

SOP for role of the obstetric team in relation to Covid-19 positive women

Roles and responsibilities of the obstetric team supported by CoW

(Bank Holiday, Saturday and Sunday On call Consultant and team)

Maintain clinical oversight of women with a positive Covid-19 result

Follow National Guidance link here - [Most recent RCOG guidance](#)

Evidence suggests that individuals of BAME background are at higher risk of developing severe complications of COVID-19; this also applies for pregnant women. Therefore, it is advised that:

- Women of BAME background are encouraged to seek advice without delay if they are concerned about their health.
- Healthcare providers should be aware of this increased risk, and have a lower threshold to review, admit and consider multidisciplinary escalation of symptoms in women of BAME background.
- When reorganising services, maternity units should be particularly cognisant of evidence that BAME individuals are at particular risk of developing severe and life-threatening COVID-19 disease.

In patient Care

Follow the Trust Covid guidance and the RCOG national guidance

General principles:

- Women who are unwell secondary to Covid and require in patient care need daily Consultant review (CoW) and multi-disciplinary care
- Do not withhold medically indicated imaging or treatment because of pregnancy
- VTE prophylaxis in line with Trust and National guidance
- Ensure observations are recorded using MEWS chart (not adult NEWS)
- Arrange fetal wellbeing scan for around 14 days after discharge

Women who are in patients for a non Covid indication and who are found to be positive (detected on screening – rather than symptomatic testing) should be discussed as an MDT and the appropriate pathway followed

Community Cases

Positive results to be entered onto the Covid tracker as per SOP. Tracker can be located here:

[T:\Maternity\COVID-19\POSITIVE PATIENT TRACKER](#)

All cases to be discussed at the daily MDT Safety Huddle under the 'At Risk' heading of the structured C-SAFE huddle

Day 1 or within 24 hrs of a positive case notification

Obstetric Consultant to:

- Review BadgerNet records
- Individual risk assessment for the likelihood of deterioration and severe morbidity
- Consider identified risks BAME, BMI, Diabetes or GDM, gestation and other co-morbidities
- Undertake a new VTE risk assessment and arrange LMWH where indicated (can be delivered by community teams)
- Contact the woman and establish maternal and fetal wellbeing
- Establish timing of symptom onset or positive result
- If >26 weeks Signpost to fetal movements leaflet on her BadgerNet App
- Ensure has Pregnancy Advice line number and understands how to contact maternity if concerns
- Document on BadgerNet
- Arrange follow up (day 4 and 10 telephone contact as a minimum) (ensure the SHO or Reg have arranged this via the triage diary)
- Where telephone follow up is not appropriate (communication barrier, capacity or safeguarding concerns – arrange an individual plan which may involve a home visit from the community team)

If mild to moderate symptoms – consider REED clinic for outpatient symptoms. Please click on the following link for REED clinic guidance:

[T:\COVID-19\REED clinic\Respiratory ED Clinic \(REED\) Guidance for staff SOP\(version 10\).pdf](T:\COVID-19\REED clinic\Respiratory ED Clinic (REED) Guidance for staff SOP(version 10).pdf)

If unwell or concerns arrange for in person assessment

- ED if Covid concerns
- Maternity triage if obstetric concerns

Ongoing obstetric surveillance (even if on REED pathway)

Book Day 4 and Day 10 obstetric SHO telephone follow up – enter woman's details on the relevant day into the triage diary.

Highlight the need for 3 way language line where indicated

Day 4 – obstetric SHO

- Contact the woman and establish maternal and fetal wellbeing
- Escalate to the Registrar or CoW if any concerns
- If >26 weeks Signpost to fetal movements leaflet on her BadgerNet App
- Ensure has Pregnancy Advice line number and understands how to contact maternity if concerns
- Document on BadgerNet

Day 10 – obstetric SHO

- Contact the woman and establish maternal and fetal wellbeing
- Escalate to the Registrar or CoW if any concerns, if ongoing symptoms at day 10 arrange review
- Document on BadgerNet

- If well - Discharge from telephone follow up and ensure has midwifery follow up as per her normal antenatal pathway
- Check that any deferred appointments (GTT, scans etc) have been rearranged – the maternity reception team can help reschedule. Email address: asp-tr.maternity.reception@nhs.net

Failsafe / DNA of Phone review for Doctors

Document attempt to call patient within BadgerNet using the communication form.

Ask admin team to cross check other available numbers

Reattempt to call patient later the same day

Enter note in the Triage diary for the obstetric team to call the next day

If unable to contact over 48hrs – discuss at MDT safety huddle and consider option of call to GP or home visit if significant concerns

Clinical triage of women who are self-isolating

Clinically triage women who cannot attend the unit when requested to do so by the midwifery or ultrasound team

- Ultrasound appointments
- ANC and DAU appointments
- Follow SOP for women unable to attend ultrasound due to Covid-19
- Document advice and plan on BadgerNet

Flow for the role of the obstetric team in relation to Covid- 19 positive pregnant women in the community



