

# COVID-19

## Impact on Antenatal Care for Women and Maternity Care Providers

John Hunter Hospital

Maternity & Gynaecology

COVID 19 Executive

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**Health**  
Hunter New England  
Local Health District

## Acknowledgment for the development of JHCOVID-19 Maternity Model of Care.

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Dr John Bailey (Endocrine pathway), Dr Craig Pennell (Pre Term Birth Pathway).

## **Introduction:**

COVID-19 Pandemic Maternity Model of Antenatal Care.

## **Situation**

To support and protect staff, protect women and babies and to maintain a safe essential maternity care for all women, an urgent redesign of antenatal care was essential for Maternity & Gynaecology.

## **Background**

The rapidly changing progression of COVID-19 required the redesign of antenatal care for women having their pregnancy care at John Hunter Hospital. With limited time, the M&G COVID-19 Executive gave a brief to a small project team to redesign antenatal care to align with four key objectives:-

1. Reduce number of routine antenatal occasions of care
2. Ensure all essential visits coordinated to minimize number of visits and time in healthcare settings
3. Optimize use of alternative care delivery options:
  - Off-site clinics for low risk women
  - Telehealth
4. Minimize “traffic” in healthcare settings
  - Attend AN visit alone
  - Exceptions carefully individualized e.g. breaking bad news, very complex psychosocial situations

A working party was nominated by the M&G COVID19 Executive and with guidance from RCOG, NSW Health and American Society of Maternal Fetal Medicine (MFM) recommendations the model was designed.

## **Assessment**

The working party reviewed the available and rapidly evolving evidence to inform development of the following new antenatal care pathways.

1. For all women eligible for and requesting public pregnancy care through JHH, the First Trimester Screening Service operated through the MFMU will provide a single access point for all antenatal care. Updated details of the referrals process are available on Healthpathways.
  - An initial DUAL referral can be provided from the GP incorporating a FTSS referral and referral for ongoing AN care
  - **ALL** women will be provided with an initial appointment for ultrasound and pregnancy care planning through the John Hunter MFM. This will be performed at 11+0 to 13+6 incorporating combined first trimester screening for most women however pregnancy assessment ultrasound and consultation will occur in this setting even for women referred at later gestations or declining aneuploidy screening.
  - Very high risk women, including type 1 and type 2 diabetes, will be allocated a doctors clinic review prior to MFM first trimester imaging where appropriate.
  - At completion of this initial visit, women will be provided with results of any screening undertaken, allocated a pregnancy model of care and telephone booking in visit appointment, provided with requests for ongoing routine screening including morphology scan and gestational diabetes testing.

- A copy of detailed consultation and screening test results will also be provided by mail to the referring GP.
2. At this initial visit, women will be allocated to one of 3 models of care as detailed in Appendix 1 and 2.
- “Low risk model of care (Midwives clinics or GP shared care)” either:
    - Outreach midwifery clinics in 3 community settings (Newcastle, Wallsend and Raymond Terrace)
    - Shared care with GP
    - Low risk midwifery continuity of care models (BMGP, HMGP, BCT, Birra-Li, Family care)
  - “High risk model of care (JHH Doctors ANC)
  - “Maternal Fetal Medicine (MFM) model of care”
3. **Routine** scheduled visit frequency has been reduced in both low risk midwifery models of care and high risk hospital doctor’s clinic model of care.
- The current recommended schedule of routine visits and elements of care at each visit for low risk women are outlined in Appendix 3.
  - This schedule aligns with existing recommendations for GP shared care provision for low risk women however consideration can be given to telephone consultations at 34 and 38 weeks for well women who will be seen routinely in hospital doctors’ antenatal clinic at 36 weeks.
  - For high risk and MFM models of care, visit frequency will be individualised according to needs however minimum routine scheduled visits will occur at 22, 28, 32, 36 and 40 weeks.
  - Information sheets for women specific to their model of care (including midwifery continuity of care models) are provided in Appendix 4.

