

Notes for Hapū Māmā Connecting (HMC) Tool

Maternity care is essential. There are time sensitive actions necessary for some women in the first trimester of pregnancy that reduce potential harm/death.

During COVID-19 and beyond we are asking general practices to see pregnant women who have not yet been seen by a midwife or doctor for their pregnancy – CARE, SORT, SUPPORT and CONNECT. *These women are at risk.*

The HMC toolkit is a bare-bones approach for women in early pregnancy. General practices can use HMC to make sure pregnant women receive timely evidence based care, receive support and are navigated to connect to a midwife or hospital service.

HMC can be done over the phone. Consider contacting all known enrolled pregnant women to ensure they are engaged with a midwife or other LMC. A media campaign will encourage pregnant women to connect.

Some women may still need to visit a provider for an assessment – for example blood pressure, urinary infection or STI symptoms. Lab services may be impacted so act as clinically relevant.

Using the HMC toolkit:

- Phone consult by General Practice using HMC - a face-to-face (kanohi-ki-te-kanohi) consult may be needed in addition to the Influenza vaccination
- Print & fill in/circle as you take the history – have printed copies available
- Hyperlinked resources and reference links on PDF
- First trimester (maternity non-LMC) services can be claimed

Consult:

- **Ask how she is**, and the whānau? Introduce yourself. Share something of yourself to help build the relationship.
- **Explain it's important for her to have this care** during COVID-19 to get support and ensure she doesn't need any other treatment to prevent problems later.
- **Ask how many weeks pregnant she thinks she is.**
- **Risk factors: Medical history. Has she been pregnant before? Maternity history.**
Previous Pre-Eclampsia (PET) demands time-sensitive action:
 - Low Dose Aspirin (LDA) before <16/40¹ (ineffective when started >20/40) + Calcium
 - Meta-analysis suggests a 46% reduction in risk of PET² (95% CI 30% to 50%) when LDA initiated in early pregnancy. Reduces risk from 1 in 5 to 1 in 10 in high risk women
 - Numbers need to treat to prevent one case of PET; Asprin 56, Calcium 7¹

Additional co-morbidity/risk factors identified on HMC – refer to specialist for management.

- **How is she feeling?**
 - Ask after pain, bleeding or urinary symptoms – lab services may be affected so act as clinically relevant
 - Screen for COVID-19 signs & symptoms

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- **Is she on medication?** Consider contraindications in pregnancy. Change of hypertension meds if on an ACE Inhibitor (see HMC tool) and consider risks/benefits of antidepressants.
- **Has she had this year's Influenza vaccine?**
 - WHO recommends pregnant women have highest priority for flu vaccine more than the elderly³
 - Pregnant women and their newborns have increased risk of severe disease/death from the flu⁴
 - Large studies show flu vaccine is safe in pregnancy⁵
 - Provides effective protection up to 6 months for newborns⁶
 - Important: **Does not protect against COVID-19**

NB: Plan Boostrix IPV administration (Whooping Cough/Pertussis) from 16/40

- **Smoking, alcohol & drug addiction.** Risks same as a non-smoker if cigarette-free by 16/40⁷. Smoking marijuana also linked to adverse outcomes⁸. Safety of E-Cigarettes is not established⁹.
- **Support & safety** – ask about her home (whare). Who does she live with? Is her home situation stable? Does she feel safe? Is her house warm & dry? (Healthy Housing programme may be able to support following lockdown). Does she need support with access to a benefit? Is there a stable supply of food (kai)? See highlighted section back page of HMC for supporting agencies if unable to refer to social worker or Whānau Ora.
- **Mental health** - how is she coping? Screen for depression (PHQ9), anxiety (GAD7). Usual mental health referral pathways + counselling. Referral through ACC for sensitive claims (domestic violence etc).

Questions and Answers:

How will providers reach pregnant women? General practice can contact women enrolled in their practice that they know are pregnant. HMC will be publicised through multiple media channels and networks asking women who are pregnant who do not have a midwife to contact their GP.

