COVID + Learning Network Webinar Questions

OFFICIAL

Maternity Care – COVID-19 positive pathway and streaming models

Questions and Answers

Q1: Is self-care going out to all eligible regardless of which HSP region they're within?

A: Yes, the self-care pathway will be a statewide model run out of TREVI and will be further tested to ensure all controls and safety nets are in place for people in the community who are on the self-care model. The outcome will be that those people will have some initial data collected but they won't progress to a pathway. Once we have some clarity through testing we will present back to the group before going live.

Q2: Can you advise on the approximate timeframe for HealthDirect transitioning to providing all intake assessments? Confirming from your early dot point, will HealthDirect be assisting low pathway consumers to link in with a GP?

A: The Department of Health are looking to get a health service partnership to pilot this work with HealthDirect, particularly the secure messaging with GP referral and notification, PHN's and GP's involvement as well as input from the Commonwealth, State and health services. There is a need to conduct some workshops and scenario testing and we hope to have at least one workshop underway by next week. The pilot should be up and running in the next couple of weeks and we will present the outcomes back to everyone and discuss the implementation across the state including metropolitan and regional areas.

Q3: Has anyone looked at regions where there is poor GP engagement or availability?

A: Yes, we are actively working with regionals HSP's and PHN's around GP engagement and pathways. This work is a high priority.

Q4: Can I ask what treatment, if any, you give to the positive patients?

A: At the moment, Monash Health is updating the Clinical Practice Guidelines which will be published soon. Sotrovimab is certainly used in pregnancy and there are detailed pathways for admitted patients to receive other treatments such as dexamethasone. Anticoagulation and/or antibiotics are also used if required as well as pregnancy safe treatments for pain management and constipation. We have also introduced EMR order-sets to automate medications during pregnancy.

Note: Monash Health's maternity resources will be shared once they are made available to the COVID Clinical Shared Resources SharePoint Site. If you would like access to these resources, please email: centresofclinicalexcellence@safercare.vic.gov.au

Q5: Any thoughts on what clinicians can do to increase the rates of vaccination among pregnant women?

A: Monash Health's Clayton Campus have enabled access to the COVID-19 vaccine for pregnant women at their antenatal appointments and have administered over 400 vaccinations to pregnant women. Monash Health is beginning to roll this initiative out further to more clinics including Dandenong, Casey and Pakenham. Enabling access to the vaccine at the time that they are given the information has been extremely beneficial to increase rates of vaccination among pregnant women.

Q6: How do these pathways safely work in organisations that do not have collocated obstetrics teams?

A: If an unwell pregnant woman presents to an Emergency Department which doesn't not have obstetrics teams, the woman will be transferred to the closest maternity service that meets her individual needs. This would be considered business as normal and already occurs as per the Maternity and Neonatal Capability Framework.

Q7: How do you see self-monitoring and virtual care being used into the future? Or is it a temporary thing?

A: The Antenatal Care Schedule hasn't really changed much until this pandemic. COVID-19 has enabled us to disrupt antenatal care in a contemporary way. We've had great successes with our integrated tele-health model of care. It's important to note that virtual care is not telephone based and is conducted via video call, maximising patient's time when they do come into hospital.

However, in person appointments are still offered where telehealth isn't available or appropriate. Our recent results published in The Lancet indicate that there hasn't been any deterioration in quality of care in fact here has been improvements to quality.

We also found that public experience is better for women who have been pregnant before and women in their first pregnancy need a bit more face-to-face contact including education and anti-natal classes. We feel this is just the beginning and more work in this area is underway at Monash Health.

We are currently re-designing our Clayton clinic to include new telehealth hubs which will help to reduce background noise during appointments.

It is also important to note that engaging midwives in telehealth is an ongoing engagement piece and has been sustained now for coming up to 2 years in March 2022.

Q8: How will CALD communities and those who don't have telehealth access be considered alongside the telehealth model?

A: For Monash Health, Dandenong is a very multicultural demographic. There is the option to have interpreters join video calls and a whole family can be present at one time. For women who don't have access to telehealth there is always the flexibility to be brought into hospital for a face-to-face appointment.

Any further questions related to the COVID + Pathways can be directed to:
covid+pathways@health.vic.gov.au