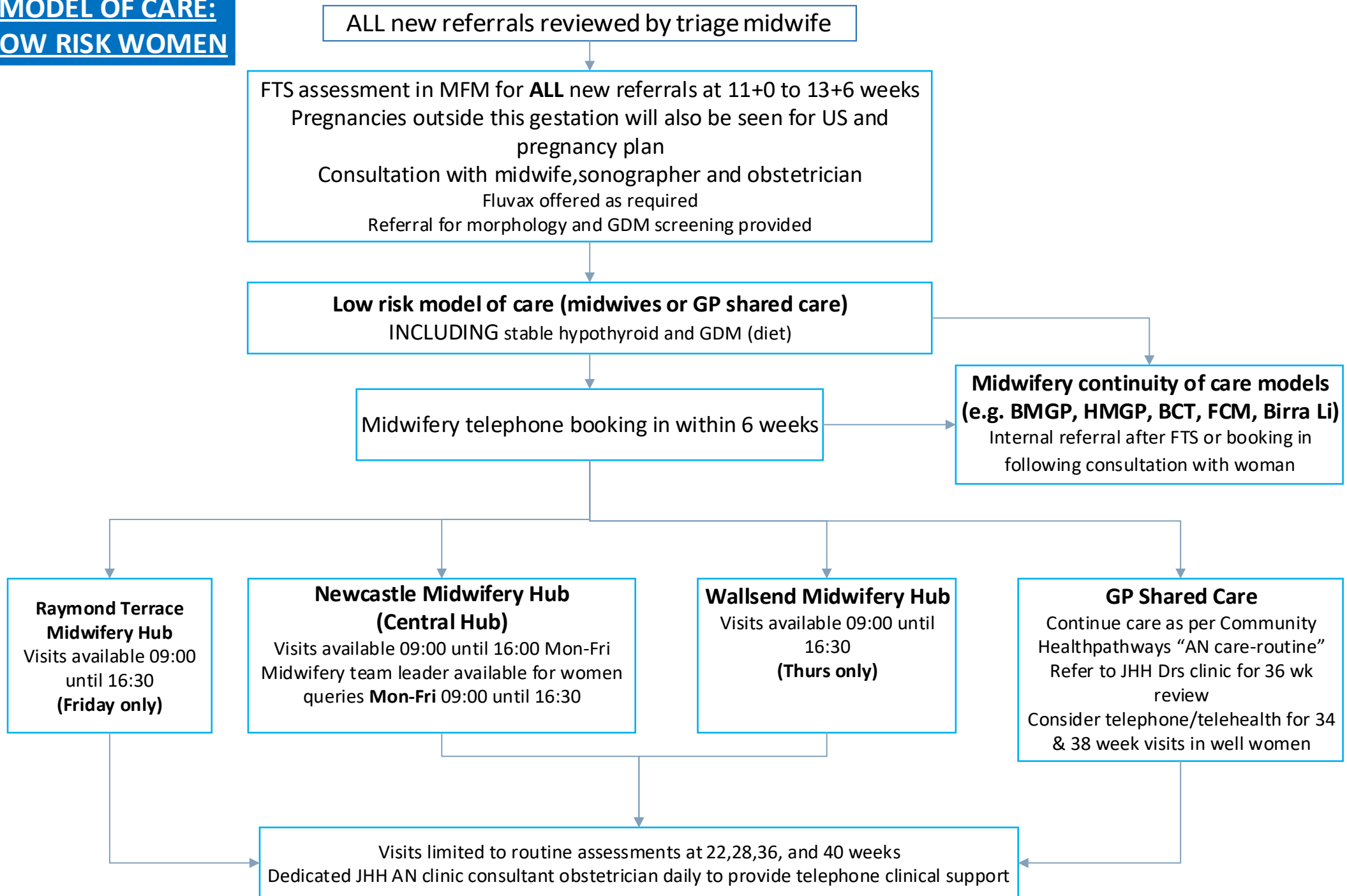
### **Recommendation**

These changes to antenatal care have been endorsed by M&G Executive and JHH Incident Control Team for COVID 19 Pandemic. The antenatal pathways are for immediate implementation and adoption by all maternity care providers in JHH Maternity Services.

