COVID-19: Reduced schedule of visits and use of PPE in midwifery contacts

What are the case definitions for confirmed and suspected COVID-19?

As of March 13, 2020 the Ontario case definitions for COVID 19 are:

Confirmed cases are individuals with laboratory confirmation of COVID-19 infection using a validated assay, irrespective of clinical signs and symptoms.

Suspected (probable cases) are individuals with a fever (over 38 degrees Celsius) and/or onset of (or exacerbation of chronic) cough

AND of the following within 14 days prior to onset of illness

- Travel to an impacted area, **or**
- Close contact* with a confirmed or probable case of COVID-19, **or**
- Close contact with a person with acute respiratory illness who has been to an impacted area.

*Close contact is defined as a person who provided care for the patient, including healthcare workers, family members or other caregivers, or who had similar close physical contact OR who lived with or otherwise had close prolonged contact with a probable or confirmed case while the case was ill.

If my client has suspected or confirmed COVID-19, should they receive an in-person visit?

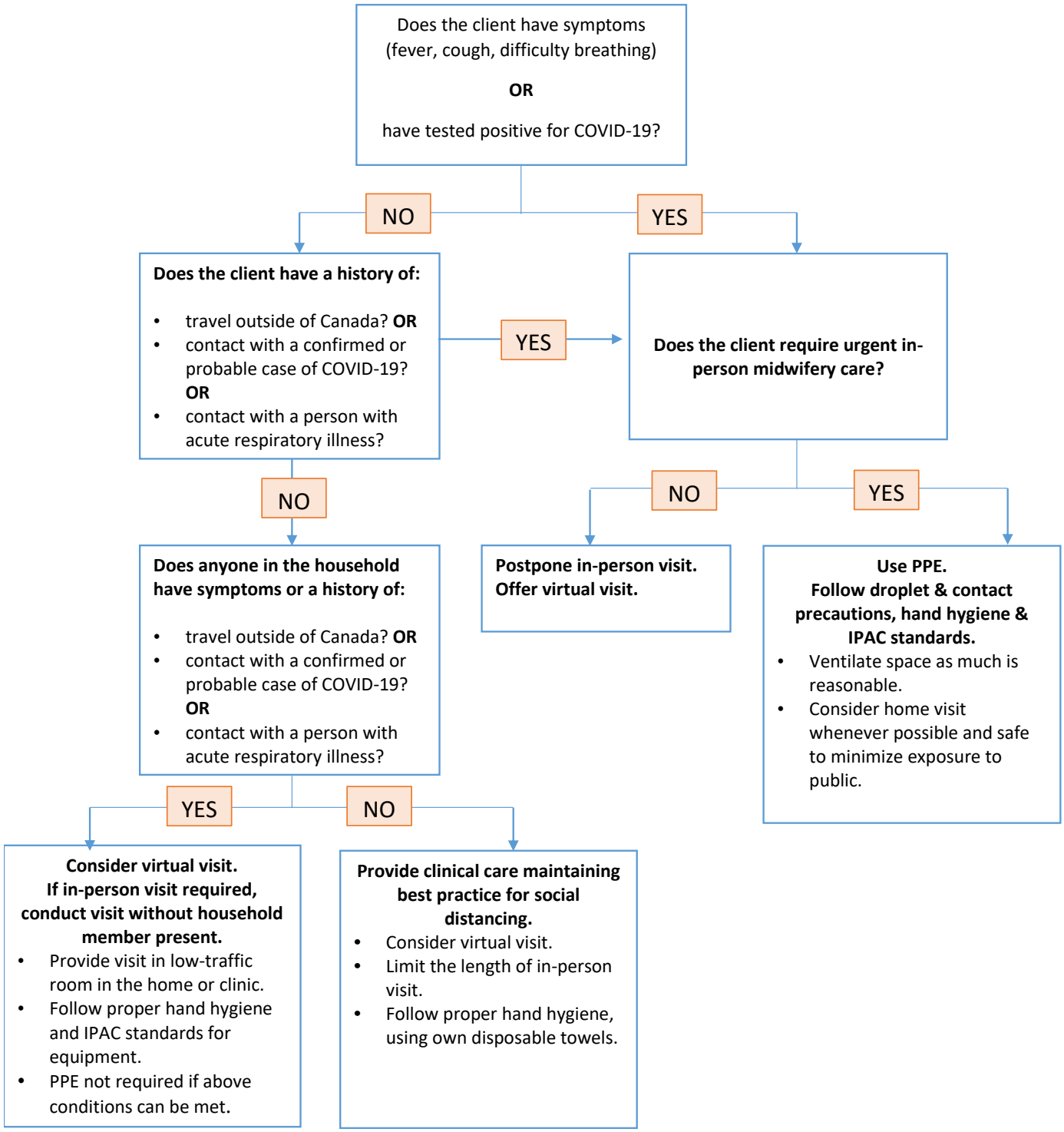
Midwives should delay or cancel in-person visits for clients with confirmed or suspected COVID-19 until after the period of self-isolation is complete. Offer a virtual visit (by phone, Skype, etc.) if applicable (when physical care is not required).

