 weeks) |
|--|---|--|---|
| Green <i>(mild disease)</i> | SpO2 >95% Room air and RR ≤ 20 | Exclude other obstetric or medical issues OUTPATIENT CARE May be discharged for in home care Consider monoclonal antibody infusions and thromboprophylaxis | |
| Yellow <i>(moderate disease)</i> | SpO2 92-98% on < 4L/min And/or RR ≥ 21 | INPATIENT CARE - obstetric doctor review Notify - obstetric consultant - obstetric anaesthetist - COVID medical team | Assess fetal well being Discuss timing of birth Consider - steroids for fetal lung maturity - MgSO4 for neuroprotection |
| Orange <i>(severe disease)</i> | SpO2 92-98% on ≥ 4L/min And/or RR ≥ 25 | URGENT Obstetric review Refer for URGENT ICU review | Discuss risks and benefits of emergency caesarean Notify neonatal team |
| Red <i>(critical disease)</i> | SpO2 <92% on 15L/min via non- rebreather mask | URGENT ICU review Immediately activate MET call URGENT Obstetric attendance Consider awake proning/high flow oxygen | Discuss risks and benefits of emergency caesarean |
| Peri-arrest | 33# OBSTETRIC, NEONATAL MET/MER (CODE BLUE) Multidisciplinary team discussion regarding possible intubation of mother +/- delivery of neonate | | |

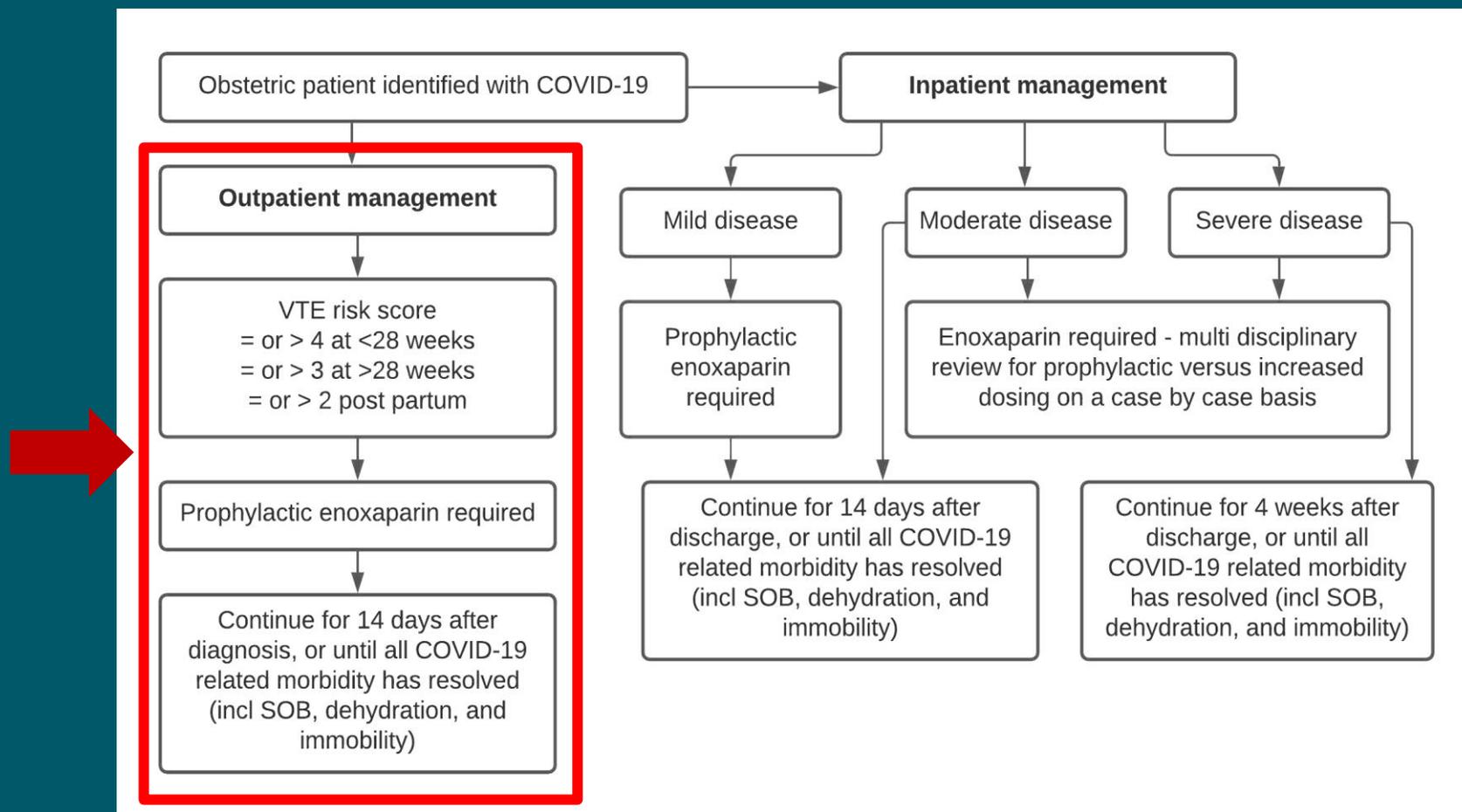
Acute Care Escalation

Coordination of Care



VTE Prophylaxis

Active COVID-19 is a major risk factor for VTE, with obstetric patients sitting at an elevated baseline risk. Studies in non-obstetric patients have shown up to 22% VTE rate in patients admitted to ICU with early strains of COVID-19.