# Appendix 1

## Low Risk Model of Care

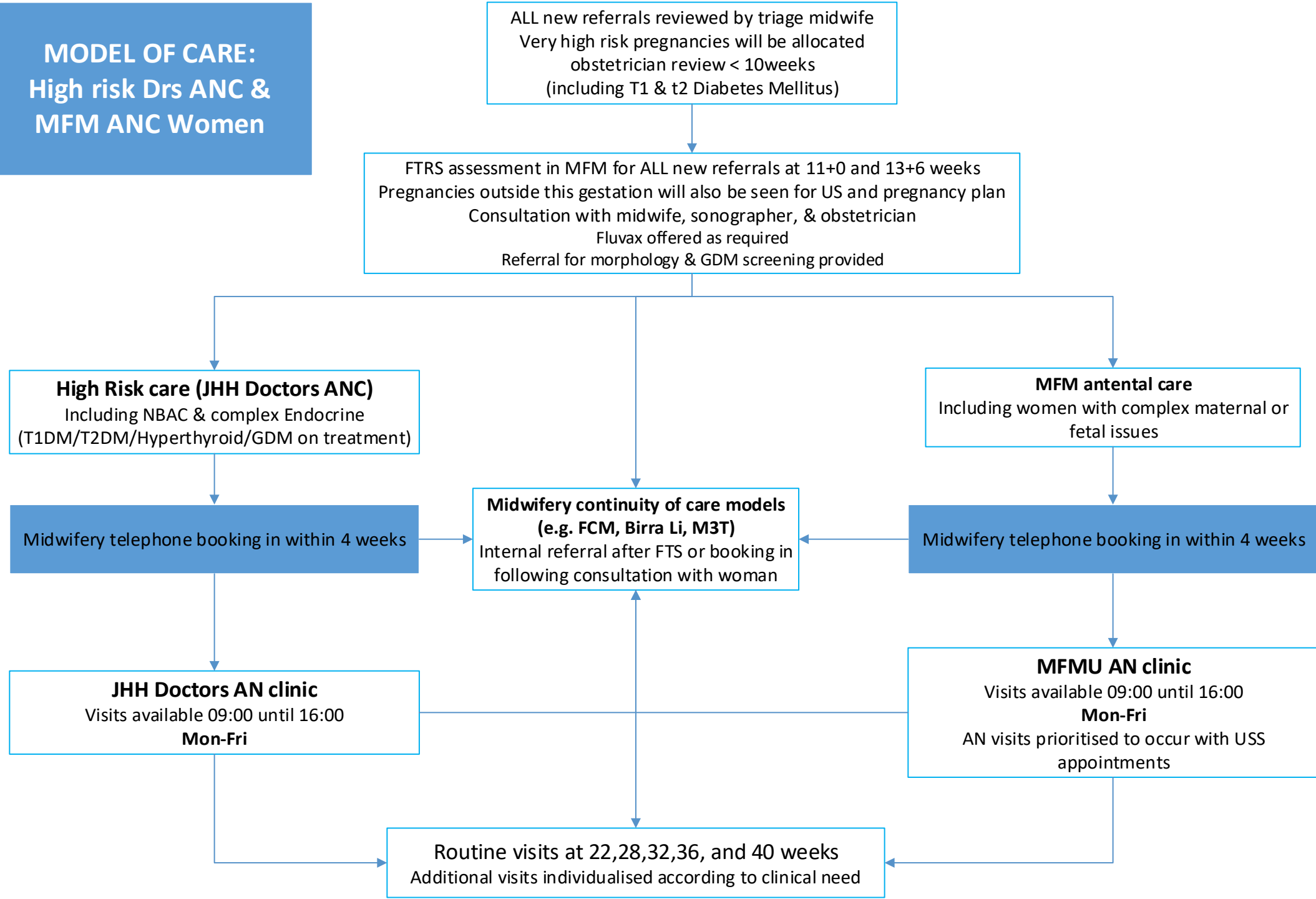
**MODEL OF CARE:  
LOW RISK WOMEN**



# Appendix 2

## High Risk & MFHM Models of Care

**MODEL OF CARE:  
High risk Drs ANC &  
MFM ANC Women**





# Appendix 3

Elements of Low Risk Antenatal care  
for  
Maternity Care Providers.

