



## **SRMG SUPPORTING YOU IN PREGNANCY DURING THE COVID-19 OUTBREAK**

At SRMG we recognise that you are probably anxious about:

- if covid-19 can harm you or your unborn baby
- how covid-19 is changing maternity care in Albany

Firstly be reassured that there seems to be no additional risk to you or your baby from covid-19. The virus does not seem to cause any particular pregnancy complications and has not been associated with illness in babies. It does not change how or when you have your baby. Having a baby in hospital is always the safest option. It is safe to breast feed.

Please see the enclosed leaflet for further information: RANZCOG statement 23 March 2020.

The suggested schedule of antenatal care is changing to minimise the time you spend seeing doctors and midwives in person. A copy of the schedule is attached to the back of your Hand-held Pregnancy Record. The reason for reducing the contact time between doctors, nurses and patients is to reduce the spread of covid-19. We need to keep staff and patients healthy. This does not mean that you cannot ask for help if you are worried about yourself, your baby or your pregnancy. Please do not delay contacting:

AFTER 20 weeks ALBANY HEALTH CAMPUS maternity ward on 9892 2310  
BEFORE 20 weeks HEALTH DIRECT on 1800 022 222

Non-urgent contact with SRMG via phone or by emailing [pregnancy@srmg.com.au](mailto:pregnancy@srmg.com.au)

Covid-19 is changing how maternity services are provided in Albany. The GP obstetricians at SRMG and other medical practices are working closely together with the midwives at Albany Health Campus to ensure services are very safe. The changes have been made to reduce the risk of covid-19 infection to patient and to staff. Hospital workers have a high chance of catching covid-19 so we are trying to minimise the risk.

What are the changes and how to they affect you? You will have your chosen primary GP who cares for you throughout your pregnancy as usual. But there is now a birth suite roster which means that there is a chance that your own doctor will not be the one who attends you at your booked caesarean section or labour. Only one SRMG is rostered each week and this is the doctor who will care for you throughout your hospital stay. The other medical practices are doing the same thing with only one doctor working each. As doctors who know you, sometimes over many years, this is not a decision which has been taken lightly.

What has changed at the hospital. Midwifery antenatal clinics will be/are closed. Booking-in will be done over the phone. Only one birth partner is permitted. Visitors are very restricted. Early discharge is encouraged. BUT maternity is open for business - if you are worried or you are in labour please phone 9892 2310.

*Updated: 23/03/2020*

## MODIFIED SUGGESTED SCHEDULE OF CARE

1st visit	Telehealth and	Visit
12	Telehealth	
16	Telehealth	
20	Telehealth	
24	Telehealth	
28	Telehealth and	Visit
32	Telehealth	
34	Telehealth	
36	Telehealth and	Visit
38	Telehealth	
40	Telehealth and	Visit

Telehealth means a phone or face-time appointment with your doctor. A lot of information can be exchanged and means that, when you come to SRMG for your appointment, you only have to spend the minimal time in the building.

Visit means that you see the doctor in person for the appropriate physical examination.

Please make sure that SRMG has your email address and current phone number(s).

If you look at your hand held pregnancy record the schedule on the back page tells you what happens at each appointment.

Fluvax should be given as soon as possible and is free for pregnant women. You do not need to wait for a SRMG visit to get this. The whooping cough vaccine can be given any time after 20 weeks but can wait until the 28 week visit if you prefer.

The schedule of care will be adjusted if your pregnancy is complicated in anyway and you require increased monitoring

**The above schedule does NOT take into account any particular concerns you might have about yourself or your baby. If you are worried about ANYTHING please contact:  
AFTER 20 weeks ALBANY HEALTH CAMPUS maternity ward 9892 2310  
BEFORE 20 weeks HEALTH DIRECT 1800 022 222**

If it is not urgent then please contact SRMG by phone during business hours or via email on [pregnancy@srmg.com.au](mailto:pregnancy@srmg.com.au)

*Update: 23/03/2020*



[Statements & Guidelines \(/statements-guidelines\)](#)

## **Coronavirus (COVID-19)**

### **A message for pregnant women and their families**

Updated Sunday 29 March 2020

Pregnancy is a time of great joy and expectation for most women and their families. Following the declaration of the COVID-19 (coronavirus) pandemic, we understand that all pregnant women will feel a great sense of anxiety about their own health and that of their unborn or newborn baby. The following information is to inform our patients of the knowledge available to us now regarding risks to pregnant women and their offspring, advice regarding self-care during pregnancy and changes to the way that antenatal and postnatal care will be delivered.

Additionally, helpful resources and up-to-date resources will be available on the College website. RANZCOG is monitoring the evolving situation very carefully and accessing expertise in Australia, New Zealand and around the world e.g. Royal College of Obstetricians and Gynaecologists.