Risk factors for VTE

| Pre-existing risk factors | Tick | Score |
|--|------|---------------------|
| Previous VTE (except a single event related to major surgery) | | 4 |
| Previous VTE provoked by major surgery | | 3 |
| Known high-risk thrombophilia | | 3 |
| Medical comorbidities e.g. cancer, heart failure; active systemic lupus erythematosus, inflammatory polyarthropathy or inflammatory bowel disease; nephrotic syndrome; type I diabetes mellitus with nephropathy; sickle cell disease; current intravenous drug user | | 3 |
| Family history of unprovoked or estrogen-related VTE in first-degree relative | | 1 |
| Known low-risk thrombophilia (no VTE) | | 1 ^a |
| Age (> 35 years) | | 1 |
| Obesity | | 1 or 2 ^b |
| Parity ≥ 3 | | 1 |
| Smoker | | 1 |
| Gross varicose veins | | 1 |
| Obstetric risk factors | | |
| Pre-eclampsia in current pregnancy | | 1 |
| ART/IVF (antenatal only) | | 1 |
| Multiple pregnancy | | 1 |
| Caesarean section in labour | | 2 |
| Elective caesarean section | | 1 |
| Mid-cavity or rotational operative delivery | | 1 |
| Prolonged labour (> 24 hours) | | 1 |
| PPH (> 1 litre or transfusion) | | 1 |
| Preterm birth < 37 ^{wo} weeks in current pregnancy | | 1 |
| Stillbirth in current pregnancy | | 1 |
| Transient risk factors | | |
| Any surgical procedure in pregnancy or puerperium except immediate repair of the perineum, e.g. appendicectomy, postpartum sterilisation | | 3 |
| Hyperemesis | | 3 |
| OHSS (first trimester only) | | 4 |
| Current systemic infection | | 1 |
| Immobility, dehydration | | 1 |
| TOTAL | | |

Abbreviations: ART assisted reproductive technology; IVF in vitro fertilisation; OHSS ovarian hyperstimulation syndrome; VTE venous thromboembolism.

^a If the known low-risk thrombophilia is in a woman with a family history of VTE in a first-degree relative postpartum thromboprophylaxis should be continued for 6 weeks.

^b BMI ≥ 30 = 1; BMI ≥ 40 = 2

VTE Scoring

[RCOG Greentop Guideline 37.a \(Page 36\)](#)

Outpatient management Threshold for treatment

< 28 weeks

Score ≥ 4

≥ 28 weeks

Score ≥ 3

Post-partum

- Active COVID-19 within the first 6 weeks after birth
- Women who have had COVID-19 in pregnancy but are negative at the time of birth

Score ≥ 2

VTE Prophylaxis Regimen

Cautions and contraindications for VTE Prophylaxis

- Imminent delivery
- Known bleeding disorder (e.g. haemophilia, von Willebrand's disease or acquired coagulopathy)
- Active antenatal or post-partum bleeding
- Increased risk of major haemorrhage (e.g. placenta praevia)
- Thrombocytopenia (Plt $<75 \times 10^9/L$)
- Acute stroke in previous 4 weeks (haemorrhagic or ischaemic)
- Severe renal disease (GFR $<30\text{ml/minute}/1.73\text{m}^2$)
- Severe liver disease (prothrombin time above normal range or known varices)
- Uncontrolled hypertension (blood pressure $>200\text{mmHg}$ systolic or $>120\text{ mmHg}$ diastolic)

| Prophylaxis | Dosing |
|---|--|
| Creatinine Clearance (CrCl) $<30\text{mL/min}$ or body weight $< 50\text{kg}$ | Enoxaparin 20mg daily or Unfractionated Heparin 5000 units BD* |
| Weight 50-90kg + CrCl $>30\text{mL/min}$ | Enoxaparin 40mg subcut daily |
| Weight 91-130kg + CrCl $>30\text{mL/min}$ | Enoxaparin 60mg subcut daily |
| Weight 131-170kg + CrCl $>30\text{mL/min}$ | Enoxaparin 80mg subcut daily |
| Weight $>170\text{kg}$ + CrCl $>30\text{mL/min}$ | Consult Obstetrics Medicine or Haematology |

VTE Prophylaxis regimen – Post Partum

Covid Negative at Delivery

- Outpatient covid management;
offer 14 days prophylaxis if VTE score ≥ 2
- Hospitalised with COVID
 - Mild – Moderate Illness – 14 days prophylaxis
 - Severe Illness 6 Weeks prophylaxis



Covid Positive within 6 weeks of birth

Manage as per antenatal

Monoclonal Antibody (MAB) Infusion for COVID-19 Positive Patients

www.sahealth.sa.gov.au/covidinfusion



Government of South Australia

SA Health

DO YOU HAVE AN EMERGENCY? >

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Monoclonal Antibody Infusion Application for COVID-19 positive patients

Monoclonal Antibody Infusion Application for COVID-19 positive patients

This information is designed to support General Practitioners and other Medical Officers in the referral of South Australian patients that may qualify for an infusion of a monoclonal antibody when COVID-19 positive.