# Low-Risk Antenatal Care

## Elements of Antenatal Care for Maternity Care Providers

During COVID-19, Low-Risk Antenatal Care will be reduced from usual service provision. The following elements for antenatal maternity care are considered essential:

1. Encourage all women to collect pathology through Pathology North to assist in reviewing pathology in a timely manner.
2. Flu and Pertussis vaccinations should be attended to at the beginning of appointments to make sure the woman is monitored for 15 mins post vaccination for her safety.
3. Staff Specialist will be available each day at JHH ANC for you to consult if required

Gestation	Key Principles
<p><b>12-14 weeks</b> - First Trimester Screening, Flu Vaccine &amp; EDS, Domestic Violence/Psychosocial screening</p>	<ul style="list-style-type: none"> <li>- Nuchal Translucency Ultrasound</li> <li>- Flu Vaccine</li> <li>- eMaternity folders to be completed Initial EDS, Domestic Violence, Psychosocial screening and PDC: BMI, Immunisation &amp; Smoking</li> <li>- Maternity Care Plan documented in eMaternity</li> <li>- Book all ongoing antenatal appointments with Admin</li> </ul>
<p><b>14-20 weeks</b> - Booking-in appointment via Telehealth/Telephone</p> <p>** Confirm who is in the room with the woman when commencing appointment **</p> <ul style="list-style-type: none"> <li>- <b>Inform women of Birth &amp; Parenting FREE 1.5 hr Skype sessions</b></li> </ul>	<ul style="list-style-type: none"> <li>- Review Maternity Care Plan and risk model allocation (do not change EDC)</li> <li>- Gather outstanding pathology and ultrasounds via normal networks incl. operation report for NBAC women</li> <li>- Follow eMaternity booking process as normal (excluding DV/Psychosocial)</li> <li>- Antenatal education as normal (smoking, alcohol, breastfeeding etc)</li> <li>- Complete antenatal handheld record → post to woman</li> <li>- Morphology Ultrasound request → post to woman</li> <li>- Ensure all routine antenatal screens have been attended → otherwise post requests to woman</li> <li>- Venous thromboembolism (VTE) screening must be completed</li> <li>- GP letter completed → fax</li> <li>- Inform woman who/when she should contact for advice (see below)</li> <li>- Send a copy of all results to DMR</li> </ul>
<p><b>22 weeks</b> – Routine Antenatal Visit and Flu Vaccination (if not attended prior)</p>	<ul style="list-style-type: none"> <li>- Flu Vaccine (if not attended prior)</li> <li>- Review morphology USS</li> <li>- Routine Antenatal Visit (incl. BP &amp; FHR)</li> <li>- Review Maternity Care Plan</li> <li>- Give 75g GTT, FBC, Ferritin &amp; syphilis pathology request (incl. BG&amp;A if Rh-Neg)</li> <li>- Inform woman who/when she should contact for advice (see below)</li> <li>- Discuss Anti-D next appointment if required</li> </ul>

<b>28 weeks</b> - Routine Antenatal Visit and Pertussis Vaccination	<ul style="list-style-type: none"> <li>- Pertussis Vaccination</li> <li>- Anti- D if required (next routinely given at 36 week appointment)</li> <li>- Review pathology (75g GTT, FBC, Ferritin &amp; Syphilis)</li> <li>- Routine Antenatal Visit (incl. BP, FHR, fundal height etc)</li> <li>- Review Maternity Care plan</li> <li>- Inform woman who/when she should contact for advice (see below)</li> </ul>
<b>36 weeks</b> - Routine Antenatal Visit	<ul style="list-style-type: none"> <li>- Routine Antenatal Visit (incl. BP, FHR, fundal height, fetal position)</li> <li>- Anti-D if required</li> <li>- GBS swab</li> <li>- Review Maternity Care plan and planning birth</li> <li>- Inform woman who/when she should contact for advice (see below)</li> </ul>
<b>40 weeks</b> - Routine Antenatal Visit	<ul style="list-style-type: none"> <li>- Routine Antenatal Visit (incl. BP, FHR, fundal height etc)</li> <li>- Review Maternity Care plan and planning birth</li> <li>- Offer stretch and sweep if indicated</li> <li>- Inform woman who/when she should contact for advice (see below)</li> </ul>

