**OBSTETRIC PHYSICIAN REFERRAL – COVID 19 POSITIVE IN PREGNANCY**

**GENERAL ADVICE:**

1. Please ask patient to register home RAT result on “My COVID Record” (if not done). This notifies Whanau HQ.
2. All registered community COVID cases are under Whanau HQ who will provide medical oversight
3. Obstetric virtual consultation will be arranged, including a plan for ongoing fetal surveillance and monitoring for preeclampsia
4. Complete home isolation requirements, as per Ministry of Health advice
5. Encourage to mobilize around the house and maintain good hydration
6. The need for Clexane prophylaxis at home will be guided by the information below
7. If gestation <20 weeks and no other medical or obstetric problems, please follow regional guidance. Referral is not required.

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Age \_\_\_\_\_\_\_

Gravidity/Parity \_\_\_\_\_\_\_

Current gestation \_\_\_\_\_\_\_

Ethnicity \_\_\_\_\_\_\_

BMI \_\_\_\_\_\_\_

Current smoker \_\_\_\_\_\_\_

Current dehydration/nausea/vomiting \_\_\_\_\_\_\_

Vaccination (please circle): x1 x2 x3 unvaccinated

Day “0” of COVID infection (date of positive home RAT or of symptom onset): \_\_\_\_\_\_\_\_\_\_\_\_

Name of LMC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant co-morbidities (e.g. asthma, heart disease, venous thromboembolism, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Significant obstetric history (e.g. history of SGA, preeclampsia, preterm birth)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_