On this page

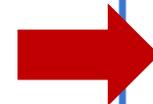
[General information](#)

[Patient eligibility criteria](#)

[Refer your patient](#)

[Patient education information](#)

[What happens after the referral is made?](#)



MAB Infusion Application for COVID-19 Positive Patients

Monoclonal antibody infusions should be considered in early disease to reduce the likelihood of development of moderate-severe COVID-19.

To be eligible for a MAB infusion, **pregnant women need to be:**

- Confirmed as being COVID-19 positive either by a PCR test or a positive Rapid Antigen Test (RAT) with mild COVID-19 symptoms AND
 - Have been symptomatic for < 7 days
- AND**
- Not have an oxygen requirement
- AND**
- Be immunosuppressed as per criteria in referral form
- OR**
- Be unvaccinated or partially vaccinated AND have a risk factor or risk factors for developing severe illness

Monoclonal Antibody Infusion Application for Covid-19 Positive Patients

Please complete this form if you are a General Practitioner or a Medical Specialist wishing to refer a COVID-19 positive adult patient that may be eligible for early treatment using a monoclonal antibody

* Required

Please read before commencing

Early disease modifying therapy is only offered to patients who:

- are immunosuppressed,
- or who are not fully vaccinated have risk factors for severe COVID-19 disease.

It is recommended you review the current treatment guidelines prior to commencing this referral, and have patient information at hand otherwise you will not be able to complete this form.

1. I believe the patient meets the criteria for early treatment for COVID-19 disease modifying therapy *

Yes

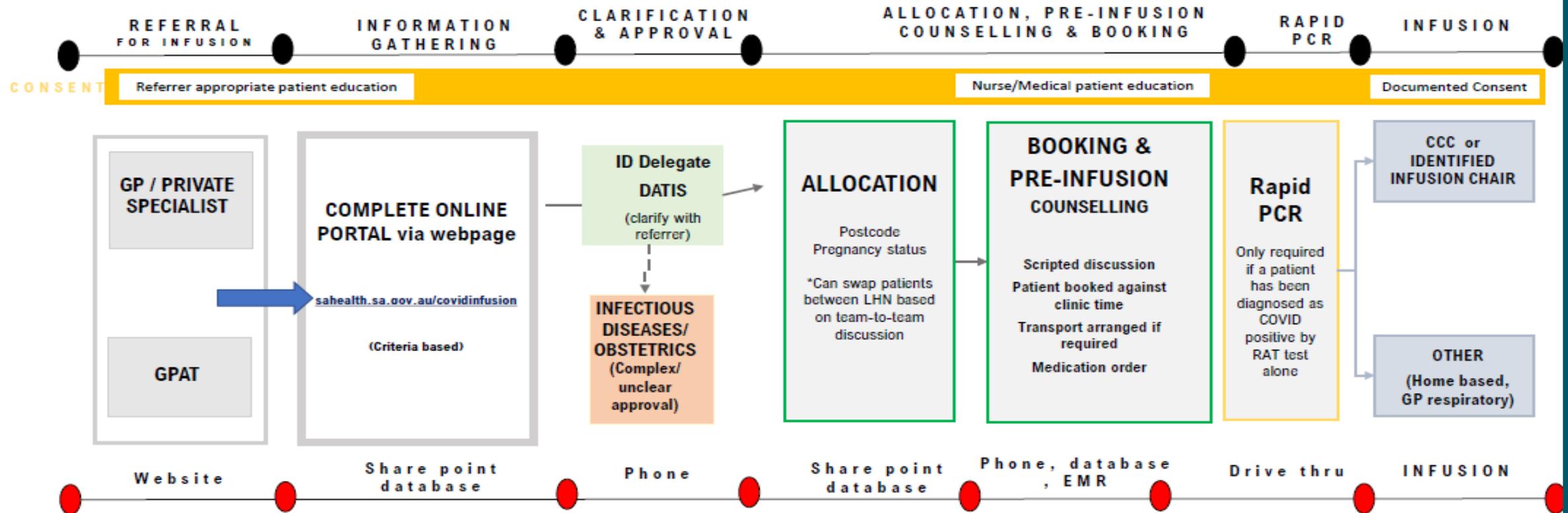
THIS DOES NOT TRIGGER
OBSTETRICAL REVIEW!!!