**Contact Phone Numbers for Women**

**General Pregnancy Questions (non-urgent):**  
Monday-Friday 8am-4:30pm  
Outpatients Triage Midwife (Newcastle Hub) Phone: 0428798360

**Pregnancy/Labour Concerns (urgent):**  
24hrs 7 days Phone: 49214350 Opt. 2

**Advice re Covid-19 and Pregnancy**

According to the latest advice from the **Royal Australian and New Zealand College of Obstetricians and Gynaecologists**:

- Pregnant women don't seem to become more severely unwell from COVID-19 than the general population
- Infection doesn't seem to increase the risk of miscarriage
- There is no evidence the virus can pass from pregnant mother to baby
- There is no evidence the virus will cause abnormalities in an unborn baby
- Caesarean section or induction of labour does not seem necessary to reduce the risk of transmission from mother to child
- Some babies born to women with symptoms of COVID-19 in China were born prematurely, but it's unclear whether this was due to the virus or doctors' decisions
- Newborn babies and infants don't seem to be at increased risk of complications
- COVID-19 does not seem to pass from mother to child through breastmilk, so breastfeeding is still encouraged, although women with the virus should be extra careful with hygiene and consider wearing a face mask while feeding.

**24/3/2020** as per Dr Henry Murray Clinical Lead WHAM Network

# Appendix 4

Fact sheets for women

Antenatal Care at JHH  
Schedule of Antenatal Care

### **Booking-in telephone visit**

- At the completion of your first visit, you will be provided with an appointment time for a “booking-in” telephone consultation with a midwife
- This is an opportunity for a midwife to obtain all the information relevant to provide optimal care for your ongoing pregnancy
- This visit may take up to 90 minutes
- The midwife will also discuss pregnancy care models, including midwifery continuity of care models, which may be suitable for you based on the information obtained from your initial visit
- Following this visit, a further face-to-face visit with your chosen model of care will be arranged and is usually scheduled for 20-22 weeks gestation

### **Antenatal care**

- Your ongoing scheduled face-to-face antenatal care visits will be scheduled according to your individual needs
- Depending on your model of care, we will provide you with contact numbers should you have any concerns about your pregnancy between routine visits

We look forward to providing your  
Maternity Care



# **Introduction to Public Maternity Care at John Hunter Hospital**



## Antenatal Care at JHH

Antenatal care is changing at the John Hunter Hospital. We are now aiming to see all families planning to birth at John Hunter or Belmont Hospital during the early stages of pregnancy. We want to ensure that you receive optimal maternity care tailored to your circumstances. This pamphlet outlines the steps in your pregnancy journey.

### Support people

- Due to the current COVID-pandemic, we request that you attend all routine antenatal visits alone to minimise risk to yourself, staff and our wider community

### General Practitioner

- You will have seen your GP to confirm and date your pregnancy and arrange initial routine pregnancy tests which may include blood tests and/or an ultrasound
- Your GP will now refer you for ongoing care through the hospital. Following your first hospital visit you may choose with your GP to continue shared antenatal care with routine visits shared between your GP and the hospital
- You will need to have a further blood test performed after 10 weeks gestation and collected at least 7 days before your first scheduled hospital visit

### First trimester screening service

- We recommend all women who are planning to birth at the John Hunter Hospital have a first visit between 11-14 weeks. Where the pregnancy is beyond this gestation, we will still arrange a visit for an ultrasound and pregnancy assessment

- This first visit will entail:

