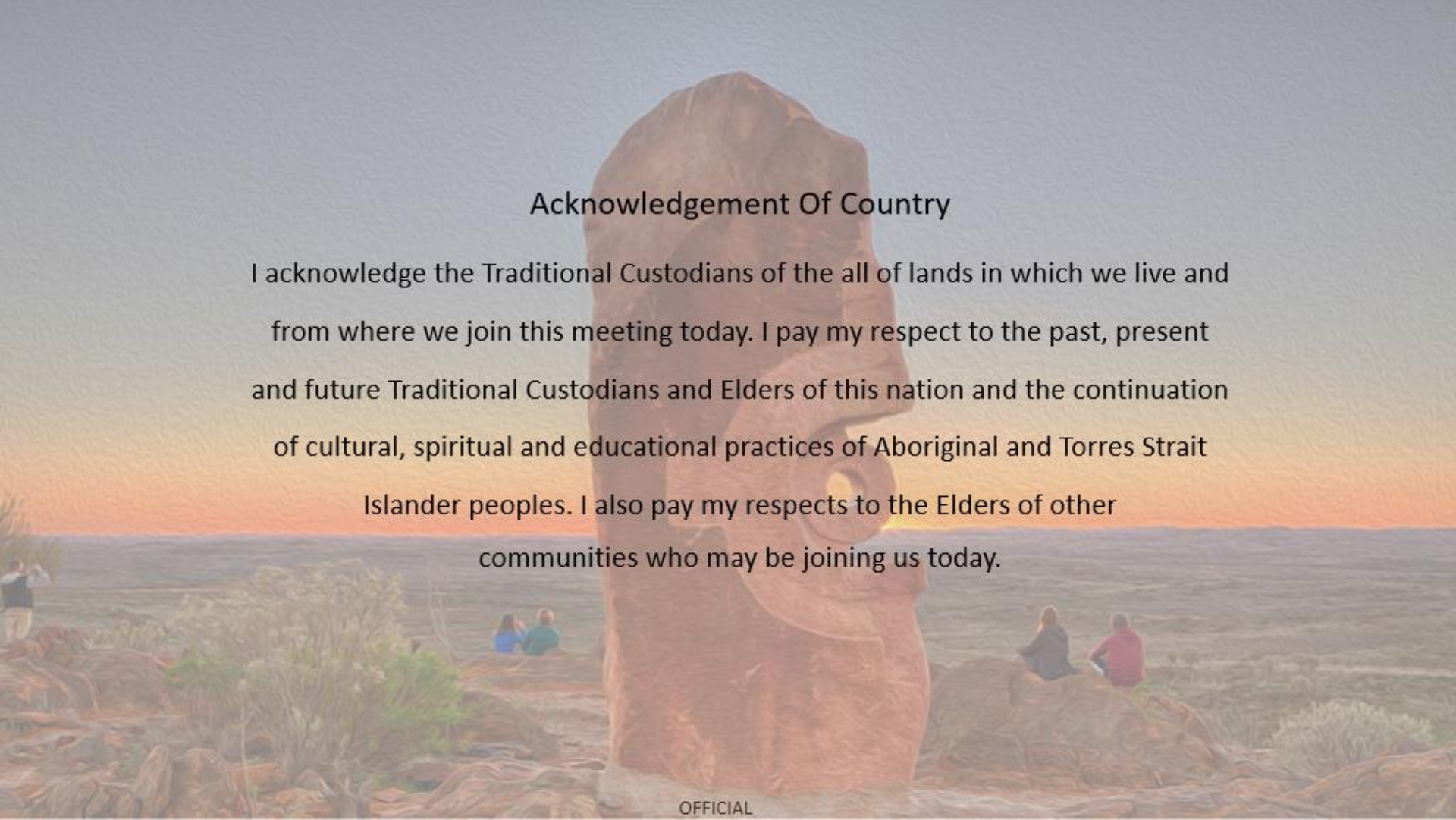


Wednesday 24 November, 2021

COVID + Pathway Learning Network webinar series

Webinar 9: Maternity Care - COVID-19 positive pathway and
streaming models

OFFICIAL

The background of the slide is a photograph of Uluru, a large sandstone rock formation in Australia, during sunset. The sky is a mix of orange, yellow, and blue. Several people are visible sitting on the rocky terrain in the foreground, looking towards the rock formation.