We are cognisant of the fact that it is hard for us to give definitive advice because information remains limited, and what applies in one country, or setting, may not be generalisable to another. What we can do is undertake to keep our information as updated as possible in what is a rapidly evolving situation.

Watch RANZCOG President Dr Vijay Roach deliver a message for pregnant women and their families.

#### **1. Are pregnant women at increased risk of becoming infected with COVID-19?**

Pregnant women should be considered a vulnerable or at-risk group.

#### **2. Are pregnant women at increased risk of developing severe disease/complications from COVID-19?**

At this time, pregnant women do not appear to be more severely unwell if they develop COVID-19 infection than the general population. It is expected that the large majority of pregnant women will experience only mild or moderate cold/flu like symptoms.

However, detailed information regarding the impact of COVID-19 infection on pregnant women and their babies is limited by the recency of the disease emergence. Therefore,

our pregnancy advice is based on learnings from influenza infection, and also the medical response to the SARS epidemic in 2003. Influenza is a potentially serious disease for pregnant women, the fetus and newborn babies. A number of changes occur to a woman's body during pregnancy. These changes include reduced lung function, increased cardiac output, increased oxygen consumption, and changes to the immune system. Due to these changes, pregnant women have an increased risk of severe complications from influenza.

### **3. Is there an increased risk of miscarriage with COVID-19?**

For women who are trying to conceive, or who are in early pregnancy, there is no evidence to suggest an increased risk of miscarriage with COVID-19.

### **4. Can I transmit the virus to my baby while I am pregnant?**

There have been a handful of very recent case reports suggesting that the virus may pass from the mother to the baby (vertical transmission). However, this is very early, preliminary data and has not been confirmed. There was no evidence of harm to the babies. Women should remain reassured, given our extensive knowledge of the impact of the effect of other respiratory viruses, that there is currently no evidence that COVID-19 will harm your baby or cause abnormalities.

### **5. Can I still give birth in a hospital if I am diagnosed with COVID-19 infection?**

The safest place to birth your baby is in a hospital, where you have access to highly trained staff and emergency facilities, if they are required. It is important to emphasise that a woman's experience of labour and vaginal birth, or caesarean section, should not be significantly impacted and women should be encouraged, and supported, to approach this extraordinary time of their lives without fear or apprehension. Medical intervention, other than that specifically related to infection control, should not differ significantly from usual practice. Active mobilisation, use of water immersion in labour, and epidural analgesia are not affected. RANZCOG and other organisations, including RCOG, currently support the use of nitrous oxide in labour. However, we recognise that there is currently insufficient information about the cleaning, filtering, and potential aerosolisation in the setting of COVID-19. This advice is under review and may change.

### **6. Do I need to have a caesarean section or interventional birth to reduce the risk of transmitting the virus to my baby?**

There is no evidence that caesarean section or induction of labour is necessary to reduce the risk of vertical transmission. If a woman has COVID-19 infection, or has had significant exposure, unless there are immediate risks to her health, or other obstetric indications, elective caesarean section or induction of labour should be delayed, if possible.

### **7. What are the risks to my baby if I am diagnosed with COVID-19 infection?**

Some babies born to women with symptoms of COVID-19 in China have been born prematurely. It is unclear whether coronavirus was the causative factor, or the doctors made the decision for the baby to be born early because the woman was unwell. Newborn babies and infants do not appear to be at increased risk of complications from the infection.

### **8. Can I still go for my routine antenatal check ups and tests, and receive antenatal vaccinations if I am diagnosed with COVID-19 infection?**

Routine antenatal investigations, ultrasounds, maternal and fetal assessments should continue as before, allowing for the modifications suggested below.

While it will not influence response to COVID-19 infection, routine whooping cough and influenza vaccination should continue to be administered in pregnancy.

### **9. Can I still breastfeed if I am diagnosed with COVID-19 infection?**

Women who wish to breastfeed their babies should be encouraged and supported to do so. At the moment there is no evidence that the virus is carried in breastmilk and, therefore, the well-recognised benefits of breastfeeding outweigh any potential risks of transmission of COVID-19 through breastmilk. If the mother has COVID-19 infection she should not be automatically separated from her baby, but should take enhanced precautions with general hygiene and consider a face mask when feeding.

### **10. How can I prevent getting COVID-19 infection?**

Unfortunately, no vaccination is currently available for COVID-19. The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) advises the following preventative measures:

Hand washing regularly and frequently with an alcohol-based hand rub or soap and water

Avoidance of anyone who is coughing and sneezing

Avoid touching eyes, nose and mouth

Social-distancing and reducing general community exposure

Early reporting and investigation of symptoms

Prompt access to appropriate treatment and supportive measures if infection is significant

Limit support person to one

If your partner has COVID-19, or is symptomatic, they should not accompany you to the hospital

### **11. Is it safe to still travel and go outdoors?**

Pregnant women are advised to avoid all non-essential travel. Generally speaking, it is safest to stay at home and to avoid public spaces. Reduce your use of public transport and work from home, if possible.