MAB Infusion - Risk factors

| Vaccination status | Risk factors for progressing to severe illness | Immunocompromising conditions |
|---|---|---|
| <ul style="list-style-type: none"> • No vaccination • Received 1 vaccine • < 2 weeks since second vaccine • > 6 months since second vaccine • Fully vaccinated but immunocompromised | <ul style="list-style-type: none"> • Age > 55 years or > 35 for Aboriginal and Torres Strait Islander • Diabetes or pregestational diabetes AND requiring medication • Chronic kidney disease (eGFR < 60 mL/min) • Chronic liver disease (cirrhosis) • Obesity (BMI > 30kg/m²) • Moderate to severe asthma (on inhaled corticosteroid or prescribed course of oral steroid in previous 12 months) • Chronic lung disease (chronic bronchitis, COPD, emphysema with dyspnoea on exertion) • Congestive heart failure (NHYA Class II or above) • Cardiovascular disease | <ul style="list-style-type: none"> • Haematological neoplasm (leukaemia, lymphoma or myelodysplastic syndrome) • Haematopoietic stem cell transplant within 24 months • Solid organ transplant on immunosuppressive therapy • Primary or acquired (HIV/AIDS) immunodeficiency • Current or recent immunosuppressive therapy • Chemotherapy or radiotherapy • High dose corticosteroids (≥ 20mg prednisolone per day or equivalent) for ≥ 14 days • Biological therapy or disease-modifying anti-rheumatic drugs |

COVID-19 Monoclonal Antibody Infusion Approval and Allocation Pathway

COVID-19 MONOCLONAL ANTIBODY INFUSION APPROVAL AND ALLOCATION PATHWAY



MAB Infusion – Current locations

METROPOLITAN ADELAIDE

| LHN Location | Pre-infusion Counselling | Referral Process | Contact Details |
|--------------|--------------------------|--|-----------------|
| FMC | | WWW.sahealth.sa.gov.au/covidinfusion.com.au | |
| RAH | | WWW.sahealth.sa.gov.au/covidinfusion.com.au | |
| LMH | | WWW.sahealth.sa.gov.au/covidinfusion.com.au | |

REGIONAL SOUTH AUSTRALIA

| Location Local Health Network | Pre-infusion Counselling - SA VTS default | Referral Processes agreed | Contact Details |
|--|---|---------------------------|--|
| *Eyre Far North (EFN) | SA VTS | No | Dr Susan Merrett - <i>processes required</i> |
| Riverland Murray Coorong (RMC) Berri and Murray Bridge | Yes | Yes | Dr Caroline Phegan |
| *Yorke & Northern (YN) | SA VTS | No | Dr Viney Joshi – <i>processes required</i> |
| *Barossa Hills Fleurieu (BHF) | SA VTS | No | Dr Sharon Morton – <i>Case by Case only for Kangaroo Island maybe considered</i> |
| *Flinders Upper North (FUN) | SA VTS | No | Dr Nes Lian-Lloyd - <i>Staffing and processes required</i> |
| Limestone Coast (LC) Mount Gambier | Yes | Yes | Dr Elaine Pretorius |
| | | | <i>* All Subject to change</i> |

Contact Details for all LHNs

| Reason for Contact | Contact |
|---|--|
| Clinical Advice (refer to booked birthing hospital) | See communication pathway, slide 28 |
| Escalation of Care | SALHN COVID-19 Obstetric DECT – 8204 7898 |
| VTE Prophylaxis | At the discretion of the patient's LHN in consultation with the Obstetric Team |
| MAB Infusion | www.sahealth.sa.gov.au/covidinfusion |

Other Contact Details

- **Clinical email for COVID Response Care Team (CRCT)**

Health.COVIDDoctorInfo@sa.gov.au

- **COVID-19 GP Liaison**
(To be added to “Primary Care update” mailing list or with any other queries)

Health.COVID-19GPLiaison@sa.gov.au

- **GP Obstetric Shared Care Program**

www.gppaustralia.org.au



Daily Huddle

For your information...



- Community transmission has now been seen and there are multiple COVID positive and suspected COVID pregnant patients within the community, resulting in the commencement of daily huddles. These huddles involve each of the major metropolitan LHNs, CRCT, with extensions of invitation to Regional LHN's, SAAS and MedSTAR as appropriate.
- This daily huddle will allow for clear discussion across the state regarding the active caseload and allows for daily planning for individual cases, general bed state management, workflow and work force management.
- Patient flow and planning. Women who may need to come to FMC or decant from FMC, plan for 2-3 days ahead.
- Notification of planned discharges back to LHN's.
- Feedback loop to GP's

COVID-19 Testing for Maternity Patients

A number of surveillance measures are in place to keep pregnant women, their baby and those around them safe when accessing our healthcare services.

As part of this, pregnant women and their partner/support person living within the same household will be asked to undergo COVID-19 testing on arrival when in labour and at or prior to admission when undergoing a planned caesarean section or induction of labour.

WCHN's requirements here

[Having your baby at the WCH](#)

FMC's requirements here:

[COVID-19 screening for maternity patients](#)

LMH's requirements here:

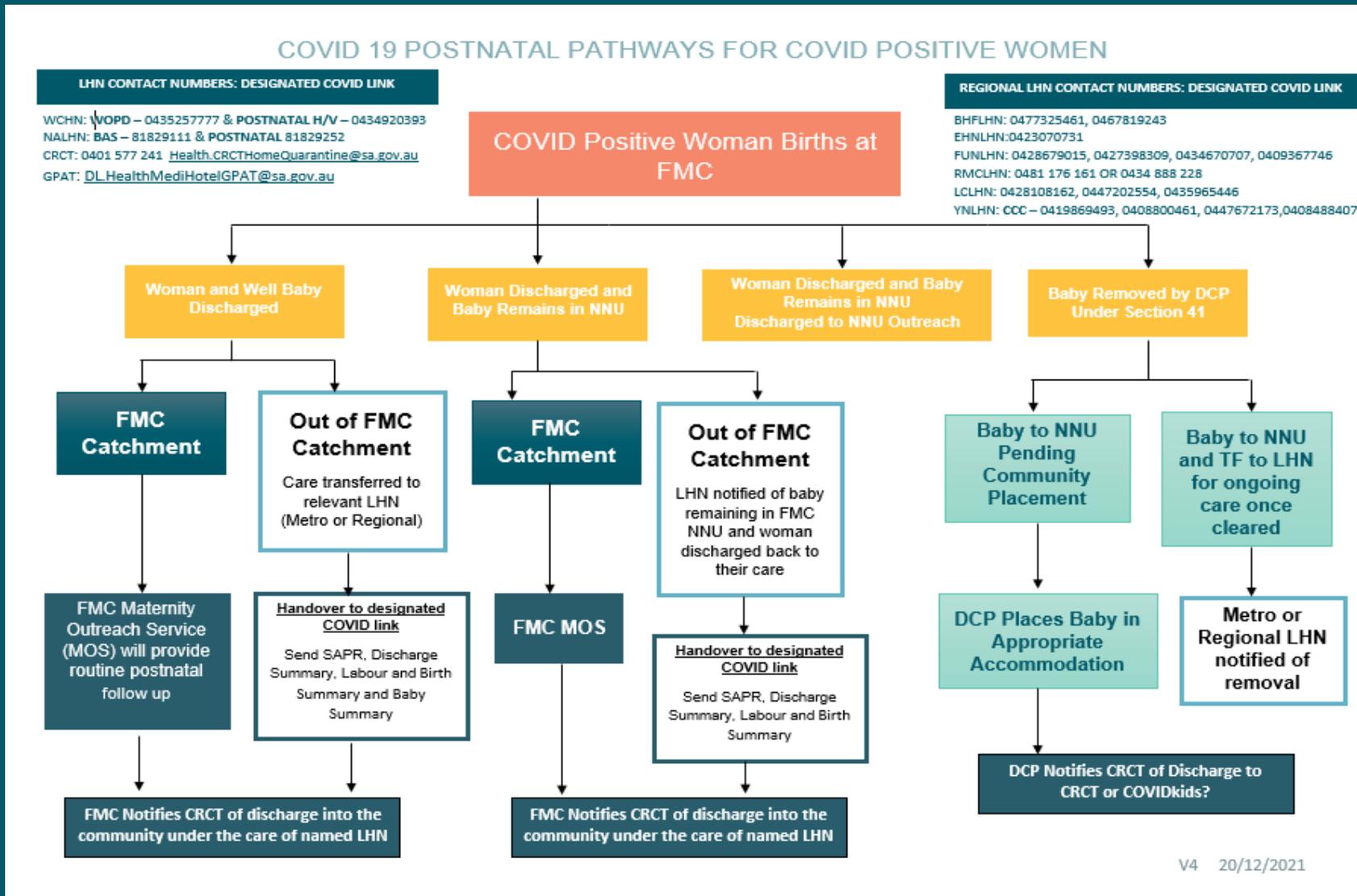
[COVID-19 Birthing at Lyell McEwin Hospital](#)

Regional LHNs:

Patients should contact their midwife or treating health professional for further information on COVID-19 maternity testing requirements for their designated birthing hospital.

GPs contact EDMS or regional birthing site for testing requirements.

Postnatal Pathway for COVID-19 Positive Women



Transfer to be arranged to COVID-19 Streaming Hospital Post birth. Contact FMC

Postnatal Care

Postnatal care will be tailored around the patients care requirements.

Midwives, Doctors and Nurses will support the patient following the birth in the best way possible to ensure the safety of patient and baby.

Postnatal care is to be transferred back to original booking hospital. This is an **example** of a parent information sheet developed by the Neonatal Unit at FMC

Neo-Natal Unit, Flinders Medical Centre

COVID-19 Parent Information Sheet

In this information sheet we will explain what we know about COVID-19 in babies and our advice in caring for your baby. The information that follows is our best understanding of the disease. We will work with you to determine the best pathway of care for your baby. Every family will have different circumstances and the best path forward will need to be individualised

What do we know?

The SARS CoV2 virus is the cause of COVID-19 and is spread mainly via small droplets of water in our breath that enter the space around us as we breathe out, talk, cough or sneeze (these are called respiratory droplets). Current experience around the world suggests that babies are only infected after birth. In other words, newborn babies born to women with COVID-19 are not thought to have been exposed to the virus while still inside the uterus.

If a baby is cared for by a family member with COVID-19 they may become infected due to respiratory droplet spread. The risk of infection will vary depending on how sick the family member is, the stage of their illness, and how effectively respiratory droplet spread can be prevented for example using face masks.

Reported experience suggests that babies who become infected are most likely to remain well; however, a small proportion will develop a respiratory illness and fever several days after birth. Babies do not appear to be a high-risk group for the serious complications of pneumonia. However, infection and illness are still possible, and babies can spread virus to other family members who can become unwell especially older family members and those with other illnesses.