How can a provider help connect a pregnant woman to a midwife during the COVID-19 pandemic?

Some women will prefer to enrol with a midwife themselves however there can be barriers. Connecting a woman directly to a midwife during your appointment is important. Use Find your Midwife during your consult. The search page for your region can be printed or emailed (click 'full list' and then the printer icon top right of the screen for PDF print/save prompt). Follow up within a few days to ensure they've connected to a midwife (best practice to recall women you are concerned may not be connected in 4 weeks' time).

What if a pregnant woman can't identify an available midwife? If unable to connect a woman to a midwife, get in touch with the local hospital maternity service who will look after her.

What do I do if the woman is more than 14 weeks pregnant? It's important to still hold a consult and enable connection to a midwife. Aspects of the HMC first trimester tool are still relevant.

What should I do if I suspect a pregnant woman might be suffering from COVID-19 symptoms?

Arrange for screening. If a pregnant woman is infected with COVID-19 they are most likely to have just a mild illness from which they will make a full recovery. Guidance available from RANZCOG, Te Rōpū Whakakaupapa Urutā and RCOG.

Can I disseminate this tool to others, without any limitations/copyright issues? Yes HMC is an interim bare-bones tool to be utilised by health professionals to support hapū māmā in need of being connected to maternity care during COVID-19.

Can I adapt this form to make it relevant to my local area/services? Yes, you can edit the tool to best suit the needs of your local area/community. Email CWHR@vuw.ac.nz for an editable version.

If I identify a women as high-risk what should I do? Get in touch with the obstetric service in your area.

If I have any queries about the form who can I contact? Email CWHR@vuw.ac.nz

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HMC resource and websites (hyperlinked in text):

Primary Maternity Services Amendment Notice 2019 (MOH).

<https://www.health.govt.nz/system/files/documents/publications/primary-maternity-services-amendment-notice-2019.pdf>

Immunisation for Pregnant Women (MOH).

<https://www.health.govt.nz/your-health/healthy-living/immunisation/immunisation-pregnant-women>

Boostrix: The Immunisation Advisory Centre.

<https://www.immune.org.nz/vaccines/available-vaccines/boostrix>

Find a Whānau Ora provider and/or initiative.

<https://www.tpk.govt.nz/en/whakamahia/whanau-ora/find-a-whanau-ora-provider-andor-initiative>

ACC - Counselling and therapy information.

<https://www.acc.co.nz/im-injured/support-recovery/counselling-therapy/>

Find Your Midwife.

<https://www.findyourmidwife.co.nz/>

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists. A message for pregnancy women and their families.

<https://ranzco.guide/statement/covid-19-information-for-pregnant-women>

Te Rōpū Whakakaupapa Urutā (National Māori Pandemic Group). Information for hapu māmā, unborn pēpi and newborn pēpi.

<https://www.uruta.maori.nz/pregnancy>

Royal College of Obstetricians & Gynaecologists. Coronavirus infection and pregnancy website information.

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

References:

- ¹ <https://www.health.govt.nz/system/files/documents/publications/diagnosis-and-treatment-of-hypertension-and-pre-eclampsia-in-pregnancy-in-new-zealand-v3.pdf>
- ² <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD004659.pub3/abstract>
- ³ <https://www.who.int/wer/2012/wer8747.pdf?ua=1>
- ⁴ <https://academic.oup.com/iid/article-abstract/219/12/1893/5299596?redirectedFrom=fulltext>
- ⁵ <https://www.bmjjournals.org/content/366/bmjj.14454.full>
- ⁶ <https://www.nejm.org/doi/full/10.1056/NEJMoa0708630>
- ⁷ <https://www.ncbi.nlm.nih.gov/pubmed/3390400>
- ⁸ <https://www.nature.com/articles/s41372-020-0643-z>
- ⁹ https://www.fasebj.org/doi/abs/10.1096/fasebj.2019.33.1_supplement.813.2