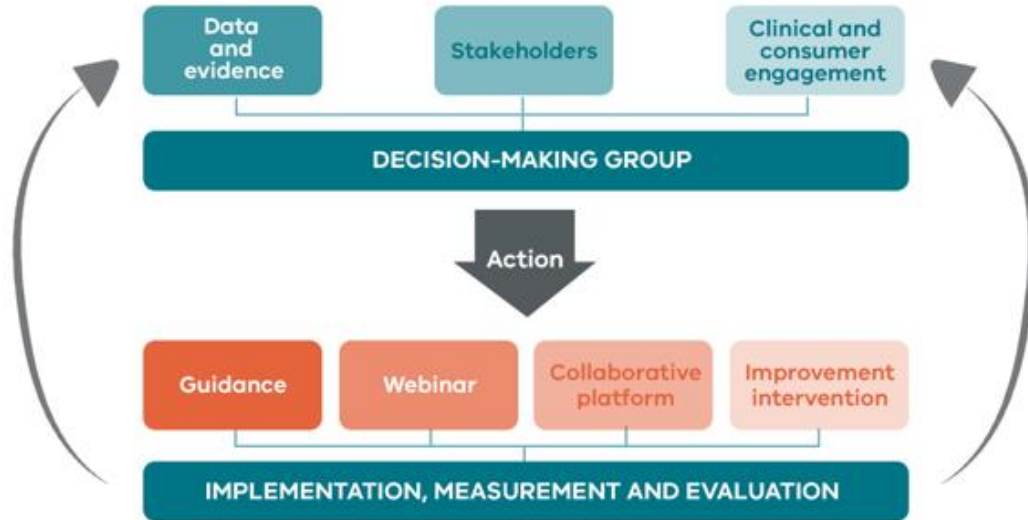
Acknowledgement Of Country

I acknowledge the Traditional Custodians of the all of lands in which we live and from where we join this meeting today. I pay my respect to the past, present and future Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples. I also pay my respects to the Elders of other communities who may be joining us today.

Webinar series purpose

- Showcase local clinicians who will share their experiences delivering the COVID + Pathways model
- Provide a forum for sharing and collaboration to support the delivery of best practice
- * To share your services' experiences, innovations and learnings in delivering the COVID+ Pathway at an upcoming webinar email centresofclinicalexcellence@safercare.vic.gov.au

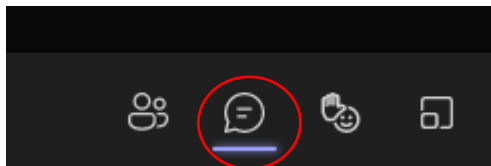
COVID + Pathway Learning Network



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Before we start

Throughout the webinar you can ask questions by typing your question into the chat.



There will also be a dedicated time for questions and discussions.

The presenters will do their best to answer your questions at the end of the presentation.

This session will be recorded and made available on the SCV website
<https://www.bettersafercare.vic.gov.au/support-training/learning-networks/covid-pathways>

Overview

Topic	Presenter
COVID + Pathway update	Shannon Wight Executive Lead, COVID + Pathways, Department of Health
Questions	
The model overview	Adj Professor Tanya Farrell Chair, Consultative Council on Obstetric and Paediatric Mortality and Morbidity (CCOPMM) and Senior Maternity Advisor
The Monash maternity pathway journey	A/Prof Ryan Hodges Program Director, Women's and Newborn, Monash Health Andrea Rindt General Manager, Women's and Newborn, Monash Health
Questions	

COVID + Pathways update

Shannon Wight – Executive Director, COVID + Pathways Program
& Executive Director Clinical Operations, Eastern Health

C+P Program – key priorities



- **Establishment of National C+P model:** Commonwealth, Healthdirect and Victoria are working together to define the national C+P rollout, with Victoria identified as the leading jurisdiction.
- **Further expansion of the Emergency Department Virtual Triage (EDVT) :** EDVT fully implemented across the North-East HSP and having impact
 - Ambulance Victoria are successfully referring patients to the EDVT in the NE, resulting in 87% diversion rate after the first month.
 - EDVT rollout now extended to Southeast and West metropolitan and some regional HSPs.
- **Self-care model:** Designed for C+ individuals who are considered very low risk and capable of self-managing their own care without needing to enter the C+P program.
 - Directs precious resources to those most at risk and promotes self-care, which is the new COVID messaging.
- **Public messaging:** Updated, informative messaging and web content to the Victorian community on how to self-care and live with COVID. <https://www.coronavirus.vic.gov.au/managing-covid-19-home>
 - Refreshed pathways information will be available next 48hrs