The virus doesn't appear to be transmitted by breast milk, and antibodies against COVID-19 in breast milk may help protect your baby. Breast feeding does require a baby to be close to their mother and the risk of respiratory droplet spread can be reduced by hand hygiene and wearing a mask.

What will happen at birth?

If you are diagnosed or suspected to have COVID-19 you will give birth in a negative pressure room if circumstances are ideal. A normal birth will happen in

the Birthing & Assessment Suite or via a caesarean section in a specially prepared Operating Theatre. The staff caring for you will wear protective equipment, to prevent them becoming infected and spreading the virus to other patients. When your baby is born, he/she will receive the normal medical and midwifery care that any baby can expect to receive. A doctor or nurse practitioner will check your baby and make sure that he/she is well.

How will I feed and care for my baby?

As soon as possible after delivery, we will have a conversation with you about the options you have for care. The most likely scenario is that your baby will be well, and in this case you will care for your baby as normal. Breast feeding is still the best way to feed your baby if this is your preference. To reduce the risk of your baby getting the virus, you should wear a mask and wash or gel your hands before feeding. You will generally go home at the same time as women without COVID-19 unless you or your baby have health problems.

Once at home, you will need to self-isolate with your baby and household for the time advised. You must not have physical contact with family members outside of those who live in your house. Not having contact with grandparents and older people is important during this period. Outreach Midwives will visit you at home, however they will need to wear protective clothing and masks.

What will happen if my baby has a problem after they are born?

If your baby is unwell or needs nursery care for any reason, we will move him/her to the nursery in an incubator. You and your partner will not be able to visit your baby in the nursery until each of you has completed the required isolation time. We understand that this will be a difficult time for you and your family, and we will try our best to communicate

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with you by phone and video calls. Expressed breast milk is allowed in the Neonatal Unit, and we will talk with you about a safe way for your milk to come into the Neonatal Unit if you choose to provide breast milk. We will feed your milk to your baby by finger feed, bottle or by tube feeding as you choose or as is needed according to your baby's health condition.

When I am at home, what happens if my baby becomes unwell?

If your baby becomes infected with the virus, they are most likely to remain well.

If your baby develops a fever (above 38°C) or is hot to touch, or has difficulty breathing (breathing rate more than 60 breaths per minute when asleep or having to stop feeding to catch their breath), or is not demanding for milk, they may have a COVID 19 infection. However, they may also have just an ordinary virus or a bacterial infection. They need to be seen at hospital; you should phone our Neonatal Unit doctor (8204 6808) before leaving home. The doctor will answer this phone 24 hours a day and 7 days a week. The doctor will advise you and arrange for an assessment at Flinders Medical Centre, or the Women's and Children's Hospital Accident and Emergency Department, or your nearest hospital depending on what is most appropriate. In an emergency you should still call an ambulance on 000 letting them know you are COVID-19 positive.

If your baby has other problems such as jaundice, poor weight gain or any concern these are not likely to be due to COVID 19. If needed and if this is practical for you, we will see your baby at Flinders Medical Centre for a face to face review. You should phone the Neonatal Unit doctor (82046808). They will arrange the time of the visit and let you know what you will need to do.

We want to reassure you that you and your baby will receive the best care that we can provide during this difficult period. You may feel scared, anxious or sad about the circumstances of your baby's birth and how to cope at home with self-isolation. Should you feel confused or need emotional or practical support, please ask our nurse midwives, doctors and social workers for explanation and further support.

How long do I isolate?

Advice at present is for you to isolate for 10 days after the onset of your symptoms, or if you have not had symptoms for 10 days after your positive test. Your baby should isolate with you, and you and your baby can come out of isolation together.

For more information

Neo Natal Unit

Flinders Women & Children
Flinders Medical Centre
Bedford Park SA 5042
Telephone: 08 8204 5511
www.flinders.sa.gov.au/Flinders Medical Centre
www.sahealth.sa.gov.au



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Health
Southern Adelaide
Local Health Network

Version 4 19/01/21

Maternity Visitor Guidelines

The health and wellbeing of the birthing family and their newborn is of paramount importance. Visitor limits are in place across all hospitals to limit the risk of COVID-19 infection. We understand that these precautions may be difficult for families, however they are only for the short term while the pandemic continues to be active in our community. Note, exceptions may be considered for compassionate reasons. Please encourage your patient to discuss any concerns with their treating midwife or doctor at their next appointment.

