Information for community-based midwives

1 MAY 2020

The purpose of this document is to provide guidance on preventing the spread of COVID-19 in home and community settings, and on protecting both pregnant and postnatal women, and their community-based Lead Maternity Carer midwives.

This information sheet should be read in conjunction with information available at health.govt.nz/covid-19

Symptoms and how COVID-19 is spread

COVID-19 presents with one or more of the following:

- cough
- high temperature (at least 38°C)
- shortness of breath
- sore throat
- sneezing and runny nose
- temporary loss of smell.

These symptoms do not necessarily mean you have COVID-19. If you have these symptoms, please call Healthline on 0800 358 5453 or your doctor. More information can be found at health.govt.nz/covid-19

COVID-19, like the flu, can be spread from person to person. When a person who has COVID-19 coughs, sneezes or talks, they may spread droplets containing the virus a short distance which quickly settle on surrounding surfaces.

Basic hygiene measures are the most important way to stop the spread of infections, including COVID-19.

- Avoid close contact with people suffering from any acute respiratory infection.
- Wash and dry hands (or use hand sanitiser) frequently, especially after direct contact with ill people or their environment – see handhygiene.org.nz
- Keep your hands away from your face (eyes, nose and mouth).

Everyone should practice cough and sneeze etiquette (maintain distance, cover coughs and sneezes with elbow, disposable tissues or clothing and wash and dry hands).
Information for community-based midwives at New Zealand COVID-19 Alert Levels 3 & 4

At Alert Levels 3 and 4 primary care consultations (including primary maternity care consultations) occur remotely where at all possible.

Face-to-face midwifery care for well women less than 37 weeks pregnant should be reduced unless clinically necessary (assessed on a case-by-case basis). Phone or video consultations should proceed, replacing face-to-face care, according to your regular schedule.

Face-to-face midwifery care for well women greater than 37 weeks pregnant should continue to be provided.

Ensure you wear the appropriate personal protection equipment (PPE) for the woman’s clinical picture. See the advice for using PPE and the poster for maternity use at health.govt.nz/ppe-health

The Midwifery Council of New Zealand acknowledges midwives are having to change the way they work during this pandemic. The Council reminds midwives that they need to remain aware of the parameters around the midwifery scope of practice, and further, they must always work within the limits of their competence. Further advice is provided in the Council’s statement on midwifery practice in national and international emergencies at midwiferycouncil.health.nz/about-us/publications/midwifery-council-statement-re-covid-19

Community-based midwifery care to well women during the period of COVID-19 pandemic

Community-based midwifery care for pregnant, labouring and postnatal women and their babies should continue. However, where possible midwives should do telephone or video consultations instead of face-to-face visits. If a face-to-face visit is required, minimise time spent undertaking physical assessments. Pregnant and postnatal women appear no more susceptible to the consequences of COVID-19 infection than the general population.


Basic hygiene measures are the most important way to stop the spread of infections, including COVID-19.

Providing midwifery care to those who have been contact traced but are asymptomatic for COVID-19

Community-based midwifery care for pregnant, labouring and postnatal women and their babies should continue. However, where possible midwives should do telephone or video consultations instead of face-to-face visits. If a face-to-face visit is required, minimise time spent undertaking physical assessments. Extra precautions are needed to ensure midwives, and the women receiving face-to-face consultations, are safe, particularly those who are more vulnerable to infection and severe illness.
Women who have been contact traced need to fulfil the requirements of the local Public Health Unit, regardless of whether they are symptomatic or asymptomatic for COVID-19.

Refer to Table 1: Advice for community-based midwives caring for women who have been contact traced but are asymptomatic for COVID-19 at health.govt.nz/covid-19-maternity. This provides specific advice for care before and after 37w0d, during labour and birth, and postnatally.

In general, we recommend the following:

- reschedule any non-urgent appointments until after the woman has fulfilled the criteria outlined by the local public health unit, if possible
- conduct non-physical assessments, and pregnancy or parenting education, over the phone or via video call
- phone ahead to screen the woman for any symptoms of respiratory illness and if she does, avoid visiting and recommend she contact Healthline
- provide the woman with a surgical face mask to wear while you are face-to-face with her
- see recommendations on the PPE required for maternity face-to-face consultations at health.govt.nz/ppe-health
- ask others in the home to leave the room if this is a home visit. Ask the woman to attend clinic alone if this is a midwifery clinic appointment
- minimise time spent undertaking the physical assessments
- do not visit the pregnant or postnatal woman if you are feeling unwell.

