**MATERNITY PLANNING FOR COVID-19**

1. **Maternity Antenatal Pathway Modification: Low risk nullips and low risk multips**

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| **Appointment/Gestation** | **Current**NICE schedule & quality metrics targets | **Phase 1****Week beginning 16th March 2020** | **Phase 2****Depending on capacity** |
| **Booking appointment** | By 10+6/40Face to face midwifery appointment* Booking bloods
* MSU
* CO monitoring
* Receive handheld notes
 | Telephone consultation with midwife* Handheld notes once completed to go to scan to be given at 12/40
 | Telephone consultation with midwife |
| **Dating scan** | 11+2/40 – 14+1/40Scan +Combined blood test for Down screening | Performed as at presentIn addition, at same visit to hospital to:* meet midwife for BP check, urine dipstick, discussion regarding any safeguarding concerns
* booking blood tests
* combined blood test for Down screening
* MSU
* CO monitoring
* Receive handheld notes
 | No appointment |
| **16/40**  | Face to face midwifery appointmentCheck all test results BP, urinePlan rest of pregnancyBook GTTSignpost to other specialities if neededCheck all ANC appts have been made. | Telephone appointmentAs for current | 16-18/40 face to face midwifery appointment * meet midwife for BP check, urine dipstick, discussion regarding any safeguarding concerns
* booking blood tests
* Quadruple blood test for Down screening
* MSU
* CO monitoring
* Receive handheld notes

At same appointment combined dating and anomaly USS |
| **Anomaly scan**  | Scan only 20/40 | As current | No appointment as done 16-18/40 |
| **25/40**  | Face to face midwifery appointmentNullips onlyBP, urine, SFH | No appointment | No appointment |
| **28/40** | Face to face midwifery appointmentBP, urine, SFH, listen to FHGTT, anti D, blood tests FBC, G&S | As current | As current |
| **31/40** | Face to face midwifery appointmentNullips onlyBP, urine, SFH, FH | No appointment | No appointment |
| **34/40** | Face to face midwifery appointmentBP, urine, SFH, FHDelivery planning | Change to 32/40Face to face midwifery appointmentBP, urine, SFH, FH | No appointment |
| **36/40** | Face to face midwifery appointmentBP, urine, SFH, FHCO monitoring | Face to face midwifery appointmentBP, urine, SFH, FHCO monitoringDelivery planning | Face to face midwifery appointmentBP, urine, SFH, FHCO monitoringDelivery planning |
| **38/40** | Face to face midwifery appointmentBP, urine, SFH, FH | Face to face midwifery appointmentBP, urine, SFH, FH | No appointment |
| **40/40** | Face to face midwifery appointmentBP, urine, SFH, FH | Face to face midwifery appointmentBP, urine, SFH, FHCervical assessment and sweep | Face to face midwifery appointmentBP, urine, SFH, FHCervical assessment and sweepBook IOL |
| **41/40** | Face to face midwifery appointmentBP, urine, SFH, FHCervical assessment and sweepBook IOL | Face to face midwifery appointmentBP, urine, SFH, FHCervical assessment and sweepBook IOL | No appointment |

1. **Maternity Antenatal Pathway Modification: High risk women and Obstetric Medicine patients**
* Continue above pathways as a minimum
* Daily review of clinic lists to determine suitability for telephone consultation
* Limit blood tests and other investigations to essential
1. **DAU/MAU**
* Plan to reduce appointments by 30-40%
* Categorisation and prioritisation of high obstetric risk patients reducing all but absolutely necessary follow up and staffing cross cover anticipating 50% staffing.
* Daily calls to patients attending with COVID-19 screening questions
1. **Maternity USS**
* Clinical staff to review clinical indications for USS and aim to only request if clinical priority

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| --- | --- | --- | --- |
| **USS**  | **Current** | **Phase 1****Week beginning 16th March 2020** | **Phase 2****Depending on capacity** |
| **Dating scan** | 11+2/40 – 14+1/40 | As current | No appointment |
| **Anomaly scan** | 18-21/40 | As current | Combined dating and anomaly USS at 16-18/40 |
| **Additional USS as identified risk factors** | 28, 32, 36 weeks  | 32 and 36 weeks; cancel the 28 week scan | 36 weeks; cancel the 28 and 33 week scans |
| **Ad hoc USS** | Variable | Review case by case | Accommodate only clinically urgent scans |

USS, DAU/MAU plans to be ratified at MDT on Tuesday 17th March

1. **GENERAL POINTS**

Maintain ANTT at all times with regular hand washing

Clinic settings

* Reconfigure room set up to ensure patient at least 1 metre away from staff
* Ensure facilities for phone use for staff undertaking telephone consultations to allow them to record in the notes.
* Ascertain if clinic / outpatients department can be used to see patients who would normally have had community antenatal appointments

 Vulnerable staff

* Await Trust guidance regarding staff who are immunocompromised e.g. on immosuppressants, chemotherapy, azathioprine, prednisolone and staff who have respiratory co-morbidities.
* For maternity planning purposes likely to recommend these individuals do telephone consultations from home/ back office tasks

Restrictions to visiting / tours

* Stop tours, parent education, breast feeding workshops
* Antenatal appointments- limit accompanying people and children- recommend no accompanying people unless unavoidable
* Visitors on ward- 1 named visitor/birth partner

Staffing

* Maternity helpline- increase staffing
* Redeploy medical staff from benign gynaecology into maternity and emergency gynaecology
* Redeploy medical and midwifery staff from research / study into maternity and emergency gynaecology
* Midwifery staff doing non-clinical duties can be redeployed into front line duties when need arises

Community clinics and home visits

* Consider plans for closure of children centres moving to hospital based antenatal and postnatal clinics.
* Consider where the postnatal clinics could be offered
* The caseload midwife to phone and confirm that the woman and household members are asymptomatic for those who will have home antenatal appointments
* To review which postnatal home visits are essential and whether these will be offered.

Homebirths- Review staffing capacity to continue offering home births.