LHN maternity visitor guidelines can be found on;

- [WCHN's website](#)
 - [FMC's website](#)
 - [LMH's website](#)
- Regional patients should contact their midwife or treating health professional for further information on maternity visitor guidelines for their designated birthing hospital.
 - For private providers the pregnant woman should discuss with the private provider to confirm guidelines

Communication Pathways

| | |
|--|---|
| SALHN COVID-19 Obstetric DECT | 8204 7898 |
| SALHN Obstetric Generic Email | Health.salhnobstetriccovid@sa.gov.au |
| WCHN Obstetrician on Duty | 81617000 Page 5907 |
| WCHN Generic Email | WCHNWABSOPD@sa.gov.au |
| NALHN Obstetrics | 8182 9000 ask to be put through to on call consultant |
| NALHN Generic Email | Health.nalhnobstetriccovid@sa.gov.au |
| BHFLHN COVID Case Coordinator | 0477 325 461 |
| EFNLHN COVID Case Coordinator | 0423 070 731 |
| FUNLHN COVID Case Coordinator | 0428 679 015 |
| Limestone Coast COVID Case Coordinator | 0428 108 162 or 0447 202 554 |
| RMCLHN COVID Case Coordinator | 0481 176 161 |
| YNLHN COVID Case Coordinator | 0419 869 493 or 0408 800 461 |
| Midwifery Lead rLHNs | 0481 911 227 |
| RFDS (if client based remotely) | 1800 733722 OperationscontrolcentreRFDS@flyingdoctor.net |

Vaccination During Pregnancy

It is important that GPs discuss the benefits of and strongly encourage the COVID-19 vaccination for pregnant women and their unborn babies during patient's antenatal visits. If you are planning a pregnancy, you can safely receive the COVID-19 vaccine, you do not need to avoid becoming pregnant before or after vaccination. If you are breastfeeding, you can receive the COVID-19 vaccination at any time. You do not need to stop breastfeeding before or after vaccination.

Pregnant women and their unborn babies have a significantly higher risk of severe outcomes from COVID-19 than non-pregnant people, including:

- > 5 times higher risk of requiring a hospital admission.
- > 2-3 times higher risk of needing treatment in a hospital intensive care unit.
- > 1.5 times higher of being born preterm or admission to a special care nursery.

It is safe to get the first, second and booster dose of the Pfizer or Moderna COVID-19 vaccines at any stage of pregnancy. From 19 January 2022, pregnant patients are eligible to get a booster if they are aged 18 and over, and had their second dose of a COVID-19 vaccine at least three months ago.

For the most up to date information regarding COVID-19 vaccine recommendations while pregnant or breastfeeding, please view the following [Australian Government resource: COVID-19 vaccination decision guide for women who are pregnant, breastfeeding or planning pregnancy](#)



Telehealth Conferencing for Care

Telehealth =

1: Virtual Video Consultation

2: Telephone

Clinician: Step by step Video Call Guide



[Telerehabilitation | SA Health](#)

[Telerehabilitation Program Clinician Portal :: SA Health](#)

- HealthDirect is a platform to deliver outpatient clinical services via Telehealth and is available to all providers.
- The program is purpose built for the delivery of healthcare via video conference and has a range of features such as virtual waiting rooms, virtual team meetings and the capacity to dial more than one person into a consultation.

Contact your local PHN to facilitate HealthDirect set-up

- Adelaide PHN - Digital Health officers:
Email: digitalhealthinfo@adelaidephn.com.au
Ph: (08) 8219 5900
- Country SA PHN – Sarah Wiles:
Email: support@countryphn.com.au
swiles@countryphn.com.au
Ph: (08) 8565 8900

SA Health Campaign

FMC COVID-19 MATERNITY CARE PATHWAY



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COVID-19 POSITIVE PREGNANT WOMEN

from around the state that need to be admitted to hospital for care or to birth will attend Flinders Medical Centre.



DEDICATED PATHWAYS have been established to ensure COVID-19 positive patients remain separate at all times. Please follow the signage and instructions.



STAFF PROVIDING CARE to COVID-19 positive patients will be wearing Personal Protective Equipment (PPE) at all times. All other staff will continue to wear surgical masks and PPE specific to their role.



Intensive Critical Care Unit (ICCU), Neonatal Unit (NNU), Emergency Department (ED), 4 South Maternity and Gynaecology (4SMG) and Birthing & Assessment Suite (BAS) are all involved in managing suspected and confirmed COVID-19 maternity cases.

MATERNITY PATHWAY PRINCIPLES

- ✓ Provide safe, reliable and high quality care for COVID-19 positive women and their babies.
- ✓ COVID-19 positive pregnant women greater than 16 weeks gestation will be cared for at FMC in the first instance.
- ✓ COVID-19 positive pregnant women less than 16 weeks gestation will follow the general adult COVID-19 pathway unless presenting with pregnancy related complications.
- ✓ Co-locate neonates with their mother where possible.

For more information please visit the SALHN intranet: intra.sahs.sa.gov.au

Reviewed 6 January 2022.

For most up to date information, access via SA Health Website:

[Pregnant Women - COVID-19 maternity care at Flinders Medical Centre](#)

COVID-19 VACCINATION



Frequently asked questions: COVID-19 vaccination and pregnancy, planning a family, and breastfeeding

The Royal Australian & New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the Australian Technical Advisory Group on Immunisation (ATAGI) recommend that all pregnant women are routinely offered mRNA COVID-19 vaccines, such as Pfizer and Moderna, at any stage of pregnancy.

If you are pregnant, you should discuss vaccination with your health professional.

The Pfizer and Moderna COVID-19 vaccines are preferred for people aged 12 years and older in Australia, and for those who are pregnant, breastfeeding or planning pregnancy.