C+P Program – key priorities



- **COVID+ pathway for Aboriginal persons:** C+P Program and Aboriginal Health team are working with local services in Gippsland to co-design a COVID+ pathway for Aboriginal and Torres Strait Islander people.
 - The pathway will incorporate local Aboriginal Community Controlled Health Organisations in a shared care model.
 - Once established, further consultation across regional Victoria to ensure all communities are considered.
- **Consideration/ reform opportunities** to expand the C+P program to support patients with chronic disease such as **long COVID:**
 - Work underway between the department and SCV to consider opportunities to integrate long-COVID care into the 'pathways' model.
 - Looking to address immediate needs and developing the medium-term response as research continues to inform
 - Contributing to clinical guidelines and working with VAHI to establish a data asset

Wednesday 24 November, 2021

Maternity care

COVID-19+ Pathway learning network webinar

Adj Professor Tanya Farrell

Senior Maternity Advisor

Chair - Consultative Council on Obstetric and Paediatric Mortality and Morbidity

COVID-19 Maternity care

- Victoria's maternity services
- Role of the Expert Working Group
- Two key pieces of work in 2021
 - Operationalise streaming model
 - COVID-19+ pathway
- Women and family centred care

Victoria's Maternity & Neonatal Service

54 public &
17 private
health services



~ 200 babies
born each day

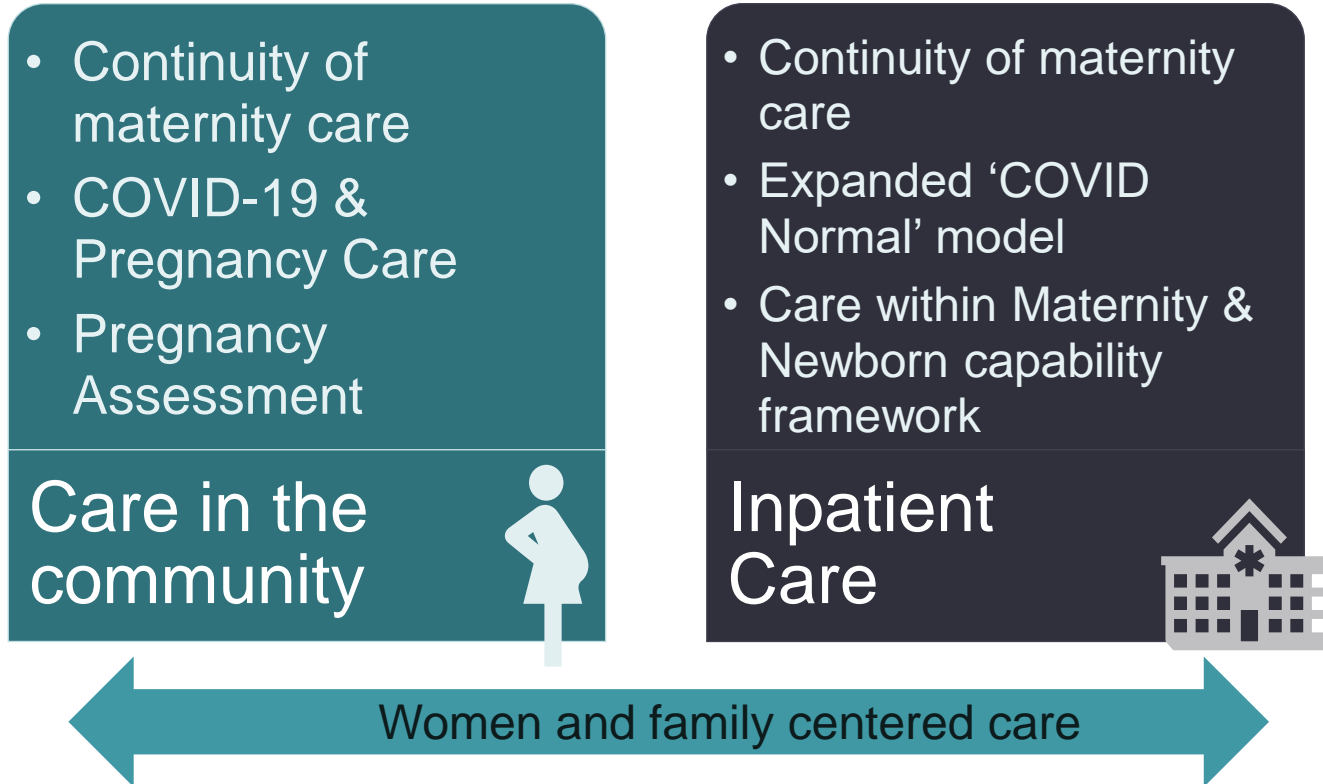
~ 80,000 per
year

Multidisciplinary
workforce:

Midwives, Nurses,
Doctors & Allied Health



COVID-19+ Maternity: Streaming model & Pathway



The Monash Health experience



A/Prof Ryan Hodges

Program Director
Women's & Newborn

Andrea Rindt

General Manager
Women's & Newborn

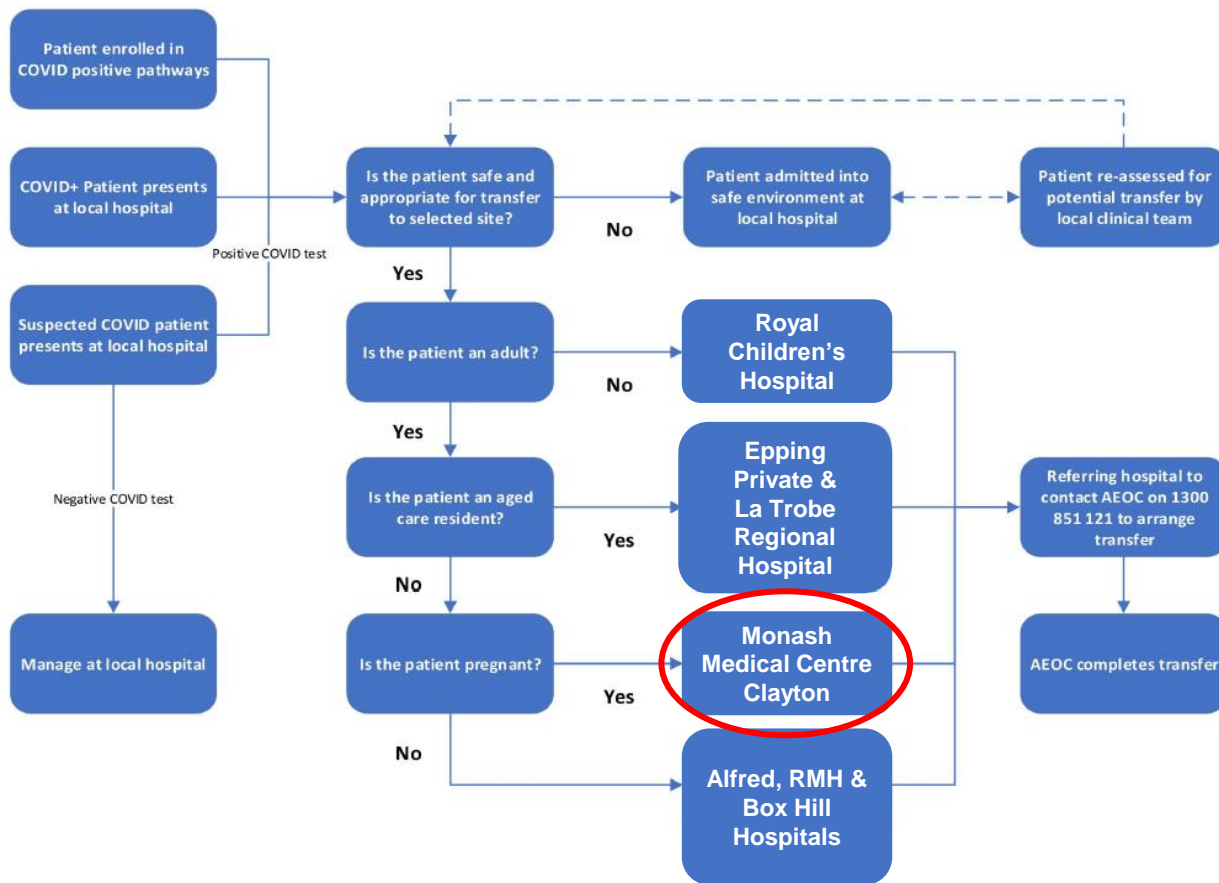
COVID-19 Streaming Model of Care

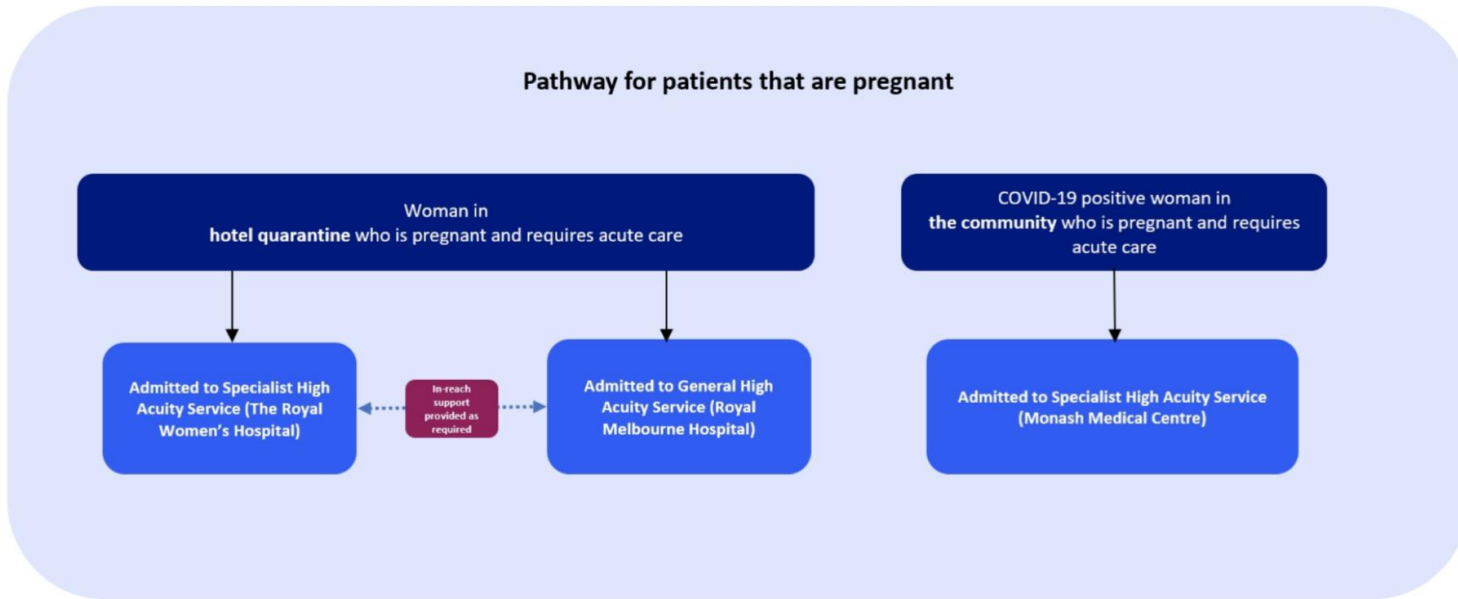
A/Prof Ryan Hodges
Program Director
Women's and Newborn

Andrea Rindt
General Manager
Women's and Newborn



Pathway for COVID positive patients requiring hospital admission





“The model is designed to be dynamic and will be monitored to respond to emerging trends in COVID-19 prevalence. Should areas within regional and rural Victoria experience a new local outbreak of COVID-19 it is very likely that nearby services will be selected to manage COVID-19 patients that require acute care.”