Providing midwifery care to those with symptoms and who have a COVID-19 test result pending

Urgent midwifery care for these women and their babies should continue. Where possible midwives should do telephone or video consultations instead of face-to-face assessments.

When a face-to-face visit is required, minimise time spent undertaking physical assessments. Ask others in the home to leave the room if this is a home visit. Ask the woman to attend clinic alone if this is a midwifery clinic appointment.

For labour and birth, a discussion with the DHB team regarding a transfer of clinical responsibility for the labour and birth may be appropriate depending on the individual situation. If a transfer of clinical responsibility is decided, a labour and birth care plan is developed in collaboration with the woman, multi-disciplinary DHB team and the community midwife. If a transfer of clinical responsibility to the DHB team for labour and birth is decided, the community midwife does not attend the labour and birth.

Extra precautions are needed to ensure midwives, and the women receiving face-to-face consultations, are safe. Provide the woman with a surgical face mask to wear while you are face-to-face with her. See recommendations on the PPE required for you to wear during maternity face-to-face consultations at health.govt.nz/ppe-health

Non-urgent face to face midwifery consultations should be rescheduled until after the COVID-19 test result is known.
For women who have a negative result the current advice is:

- they must still complete the full 14-day quarantine public health unit period if they have returned from overseas or have had close contact with someone with the virus
- if they are still sick with the same illness at the end of the 14-day isolation period, they will need to stay in isolation until they have been symptom-free for 48 hours
- if they are well, and have been for 48 hours, they can return to normal daily activity.

Refer to Table 2: Advice for community-based midwives caring for women who have symptoms and who have a COVID-19 test result pending at health.govt.nz/covid-19-maternity. This provides specific advice for care before and after 37w0d, during labour and birth, and postnatally.

Providing midwifery care to those who are confirmed or probable cases of COVID-19

Urgent midwifery care for these women and their babies should continue. The most appropriate place for the urgent assessment to take place might be your local DHB.

When a face-to-face visit is required, minimise time spent undertaking physical assessments. Ask others in the home to leave the room if this is a home visit. Ask the woman to attend clinic alone if this is a midwifery clinic appointment.

Non-urgent face to face midwifery consultations should be rescheduled until after the woman has fulfilled the criteria outlined by the local Public Health Unit, if possible.

A labour and birth care plan is developed in collaboration with the woman, multi-disciplinary DHB team and the community midwife. If a transfer of clinical responsibility to the DHB team for labour and birth is required, the community midwife does not attend the labour and birth.

If a woman requires hospitalisation at any point during her pregnancy or postnatal period, due to the severity of her COVID-19 illness, her clinical care is transferred to the DHB team until the point of discharge home.

Please note that full PPE is required when caring for these women face-to-face. See recommendations on the PPE required for maternity at health.govt.nz/ppe-health

Midwives who require PPE supplies for this situation can contact their local district health board.

Refer to Table 3: Advice for community-based midwives caring for women who have confirmed COVID-19 at health.govt.nz/covid-19-maternity. This provides specific advice for care before and after 37w0d, during labour and birth, and postnatally.

Going to work

Community-based midwives must not go to work if they have:

- experienced cold or flu symptoms. Workers should be symptom free for 48 hours before returning to work
- returned from an overseas visit to any country in the last 14 days
- been in close contact with a confirmed or probable COVID-19 case in the last 14 days.
If you have provided care to a COVID-19 confirmed woman, or a woman who is symptomatic and is awaiting test results, but have followed all the recommended protective measures, you should continue to work normally.

If you develop symptoms you should phone Healthline on 0800 358 5453 or your doctor.

More information

For the latest advice, information and resources, go to health.govt.nz/covid-19 or covid19.govt.nz

If you are symptomatic or are at risk of exposure call Healthline on 0800 358 5453. It operates 24 hours a day, seven days a week.

If you have concerns about your health, speak to a doctor.