The Pfizer COVID-19 vaccine requires two doses 21 days apart. The Moderna COVID-19 vaccine requires two doses 28 days apart.

Published research and real-world evidence from other countries has shown that mRNA vaccines are safe for those who are pregnant.

External Communications

- Women and families can access the SALHN internet page:
- [Pregnant Women - COVID-19 maternity care at Flinders Medical Centre | SA Health](#)

The screenshot shows the Flinders Medical Centre website page for COVID-19 maternity care. At the top, there is a yellow banner with a warning icon and the text "See the latest information on South Australian exposure locations". Below this is a navigation bar with "Accessibility" and "Language" options, and a link to "Do you have an emergency?". The main header includes the Government of South Australia logo and the text "Health Southern Adelaide Local Health Network". A search bar is present with the text "Search Flinders Medical Centre". The breadcrumb trail reads: "Home > Services and clinics > Services at Flinders Medical Centre > Pregnant Women - COVID-19 maternity care at Flinders Medical Centre". The main heading is "Pregnant Women - COVID-19 maternity care at Flinders Medical Centre". To the right, under "On this page", there are links for "Information for non-COVID-19 pregnant women at FMC", "Information for COVID-19 positive pregnant women", and "More information". Below the heading is a banner image with the text "FMC COVID-19 Maternity Care" and the Health Southern Adelaide Local Health Network logo. The banner image shows a pregnant woman being attended to by healthcare workers. Below the banner, the text states: "As part of the state-wide response to the global COVID-19 Pandemic, Flinders Medical Centre (FMC) is the dedicated hospital to provide care to COVID-19 positive maternity patients across the state. You can be reassured, our hospital has dedicated pathways to ensure non-COVID-19 patients". To the right of the text is a photograph of a hand wearing a blue glove, applying a white cotton pad to a person's skin.

External Communications – Fact Sheets

[Maternity Pathways COVID-19 fact sheetSALHN.pdf \(sahealth.sa.gov.au\)](#)

[Birthing while COVID-19 positive fact sheet FMC.pdf \(sahealth.sa.gov.au\)](#)

This information is for pregnant women who have tested positive to Coronavirus (COVID-19) and are attending hospital for an assessment, to receive care or to have their baby.

As part of the state-wide response to the global COVID-19 Pandemic, Flinders Medical Centre (FMC) is the dedicated hospital to provide care to COVID-19 positive maternity patients across the state.

Following a positive COVID-19 diagnosis, most women will be cared for in the community by the COVID Response Care Team (CRCT) or GP Assessment Team, with telehealth consults provided by an Obstetric Care Team from one of the Local Health Networks across SA.

If you do need to attend FMC for assessment, to receive care or to birth, we are well equipped to provide this, with a number of plans in place to ensure any maternity patients with COVID-19 are able to safely access our services in a controlled environment that will minimise risk to any non-COVID-19 patients, staff or visitors.

These plans include separate treatment spaces for COVID-19 positive patients and strict infection control measures to minimise the risk of spread, including use of Personal Protective Equipment (PPE) by staff.

We would like to reassure you that you will be able to access safe, reliable and high-quality care at FMC, along with access to other supports you may need during this time.



What supports are available to me during this time?

If you have any questions or concerns during this time please don't hesitate to ask a staff member, we are here to help you. Please reach out to a staff member to have a discussion about any further supports you require.

We understand this will be a stressful and anxious time for you. Please be assured we will do all that we can to help and provide information, guidance and support to you when you arrive.

For more information about COVID-19: visit www.sahealth.sa.gov.au or call the SA COVID-19 Information Line on **1800 253 787**

Flinders Medical Centre:

Flinders Drive, Bedford Park SA 5042

For emergency maternity care please call:

8204 5511 and ask for the Birthing and Assessment Suite (BAS).

For Translating and Interpreting Service information:

Phone: **131 450** TIS National

This document is intended for information purposes only and does not replace discussion or advice that your healthcare team give you.



This document has been reviewed and endorsed by consumers.

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Health
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FMC COVID-19 Maternity Care



SA's Dedicated COVID-19 Maternity Hospital

Flinders Medical Centre (FMC)



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Local Health Network

This information is for pregnant women who have tested positive to Coronavirus (COVID-19) and are being admitted to Flinders Medical Centre to birth.

As part of the state-wide response to the global COVID-19 Pandemic, Flinders Medical Centre (FMC) is the dedicated hospital to provide care to COVID-19 positive maternity patients who need to give birth across the state.

We understand this will be a stressful and anxious time for you. Please be assured we will do all that we can to help and provide information, guidance and support to you during your stay.

Our priority will be ensuring that you and your baby receive safe, high-quality and respectful care while keeping our staff and other patients safe and minimising the risk of COVID-19 exposure to others.

What supports are available to me during this time?

Please reach out to our team to discuss any support services, we are here to help.

For more information about COVID-19:

visit www.sahealth.sa.gov.au or call the SA COVID-19 Information Line on **1800 253 787**

Flinders Medical Centre:

Flinders Drive, Bedford Park SA 5042

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FMC COVID-19 Maternity Care



Birthing information for COVID-19 Positive Women

Flinders Medical Centre



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