1. Consultation with a midwife
    - Review of your obstetric and medical history
    - Measurement of your height, weight and blood pressure
  2. The 11<sup>+0</sup>-13<sup>+6</sup> week scan with a sonographer
    - Confirm your baby's heart is beating
    - Measure your baby's length to calculate the due date
    - Find out whether there is more than one baby
    - Check that your ovaries, cervix and pelvis appear normal
  3. Your pregnancy will be assessed by an Obstetrician who will:
    - Assess your past medical history and pregnancy history and plan any appropriate tests and model of antenatal care
    - Detect major fetal structural problems
    - Screen for chromosomal abnormalities including Down Syndrome (Trisomy 21)
    - Screen for pre-eclampsia (high blood pressure that typically develops later in the pregnancy)
    - A written report of these findings will be provided to both you and your GP
- Screening tests are not compulsory and we will discuss the options with you before proceeding. Even if you do not wish to undergo screening, we still recommend that you attend this visit to allow us to confirm the pregnancy dating and early structures and provide you with an individualised pregnancy plan
  - If you choose to undertake routine screening tests, further testing or management will be discussed with the Specialist if high risk results are returned

## Antenatal model of care allocation

- At the completion of your first visit, the Specialist will discuss your ongoing pregnancy care with you. This plan will be based on your individual circumstances and will include one of the following models of care:
  1. Low risk model of care  
Antenatal care will be provided through midwifery clinics or GP shared care with routine assessments scheduled at intervals through the pregnancy
  2. High risk model of care  
Antenatal care will be provided by obstetricians and midwives located at the John Hunter antenatal clinic
  3. Maternal Fetal Medicine model of care  
Antenatal care will be provided by our Fetal Medicine Specialists and midwives located at the John Hunter Maternal Fetal Medicine Unit often alongside specialised pregnancy ultrasound appointments

## Midwifery continuity of care models

- In order to optimise continuity of care in your pregnancy, the John Hunter and Belmont Birthing Service offer a range of midwifery led care models
- All services incorporate a small group of midwives who get to know you and provide all ongoing antenatal care
- Continuity of care models include Hunter Midwifery Group Practice, Belmont midwifery Group Practice, Birth Centre Team, Family Care Midwives, Birra-Li and M3T
- Suitability for these care models depend on both your individual circumstances, allocated model of care and personal preferences and will be discussed with you in the early stages of pregnancy

# Welcome to Belmont & Hunter Midwifery Group Practice for low-risk women during COVID-19

Due to COVID-19 John Hunter Hospital Midwifery Group Practice have made some necessary changes to the way we offer our care to protect the health and safety of yourself, baby and family during the COVID19 pandemic.

**Belmont Midwifery Group Practice will continue to provide care for Home Birth and birth at Belmont Birthing Rooms**

**Hunter Midwifery Group Practice will continue to support women in labour and birth at John Hunter Birth Centre**

## What can you now expect?

- You will be allocated to a midwife who will provide care during your pregnancy, birth and for 2 weeks postnatal. You will be able to contact your midwife via phone throughout your care for any concerns.
- Care will be facilitated on Telehealth that your midwife will help you to set up and also at dedicated clinics or at your home.

**No support people will be allowed during your visits including partners and children at dedicated clinics.**

**One support person for labour and birth at Belmont Birthing Rooms and JHH Birth Centre. Only residing household members present for home birth.**

