

# MATERNITY CARE DURING COVID-19

Low risk women

Oct 1, subject to change

## First principles:

1. Protect women and the maternity workforce by reducing face to face (F2F) visits, especially to busy hospitals and clinics
2. Telehealth (TH) all visits first\*, phone or video, to discuss issues and address concerns, with only a few, focussed F2F visits < 15 min
3. Adapt this schedule to meet the needs of the woman & your service
4. Ask women to measure BP, weight, fetal movement and report
5. Strategically plan F2F around immunisation/antiD and always ask about fetal movement, sense of growth, PET, DV and mental health

## 4-10 WEEKS

One of these visits will need to include F2F\* for BP, Ht, Wt, exam, discuss mental health, DV and administer influenza vaccine ASAP. HbA1c for high risk women instead of OGTT

## Medicare item numbers\*:

16500 = F2F antenatal visit

91853 video 91858 telephone equivalent

16591 is F2F only

\*TH and F2F items to be conducted and billed on

separate days for Medicare compliance

## 6-8 WEEKS

## 11-13 WEEKS

## 16-18 WEEKS

Antenatal education to be online. Check with your local service for their recommendations

## 18-20 WEEKS



## 20-22 WEEKS

Guidelines and an operational framework are available at [www.health.qld.gov.au/qcgp/publications#maternity](http://www.health.qld.gov.au/qcgp/publications#maternity)

## 24-26 WEEKS

## 28 WEEKS

## GDM screening has changed, mindful of time.

Qld: Fasting BSL  $\geq 5.1$ , GDM. BSL  $\leq 4.6$ , unlikely GDM, test further only if concerns. Fasting BSL 4.7 - 5.0, OGTT. Consider glucometer readings prn. Check ferritin\*\*

## 31, 34 WEEKS

## 34-37 WEEKS

Include ferritin with Hb assessment. \*\*Assume blood stocks will be low. Aim for good iron stores.

Consider US scan for growth and position

## 38, 40 WEEKS

## 41 WEEKS

## 5-10 DAYS POSTPARTUM

Delay GDM follow up = HbA1c at 4-6/12 rather than OGTT at 6/52 postpartum. Continue BSLs for high risk

## 6 WEEKS POSTPARTUM

Red reflex to be conducted at arms length. Prioritise eyes, hips and hearts, check that the heel prick has been completed, confirm if audiology follow up needed

## FIRST AND SECOND VISIT TH + ONE F2F\*

One to confirm pregnancy, take history, discuss screening and refer for bloods/scans. Include ferritin\*\*. Second visit to review results and make appropriate referrals for antenatal care and birth

## DATING SCAN

Consider for dates, viability, location if indicated

TH to follow up the results/follow up with second visit

## NUCHAL/FIRST TRIMESTER COMBINED

Recommended, +/- NIPT from 10 weeks

TH to follow up the results

## BOOKING IN APPOINTMENT

As per local protocols, likely TH +/- online only

## MORPHOLOGY SCAN

Recommended, TH to follow up the results

## ROUTINE APPOINTMENT TH, F2F\*

F2F to include BP, weight, +/- U/A, fundal height (teach self assess), fetal heart, Pertussis, DV and mental health. Give referral for 26-28 week bloods

## ROUTINE APPOINTMENT TH

## ROUTINE APPOINTMENT TH, F2F\*

F2F to include BP, weight, +/- U/A, fundal height, fetal heart, mental health, DV, drug and alcohol screening, antiD prn (Medicare item 16591). Give referral for 36 week bloods

## ROUTINE APPOINTMENTS TH

## HOSPITAL APPOINTMENT TH, F2F

F2F to include BP, weight, fundal height, fetal heart, presentation, mental health, DV, antiD prn

## ROUTINE APPOINTMENTS TH

## HOSPITAL APPOINTMENT PRN

## ROUTINE APPOINTMENTS TH, F2F\* PRN

F2F prn depending upon hospital & community checks. Separate mum and baby checks to keep < 15 min

## ROUTINE APPOINTMENT TH, F2F\*

F2F to include growth, top to toe, vaccines for baby. Include contraception, mental health, DV for mum. Separate mum and baby checks to keep < 15 min