

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

Symptoms:
 Fever >37.8
 Persistent cough
 Difficulty in breathing
 Chest pain
 Loss of, or change to, sense of smell or taste
 Known COVID-19 positive.

No →

Clinical assessment: overall assessment of maternal wellbeing. Ask about abdominal pain, uterine contractions, fetal movements, PV bleed, SROM, pre-eclampsia, dysuria, itching, signs of DVT or any other concerns.

No →

Continue routine care

Yes ↓

Assess severity of illness

Does she have:

- difficulty in breathing or shortness of breath?
- difficulty completing a sentence without gasping for air or needing to stop to catch a breath when walking across the room?
- new pain or pressure in the chest other than pain with coughing?
- is she less responsive than normal or is she becoming confused?

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

Yes ↓

Follow local guidelines/policies

Recommend admission:

- Meet woman at entrance of hospital, give her a surgical mask to wear and treat as though COVID-19 positive until results of swabs available
- Full PPE to be worn by all staff in direct contact with the woman
- Alert the designated team regarding best place of care (inform lead midwife and consultant obstetrician and anaesthetist on call and infectious disease team)
- Follow patient pathway guideline to minimise contact with others as much as possible.

Yes →

No ↓

Are there any risk factors?

Comorbidities: hypertension, diabetes, asthma, HIV, immunosuppressive medications, blood disorders, renal, liver, pre-existing cardiac, respiratory disease etc.

Obstetric risks: preterm labour, fetal growth restriction, raised body mass index, over 35 years.

Social history: communication barriers, safeguarding issues, poor support networks.

IMPORTANT: Be aware of an increased risk to women from BAME background. There needs to be a lower threshold for review, admission and multidisciplinary escalation.

Discuss with lead midwife and obstetric consultant regarding management of care

Yes →

No ↓

Clinical assessment: overall assessment of maternal wellbeing. Ask about abdominal pain, uterine contractions, fetal movements, PV bleed, SROM, pre-eclampsia, respiratory disease e.g. flu/pneumonia, dysuria, itching, sign of DVT or any other concerns.

Recommend admission

Yes →

No ↓

Follow Government advice:

Self-refer for testing
 Self-isolate with anyone who lives with her until results available
 Following completion of isolation, the woman should continue care in line with national and local guidance and policy
 Advise to call back if symptoms become worse or any concerns
 Make a record of the discussion in the maternity notes.