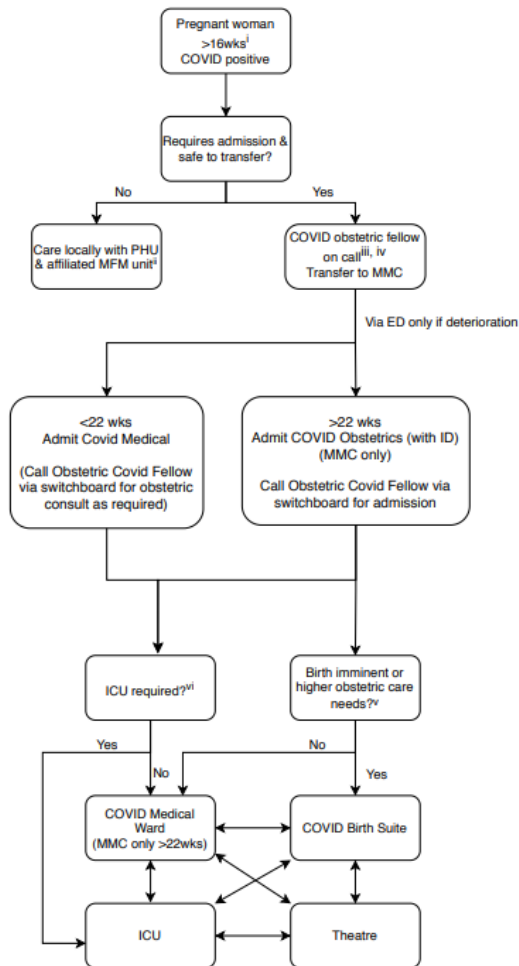
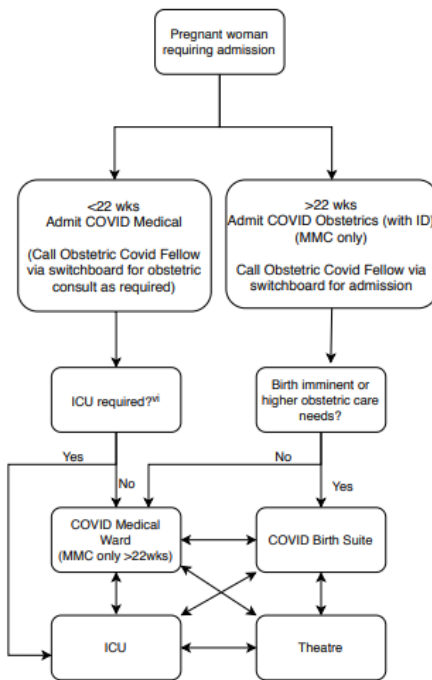


Testing for COVID-19

- All admissions to Monash Health are tested on admission
- If planned caesarean or induction of labour, both the woman and her support person are to have a covid test between 48-72 hours before admission
- If awaiting spontaneous labour, both the woman and her support person are to have a covid swab taken at least weekly from 39 weeks in uncomplicated pregnancies
- A further test may be required on admission to birth suite if the previous test was greater than 72 hours
- Both the woman and her support person must isolate at home until admission



State Streaming Obstetric Admission Pathway

Monash Health Obstetric Admission Pathway
(Internal e.g. ED / SEPHU)

Admission Pathways

- I. Less than 16 weeks accept Monash Health patients. Refer external patients as per streaming pathway
- II. If unsafe to transfer, care should continue locally until safe to transfer or discharged
- III. Through switchboard MMC. Arrange transport by AEOC 1300 851 121 or Emergency 000 if time critical
- IV. COVID Obstetric fellow to triage and inform COVID medical or COVID obstetrics
- V. Birth suite obstetric higher care needs includes severe pre-eclampsia requiring fetal monitoring, antepartum haemorrhage etc.
- VI. ICU admission: If >20 weeks requiring supplemental oxygen >4L/min or haemodynamically unstable.
: If <20 weeks or postpartum 10 L/min or haemodynamically unstable.



Admission Model for Pregnant Women

Admission Ward

- Negative Flow Birth Suite for assessment / labour / birth
- COVID ward for admitted antenates / postnates – mixed ward staffed by midwives and nurses

ICU

- COVID ICU – mixed ICU with support from obstetric and midwifery teams

Newborn

- Newborn to stay with mother if well.
- If newborn requires admission to Monash Newborn – admit into negative pressure room with dedicated team.

Theatre

- If required – staff to be carefully managed to reduce exposure risk



Monash Health data

- 130 women admitted over 13 weeks with the delta variant
- 5 women were discharged and readmitted
- 20% of admissions admitted to ICU
- 42% required supplemental oxygen
- 29% delivered during their admission
- 60% of all births had NVB
- 18 women were induced – 15 had NVB
- 1 FDIU at 23 weeks
- Average occupancy 10-12 patients ALOS = 4.7 days
- No women admitted were fully vaccinated



Ensuring the Safety of Staff

1. All staff must be 'COVID Ready'
2. PPE – all staff in patient facing roles wear N95's and a shield. If close contact expected, a plastic apron or disposable gown is worn
3. When caring for Covid positive patients, a 24/7 PPE Safety Spotter/Coach is present to ensure correct donning and doffing of PPE as well as to observe for any PPE breaches
4. Staff working in covid wards or caring for covid patients undertake 2 weeks of surveillance
5. Code Green Caesarean Sections – changing our response in a pandemic



Patient information

- We used multiple platforms to provide information to women and their families
 - Our Webpage
 - Written documents
 - SMS
 - Televisions in waiting rooms

[Home](#) > [COVID-19 information for pregnant women and parents](#)

COVID-19 information for pregnant women and parents

Find COVID-19 related advice for pregnant women, partners and parents, and credible sources that you can turn to for up-to-date information.