**You will be screened for COVID19 before every visit.**

### Visit Schedule

**12-14 weeks** – First Trimester Screening – includes Nuchal Translucency Ultrasound and Flu Vaccination

**14-20 weeks** - Booking-in appointment via Telehealth/Telephone

**22 weeks** –Wellbeing Antenatal Visit and Flu Vaccination (if not attended prior)

**28 weeks** -Wellbeing Antenatal Visit and Whooping Cough Vaccination

**36 weeks** - Wellbeing Antenatal Visit

**40-41 weeks** - Wellbeing Antenatal Visit and postdates plan

### Visit Location

**12-14 weeks** – John Hunter Hospital for women choosing First Trimester Screening

**14-20 weeks** – Telehealth with your allocated midwife at the comfort of your home

**22 weeks** – Dedicated clinics at Belmont Hospital, Hunter Street or Raymond Terrace

**28 weeks** - Dedicated clinics at Belmont Hospital, Hunter Street or Raymond Terrace

**36 weeks** – Dedicated clinics, for women choosing Home birth visit at woman's home

**38 weeks**- Home assessment for planned home birth only

**40 weeks** – Dedicated clinics or at woman's home for Home Birth

## Postnatal Care

When you have your baby you will be discharged to your home at 4-6 hours after birth if there are no concerns.

A midwife will visit you within 24 hours after the birth at your home. Please ensure only residing household members are present in the home.

Home visits will include:

- Day 3: maternal and baby wellbeing and Newborn Screening Test
- Day 5: Maternal and Baby wellbeing and baby weigh

You will be able to contact your midwife via phone or telehealth to ensure the wellbeing of your baby and yourself and for any concerns that may need addressing.

### **Allocated Midwife:**

You will be allocated a primary midwife who will facilitate the majority of your care however there may be times during your care and birth that your allocated midwife may not be present and care will be provided by another midwife on the team.

You will hear from your allocated midwife within 10 days of the service receiving your referral and you will be provided with the number of your allocated midwife to contact during your care for any concerns.

### **Referrals:**

Women are invited to self-refer to either Belmont or Hunter Midwifery Group Practice by calling: **492 32108**. You will also be asked to see your GP for referral to JHH Antenatal Care stating either Belmont or Hunter Midwifery Group Practice for choice of care.

For further information please visit our Instagram and Facebook Pages:

Belmont Midwifery Group Practice: Facebook & Instagram: [Friends of Belmont](#)

Hunter Midwifery Group Practice: Instagram: [jhh\\_hmgrp](#)

Facebook: John Hunter Hospital- Hunter Midwifery Group Practice



# Welcome to Low-Risk Maternity Care during COVID-19

Due to COVID-19 John Hunter Hospital Maternity Services have made some necessary changes to the way we offer Low-Risk Maternity Care through our service.

These changes have occurred to maintain the health and safety of yourself and your baby during your pregnancy and the COVID-19 pandemic.

## What can you now expect?

- Each woman will be allocated an Outreach Clinic for her ongoing antenatal care. We have three (3) Outreach Clinics these include; Newcastle, Toronto or Raymond Terrace.
- You will be allocated to your closest Outreach Clinic at your 12-14 week appointment.

**No support people allowed during your antenatal appointments, this includes partners and children.**

### Visit Schedule

**12-14 weeks** – First Trimester Screening – includes Nuchal Translucency Ultrasound, Psychosocial Screening and Flu Vaccination

**14-20 weeks** - Booking-in appointment via Telehealth/Telephone

**22 weeks** – Routine Antenatal Visit and Flu Vaccination (if not attended prior)

**28 weeks** - Routine Antenatal Visit and Whooping Cough Vaccination

**36 weeks** - Routine Antenatal Visit

**40 weeks** - Routine Antenatal Visit

### Visit Location

**12-14 weeks** – Maternity & Gynaecology Outpatients Clinic at John Hunter Hospital

**14-20 weeks** -Telehealth/Telephone

**22 weeks** – Either Newcastle, Wallsend or Raymond Terrace Outreach Clinics

**28 weeks** - Either Newcastle, Wallsend or Raymond Terrace Outreach Clinics

**36 weeks** - Either Newcastle, Wallsend or Raymond Terrace Outreach Clinics

**40 weeks** - Either Newcastle, Wallsend or Raymond Terrace Outreach Clinics

## Who can I call for help?

### General Pregnancy Questions (non-urgent):

Monday-Friday 8am-4:30pm

Outpatients Triage Midwife Phone: 0428798360

### Pregnancy/Labour Concerns (urgent):

24hrs 7 days Phone: 49214350 Opt. 2

# Welcome to High-Risk Maternity Care during COVID-19

Due to COVID-19 John Hunter Hospital Maternity Services have made some necessary changes to the way we offer High-Risk Maternity Care through our service.

