

Flowchart for the management of Covid-19 in pregnant women

COVID Positive Result

Women should be advised to call Labour Ward (24 hours/ 7 days a week) on 01908996478. Labour Ward Co-ordinator to collect information to populate COVID TRACKER SPREADSHEET (on MS Team group – Covid Positive Tracker). Oncall Obstetric Team to review tracker daily and update as required.

Asymptomatic

Symptomatic

Follow national guidance regarding self isolation + monitor symptoms

Obs Team (Doctor + MW):

- Welfare call to be completed within 48-72hrs of details being placed on the tracker
- Review Care plan and pregnancy management.
- Review VTE score
- Review upcoming appointments
- Tracker and eCare to be updated

CARE AT HOME

Follow national guidance regarding self isolation + monitor symptoms

Obs Team (Doctor + MW):

- Welfare call to be completed within 48-72hrs of details being placed on the tracker
- Review Care plan and pregnancy management.
- Review VTE score
- Review upcoming appointments
- Tracker and eCare to be updated

ATTENDING ED

- Midwife to attend ED to complete maternal and fetal wellbeing check, complete MEOWS score.
- Discuss patient with oncall Obstetric Team (Reg / Cons) and liaise with Medical team assessing Covid symptoms.
- Tracker and eCare to be updated

All women should receive safety net advice regarding symptoms and encouraged to call labour ward if concerned at any time

Discharged home

Admission

Initial review by Obs Registrar / Consultant on admission as dictated per clinical condition. For specifics- follow RCOG escalation plan overleaf

- Daily Midwifery and Obstetric review as inpatient.

DOCC

- Urgent attendance for review by Obs Consultant as dictated by clinical condition. For specifics- follow RCOG escalation plan overleaf
- Twice daily Midwifery and Obstetric review as inpatient.

Medical / ITU Consultant should not hesitate to contact the Obstetric Consultant directly if deterioration / urgent review of patient required.

Category	Clinical criteria for oxygenation	Suggested actions	Other considerations for viable fetus
Green	SpO ₂ 94%–98% Room air and RR ≤ 20	Ensure no obstetric or medical concerns Discharge for self-isolation in line with national guidance	
Yellow	Target SpO ₂ 94%–98% on ≥ FiO ₂ 28% and/or RR ≥ 21	Increase oxygen flow rate to maintain SaO ₂ 94%–98% Assessment by obstetric registrar In-patient care Inform maternity escalation team: <ul style="list-style-type: none"> • Obstetric consultant • Obstetric anaesthetist • On-call medical team Give oral prednisolone 40 mg for treatment of COVID-19	Assess fetal wellbeing Consider fetal monitoring Discuss timing of birth Depending on the gestational age: <ul style="list-style-type: none"> • Consider steroids for fetal lungs • Consider magnesium sulfate for neuroprotection if considering birth of the baby
Amber	Target SpO ₂ 94%–98% on ≥ FiO ₂ 35% and/or RR ≥ 25	Increase oxygen flow rate to maintain SaO ₂ 94%–98% Consider 15l/min O ₂ via non-rebreathe mask Refer to ITU team Urgent review by the maternity escalation team Consider awake proning position when feasible/high flow oxygen in critical care setting only	Discuss the risks and benefits of emergency caesarean birth Depending on the gestational age: <ul style="list-style-type: none"> • Consider steroids for fetal lungs • Consider magnesium sulfate for neuroprotection if considering birth
Red	SpO ₂ < 94% on 15l/min O ₂ via non-rebreathe mask	Urgent review by ITU team Urgent attendance by the maternity escalation team Consider awake proning position when feasible/high flow oxygen in critical care setting only	Discuss the risks and benefits of emergency caesarean birth Depending on the gestational age: <ul style="list-style-type: none"> • Consider steroids for fetal lungs • Consider magnesium sulfate for neuroprotection if considering birth
Peri-arrest		Call 2222 – adult cardiac arrest team, obstetric crash team and neonatal crash team	