If in-person care is urgently required and cannot be deferred until after the period of self-isolation, midwives may conduct the in person visit donning PPE (surgical mask, gown, gloves and eye protection) and following appropriate infection prevention and control (IPAC) measures.

These measures include:

- Wiping down surfaces with a hospital grade low level disinfectant (e.g. Accel or Cavi wipe)
- Ventilating the space as much as is reasonable
- Frequent hand hygiene (e.g. using alcohol based hand rub or washing and drying with disposable towels)
- Following IPAC standards for equipment cleaning and disinfection

Visiting and PPE considerations



Which antenatal visits should I provide to best care for my clients while limiting community transmission of COVID-19?

A reduced antenatal visit schedule will be offered in order to reduce community transmission.

Please note: the current pandemic situation is moving fast and midwives may need to reconfigure their services based on changing factors such as: spread of illness, midwife and health care system human health resources and the capacity/availability of hospital and laboratory systems.

- One contact during the first trimester
- Two contacts during the second trimester: at 16-20 weeks; 28 weeks
    - A third contact between 25-26 weeks may be offered
- Five contacts during the third trimester: at 31-32 weeks; 34-36 weeks; 38 weeks; 40 weeks, 41 weeks
- As always midwives should use their clinical judgment in determining if antenatal visits outside of or in addition to this schedule are necessary. Individualized care plans for may be necessary according to a client's clinical circumstances.

This schedule has been determined using guidance from WHO on optimal antenatal care. WHO recommends a minimum of 8 contacts, after an examination of the evidence found a schedule of 8 vs. 4 contacts made no difference in rates of caesarean section or birthing parent mortality, though a limited schedule of 4 contacts probably increases perinatal mortality. Further research showed there are no important differences in outcomes for those who received 8 contacts vs. more (11-15) contacts.

In providing these 8 antenatal contacts, consider delivering by virtual visit whenever possible.

When in-person clinical care is required, midwives may consider shortening the in-person appointments in order to focus on physical assessments only. There is no evidence on the optimal length of an in-person visit to minimize risk of exposure while providing appropriate client care. Midwives should use their clinical judgement to determine the shortest appointment length possible considering clinical circumstances. The remainder of the appointment can be delivered by virtual visit.

Topics to be covered in a virtual visit may include:

- Prenatal screening and/or ultrasound bookings
- Informed choice discussions
- Prescription orders
- General questions related to pregnancy and birth

Which postpartum visits should I provide to best care for my clients while limiting community transmission of COVID-19

A reduced postpartum visit schedule will be offered in order to reduce community transmission. This schedule has been determined using the AOM's guidance on postpartum visit schedules.

- Visit the parent-infant dyad within the first 48 hours of birth.
    - As appropriate, offer newborn screening and feeding support
- Visit the client at least one more additional time in the first week.

- Offer additional visits, including the discharge visit virtually: by phone or videoconference.

If your client's clinical circumstances require in-person assessment (e.g., weight or feeding concerns, unwell infant, concerning jaundice, secondary PPH, postpartum infections etc.) make arrangements to visit following appropriate health precautions.

How can midwives maintain social distancing if clients are visiting the midwifery clinic?

In order to maintain social distancing, midwives may consider the following:

- Close your waiting room
- Ask clients to wait in their car until their appointment begins or offer a clinic room to wait in if client does not have a car to support social distancing while waiting for the appointment
- Moving seating 2 metres apart
- Ask clients to come to appointments without support people
- Limit the number of overlapping appointments
- Delineate a 2 metre distance from support staff work space