These changes have occurred to maintain the health and safety of yourself and your baby during your pregnancy and the COVID-19 pandemic.

## What can you now expect?

- Each woman will be allocated a specific day Monday-Friday for her ongoing antenatal care.
- ALL appointments (excl. Booking-in visit) will be attended at Maternity & Gynaecology Outpatients Clinic at John Hunter Hospital (JHH).

**No support people allowed during your antenatal appointments, this includes partners and children.**

### Minimum Visit Schedule

**12-14 weeks** – First Trimester Screening – includes Nuchal Translucency Ultrasound, Psychosocial Screening and Flu Vaccination

**14-20 weeks** - Booking-in appointment via Telehealth/Telephone

**22 weeks** – Routine Antenatal Visit and Flu Vaccination (if not attended prior)

**28 weeks** - Routine Antenatal Visit and Whooping Cough Vaccination

**32 weeks** - Routine Antenatal Visit

**36 weeks** - Routine Antenatal Visit

**40 weeks** - Routine Antenatal Visit

### Visit Location

**12-14 weeks** – Maternity & Gynaecology Outpatients Clinic at JHH

**14-20 weeks** -Telehealth/Telephone

**22 weeks** – Maternity & Gynaecology Outpatients Clinic at JHH

**28 weeks** - Maternity & Gynaecology Outpatients Clinic at JHH

**32 weeks** - Maternity & Gynaecology Outpatients Clinic at JHH

**36 weeks** - Maternity & Gynaecology Outpatients Clinic at JHH

**40 weeks** - Maternity & Gynaecology Outpatients Clinic at JHH

### Who can I call for help?

**General Pregnancy Questions (non-urgent):**  
Monday-Friday 8am-4:30pm  
Outpatients Triage Midwife Phone: 0428798360

**Pregnancy/Labour Concerns (urgent):**  
24hrs 7 days Phone: 49214350 Opt. 2

# Welcome to Maternal Fetal Medicine Maternity Care during COVID-19

Due to COVID-19 John Hunter Hospital Maternity Services have made some necessary changes to the way we offer Maternal Fetal Medicine Maternity Care through our service.

These changes have occurred to maintain the health and safety of yourself and your baby during your pregnancy and the COVID-19 pandemic.

## What can you now expect?

- You will be allocated a specific day Monday-Friday for ongoing antenatal care.
- ALL appointments (excl. Booking-in visit) will be attended at Maternity & Gynaecology Outpatients Clinic at John Hunter Hospital (JHH).

**No support people allowed during your antenatal appointments, this includes partners and children.**

**You will need to be well with no respiratory symptoms to attend these appointments**

## Your Visit Schedule

Your Visits will be tailored to you & your baby/s needs during your pregnancy. This will include your scan & antenatal visit with the midwife & doctors. Below are the minimum visits however there will be visits in between these that will vary according to the scans you require and your pregnancy needs.

Your visits will be conducted at the Maternal Fetal Medicine Unit at the John Hunter Hospital. Your booking in Visit at 14-20 weeks will be conducted via a telehealth or telephone consultation with a midwife.

**12-14 weeks** – First Trimester Screening – includes Nuchal Translucency Ultrasound, Psychosocial screening and Flu Vaccination

**14-20 weeks** - Booking-in appointment via Telehealth/Telephone

**22 weeks** – Routine Antenatal Visit and Flu Vaccination (if not attended prior)

**28 weeks** - Routine Antenatal Visit and Whooping Cough Vaccination

**32 weeks** - Routine Antenatal Visit

**36 weeks** - Routine Antenatal Visit

**40 weeks** - Routine Antenatal Visit

## Who can I call for help?

### General Pregnancy Questions (non-urgent):

Monday-Friday 8am-4:30pm

**Maternal Fetal Medicine Unit: 49 21 4694**

### Pregnancy/Labour Concerns (urgent):

24hrs 7 days Phone: 49214350 Opt. 2