For more information about COVID-19 in relation to changes to Monash Health services, [visitor restrictions](#), [screening \(testing\) clinics](#), [vaccination](#) and [resources](#), please visit the [Monash Health website](#).

For COVID-19 information in other languages, please visit our [Translated Resources page](#).

On this page

- [COVID-19 information](#)
- [Clinic appointments during the pandemic](#)
- [COVID pre-admission surveillance testing](#)
- [COVID-19 vaccination in pregnancy](#)

COVID-19 information

It is known that pregnant women are more likely to develop severe disease and need intensive care than non-pregnant women with COVID-19. This is one of the reasons COVID-19 vaccination is now strongly recommended, and it is safe to receive at any stage of pregnancy.

If you have recently tested positive for COVID-19, please read [COVID-19 infection in pregnancy](#) (fact sheet).

If you are within the first 5 days of the onset of COVID-19 symptoms, you might also be interested to read about Sotrovimab. This is a new medication that has been developed for the treatment of COVID-19 – [view information on Sotrovimab here](#).

COVID pre-admission surveillance testing

Pre-admission COVID testing is now routinely recommended for all women and partners prior to hospital admission for birth. For more information, please view our fact sheet – [COVID pre-admission surveillance testing for women and partners who are without symptoms or COVID exposure](#).

If you are COVID positive and are coming into hospital to give birth to your baby, please read [Monash Medical Centre – designated COVID maternity hospital](#).

[Back to top](#) ↑

COVID-19 vaccination in pregnancy



To view this video with closed captions in your preferred language: Click . Then click on , click "Subtitles/CC", then "Auto-translate" and select your preferred language.



Engagement = Success

1. The key to implementing a covid streaming model is communication. This ensures staff are engaged
2. Communication modes
 - Program specific forums - SLIDO
 - Written
 - Policies/Procedures/Guidelines
 - Organisation wide forums
3. Flexible resilience
4. Our motto – “We are all in this together”



Case study

- PG, 38wks, pregnancy induced hypertension, positive COVID swab + her husband, both clinically well
- Telehealth with Monash Health MFM: clinical assessment, expectations
- Direct admit through exclusive entrance to negative pressure birthing room (patients and staff in tier 3 PPE)
- Induction of labour (balloon catheter, ARM + syntocinon)
- Early epidural, CTG monitoring, proceeded to vaginal birth
- Febrile in labour
- Behavioural challenges
- Baby well, family discharged from birth suite to home after 2 night stay
- Petrol, car seat!
- Ongoing HITH, local public health unit & local maternity provider

1. Notified of admission
2. Assemble covid response team for a virtual huddle
Team includes medical, midwifery, ID, support services, security, nursing coordinator and other relevant clinical services
3. Time of arrival ascertained from Ambulance Victoria /patient if coming by car – once time known entry to hospital planned
4. Main entrance not used – back entrance used as is accessible by AV
5. Staff stationed along route to ward/birth suite to ensure no staff or visitors in the vicinity.
6. Patient arrives. Team in front and behind (staff and patients in tier 3 PPE).
If use of lift required – once lift used – sent to basement and locked for cleaning by support services
7. Staff in close proximity to patient wear tier 3 PPE
8. Similar discharge procedure
9. Debrief



Questions

Please type your question in the chat



COVID Clinical Shared Resources

- Secure site for sharing, with permission, health service developed COVID-19 resources
- To register for access and to share resources contact centresofclinicaexcellence@safercare.vic.gov.au.

Resources

- Learning Network webinar recordings and slides
<https://www.bettersafercare.vic.gov.au/support-training/learning-networks/covid-pathways>
- Department of Health COVID-19 clinical guidance and resources
<https://www.health.vic.gov.au/covid-19/for-health-services-and-professionals-covid-19>

Survey

Please complete our short survey to help us identify future topics for the COVID + Pathway Learning Network webinar series.

[Survey](#)

Get in contact

- To register for future webinars email us:
centresofclinicaexcellence@safercare.vic.gov.au
- If you have specific questions relating to the COVID+ Pathways please email the Department of Health at
covid+pathways@health.vic.gov.au