### **12. What are hospitals and medical clinics doing to minimise the risk of COVID-19?**

RANZCOG has recently outlined some of the specific risks posed to pregnant patients and health care workers due to the COVID-19 pandemic. As such, RANZCOG has encouraged public and private hospitals and private practitioners to proactively implement strategies to reduce the risk of exposure for both patients and medical staff. It is essential that Australia and New Zealand continue to maintain a high-quality obstetric service in the setting of the unprecedented COVID-19 pandemic. Furthermore, RANZCOG encourages the cancellation, or planning for cancellation, of all elective gynaecological surgery. Category 1 gynaecological services should continue. Hospitals must ensure that Personal Protective Equipment (PPE) is available to all staff and that training in its use is implemented.

Changes to routine pregnancy care, that have been suggested, but are not limited to, include:

Reducing, postponing and/or increasing the interval between antenatal visits

Limiting time of all antenatal visits to less than 15 minutes

Using telehealth consultations in Australia or New Zealand as a replacement, or in addition to, routine visits

Cancelling face to face antenatal classes

Limiting visitors (partner only) while in hospital

Considering early discharge from hospital

Minimise risk of neonatal complications by avoiding early planned birth unless clearly clinically indicated

### **13. What should I do if I become unwell?**

If you develop cold/flu symptoms (fever, cough, sore throat, nausea, vomiting, diarrhoea, fatigue, difficulty breathing) please arrange an urgent medical review (fever clinic, GP practice, Emergency Department) for consideration of COVID-19 testing. If you have any of these symptoms, or are required to self-isolate, or are diagnosed with COVID-19, you should notify your healthcare provider to reschedule or delay your appointment. This will enable you to continue to receive antenatal or postnatal care and reduce the risk to other pregnant patients or health workers.

### **14. I feel anxious about COVID-19**

There has necessarily, and appropriately, been an emphasis on the physical implications of the COVID-19 infection on the health of the community. However, we must remain aware that pregnancy and parenting are associated with anxiety and depression and that the current environment will only exacerbate this risk for women, their partners and families. Screening, diagnosis and management of perinatal anxiety and depression, substance misuse and domestic violence must continue and services must be supported. Seek advice and help from your health professional if you are concerned.

Your doctors, midwives and other health workers care about you and your baby. We understand that you will feel worried. Take the opportunity to rest, eat well and maintain your interests and hobbies, where possible. Your baby has the best protection it will ever have i.e. you, so caring for yourself, your emotional and physical health, is what is most important. We want to reassure you that the risk to you, and your baby, is extremely small. The medical system and dedicated staff are well-trained, world-class, committed and equipped to care for you.

The College, all of our members and staff, are thinking of you and caring for you. Pregnancy, birth and parenting should be a happy time for mothers, fathers and their families. We wish you every happiness during your pregnancy and with the arrival of your baby.

#### Additional Information

Information and advice to the general public applies equally to pregnant women. The College recommends the following websites as reliable sources of information:

[www.health.gov.au/health-topics/novel-coronavirus-2019-ncov](http://www.health.gov.au/health-topics/novel-coronavirus-2019-ncov)

[www.cdc.gov/coronavirus/2019-ncov/index.html](http://www.cdc.gov/coronavirus/2019-ncov/index.html)

[www.who.int/health-topics/coronavirus](http://www.who.int/health-topics/coronavirus)

[www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus](http://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus)

[www.rcog.org.uk/coronavirus-pregnancy](http://www.rcog.org.uk/coronavirus-pregnancy)

#### Disclaimer

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) is the lead body for women's health in Australia and New Zealand and carries the responsibility for advice, dissemination of information and support of our members, our patients and the community during the Covid-19 pandemic.

The College respects the role of government, health departments and health administrators in coordinating a national response. Our public statements are made following consultation with officials, and medical experts, and with the understanding that the impacts of the pandemic are evolving, multifactorial and that action in one area will have intended, and unintended, effects on other areas.

RANZCOG will continue to provide information and advice that is the best available, to our knowledge. Given the recency of Covid-19 and the paucity of data, particularly in pregnancy, the accuracy of any advice may be rapidly superseded. We will endeavour to regularly update our communication as new information becomes available. Furthermore, RANZCOG will not comment on areas beyond our remit.

RANZCOG commentary on COVID-19 should be considered advisory, and not proscriptive, and all health workers, and the general public, should heed the advice of government and health authorities.