v2. Updated: 13/05/20

Phone Triage assessment: pregnant women with suspected/confirmed COVID-19

SYMPTOMS:
Fever >37.8
*Persistent cough
*Difficulty in breathing
*Chest Pain
*Known Covid-19 positive

No →

Clinical assessment: PV bleeding? Abdominal pain? Contractions, or cramps? Fetal movements felt? SROM (depending on gestation), painful urination, PET signs and symptoms, itching, pain or swelling in leg or any other concerns?

No →

Continue routine care as per Trust recommendations.

Yes ↓

Yes ↓

Follow local guidelines/policies

Assess severity of Illness

*Does she have difficulty in breathing or shortness of breath?
*Does she have difficulty completing a sentence without gasping for air or needing to stop to catch a breath frequently when walking across the room?
*Does she have new pain or pressure in the chest other than pain with coughing?
*Is she less responsive than normal or is she become confused when talking to her?

(Always consider differential diagnoses which could otherwise explain fever, cough, shortness of breath or similar. This includes, but is not limited to: chorioamnionitis, pulmonary embolism etc).

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Recommend admission:
*Treat as though confirmed case until results of swabs available.
*Full PPE to be worn by all staff in direct contact with woman.
*Alert designated team regarding best place of care (Inform Charge Midwife and Consultant Obstetrician and Anaesthetist on call and Infectious disease team).
*Meet woman at entrance of hospital
* Put on surgical mask when arrives and isolate immediately (Follow patient pathway guideline to minimise people contact as much as possible).

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No ↓

Are there any risk factors?
***Comorbidities:** hypertension, diabetes, asthma, HIV, immunosuppressive medications, blood disorders, kidney disease, liver disease, heart disease, lung disease
***Obstetric risk issues:** preterm labour, fetal growth restriction?
***Social history:** Language barriers, safeguarding issues, support network?

(MPORTANT: Be aware of an increased risk to women from BAME background. Have a lower threshold to review, admit and consider multidisciplinary escalation)

Yes →

Discuss with Charge midwife and consultant regarding management of care.

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No ↓

Clinical assessment: PV bleeding? Abdominal pain? Contractions, or cramps? Fetal movements? SROM (depending on gestation), painful urination, PET signs and symptoms, itching, pain or swelling in leg or any other concerns?

Yes →

Recommend Admission

No ↓

Follow Government advice. Self-isolate for 7 days if lives alone or 14 days if lives with others.

Inform: Link Midwifery team, Link Obstetrician, Clinical Governance team.

Following completion of isolation, woman should continue antenatal care. Antenatal care should continue in accordance with RCM & RCOG antenatal and postnatal guidance
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