

Regional Consensus

Care for pregnant people who are Covid positive receiving care at home

This document represents the consensus view of ADHB, CMDHB and WDHB obstetric, obstetric physician and midwifery clinical leaders. It outlines the care considerations for pregnant women/people who are COVID 19 positive and isolating at home. All pregnant women/people regardless of gestation should be referred to obstetric care for triage.

Monitoring	Gestation	Requirement
Respiratory	All gestations	<ul style="list-style-type: none"> Asymptomatic – Monitor for symptoms Symptomatic – Twice daily self-monitoring of heart rate and oxygen saturation (pulse oximeter to be supplied, pregnancy is identified as acuity score 5) self records on symptom tracker – Results to be reported to COVID-19 care in the community provider
General pregnancy	All gestations	<ul style="list-style-type: none"> Daily monitoring of pregnancy symptoms – pain, bleeding, vaginal loss, reduced fetal movements – abnormal signs to be reported to LMC midwife (If reported to community provider then obstetric referral is needed urgently)
Pre-eclampsia	Over 20 weeks	<ul style="list-style-type: none"> Monitor for symptoms of pre-eclampsia. If BP \geq 140/90 or symptoms develop (headache, visual disturbances, epigastric pain, oedema in face and hands) urgent referral for obstetric care. Post recovery BP monitoring will depend on risk factors
VTE	All gestations and postpartum	<ul style="list-style-type: none"> Encourage pregnant and postpartum person to remain hydrated; if able they can go for walks in their community as long as they stay away from others (see MoH advice about self-isolating). Complete VTE risk assessment as per Appendix 1 and offer daily self-administration of Clexane* where the woman meets the criteria
	On admission	<ul style="list-style-type: none"> If admitted to hospital for COVID symptoms or decreased mobility is expected, offer daily Clexane*
Intrauterine growth restriction	<20 Weeks	<ul style="list-style-type: none"> Anatomy scan <u>with uterine artery dopplers</u> at 18 to 20 weeks' gestation
	>20 Weeks	<ul style="list-style-type: none"> If the person remains isolating at home, then manage as normal (consider a growth scan at 37-38 weeks based on obstetric risk factors) If admitted for COVID, then manage as per hospital discharge plan.

*Clexane administration will require supplies and self-administration tutorial or video to be arranged

Appendix 1: Risk assessment for venous thromboembolism (VTE) in pregnancy and postnatally	
Antenatal	Postnatal (women unwell with COVID)
<p>Major risk factor (regardless of COVID-19)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Previous VTE <input type="checkbox"/> MIQ or hospital admission (for COVID) or limited capacity to mobilise <input type="checkbox"/> High risk thrombophilia e.g. anti-thrombin deficiency, homozygous Factor V Leiden (FVL), Homozygous prothrombin G20210A mutation, FVL + prothrombin G20210A mutation (compound heterozygote), antiphospholipid syndrome (not just anti-phospholipid antibodies) <input type="checkbox"/> Significant medical co-morbidities e.g. current malignancy, active inflammatory bowel disease, systemic lupus erythematosus (SLE) or inflammatory polyarthropathy, renal disease with proteinuria with protein: creatinine ratio (PCR) > 300, poorly controlled type 1 diabetes with nephropathy; or discuss with Obstetrician / Obstetric Physician. 	<p>Risk factors</p> <p>If the woman has received Clexane or would have done so due to antenatal risk factors continue postpartum</p> <p>If woman unwell with COVID 19 have any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preterm birth before 37 weeks <input type="checkbox"/> Stillbirth <input type="checkbox"/> Labour longer than 24 hours <input type="checkbox"/> Operative birth <input type="checkbox"/> Postpartum haemorrhage >1litre
<p>Moderate risk factors</p> <p>Four of the following risk factors:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Older than 35 years <input type="checkbox"/> 3 or more children <input type="checkbox"/> BMI $\geq 30\text{kg/m}^2$ <input type="checkbox"/> Smoker <input type="checkbox"/> Low risk thrombophilia (e.g. heterozygote FVL, heterozygote prothrombin G20210A mutation) plus family history <input type="checkbox"/> Gross varicose veins (above knee or with phlebitis) <input type="checkbox"/> Current preeclampsia (woman is usually inpatient) <input type="checkbox"/> Multiple pregnancy (e.g. twins or triplets) <input type="checkbox"/> IVF or assisted reproduction / ovarian hyperstimulation * <input type="checkbox"/> Dehydration* / hyperemesis* 	<p>Duration of postnatal VTE prophylaxis:</p> <ol style="list-style-type: none"> 1. If the woman has received antenatal VTE prophylaxis throughout her pregnancy (or should have according to the criteria), she should continue for 6 weeks postpartum. 2. If the woman has transient risk factors as listed above, then likely 10 days VTE prophylaxis is necessary.
<p>Duration of antenatal VTE prophylaxis:</p> <ol style="list-style-type: none"> 1. If any of the major risk factors or four or more of the moderate risk factors, VTE prophylaxis throughout pregnancy regardless of COVID status. 2. <u>If COVID-19 positive with significant symptoms</u> and fulfils three of the moderate risk factors, then LMWH for the duration of the admission + 10 days afterwards / duration of symptoms – whichever is longer. 3. Those who are pregnant and well enough to remain in the community with COVID-19 should only receive Clexane if they have any of the major risk factors or four or more of the moderate risk factors – as per usual guidance for antenatal VTE prophylaxis. 4. Some risk factors are transient (*) VTE risk should be assessed at each visit. <p>This scoring system does not apply to those who need anti-coagulation for current thrombosis, metallic heart valves or other reasons. If in doubt, please discuss with Obstetrician on-call or Obstetric Physician.</p>	

Reference list:

- <https://www.rcog.org.uk/globalassets/documents/guidelines/2022-01-11-coronavirus-covid-19-infection-in-pregnancy-v14.3.pdf>
- <https://www.rcog.org.uk/globalassets/documents/guidelines/gtg-37a.pdf>
- <https://aucklandregion.communityhealthpathways.org/952638.htm>