

## Coronavirus (Covid -19) Patient screening programme in Maternity

Issue Date	Review Date	Version
April 2020	April 2025	1

### Purpose

This Standard Operating Procedure has been produced to provide guidance to staff on the Coronavirus screening in place for women who have planned elective procedures in Maternity or require overnight admission. The screening will be aimed to delay treatment to allow the patient to clear the virus, allow a change in PPE to protect staff and to cohort women appropriately as recommended by NHSEI.

### Who should read this document?

All midwives and medical staff working within Maternity Services.

### Key Messages

The intention of the document is to ensure the maintenance of effective, safe patient care and to ensure the protection staff assigned to provide care during the Coronavirus pandemic.

### Core accountabilities

<b>Owner</b>	Sheralyn Neasham Maternity Matron
<b>Review</b>	Maternity Assurance Group
<b>Ratification</b>	Director of Midwifery
<b>Dissemination (Raising Awareness)</b>	Maternity Clinical Staff
<b>Compliance</b>	Director of Midwifery

### Links to other policies and procedures

Coronavirus (COVID-19) in pregnancy – summary of RCOG guideline 9 March 2020

SOP Elective LSCS Preparation during COVID – 19 April 2020

### Version History

*The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.*

**An electronic version of this document is available on Trust Documents. Larger text, Braille and Audio versions can be made available upon request.**

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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## Standard Operating Procedure (SOP)

### Coronavirus (Covid -19) Patient screening programme in Maternity

#### 1 Introduction

This SOP has been produced to provide details of the Coronavirus screening programme for elective procedures in Maternity, and for all women who require an overnight stay on the wards. The document will outline the pathway for referral and process.

The screening test is aimed at either a delay in treatment to allow the patient to clear the virus or allow a change in personal protective equipment (PPE) used to protect staff.

#### 2 Identification of patient cohort

Women who are booked to have an elective lower segment caesarean section (LSCS) or have a planned Induction of labour will be informed of the requirement for Coronavirus screening by the Day Assessment Unit (DAU) staff as part of the booking process.

DAU staff will email the individual patient details and a confirmed operative list to the surgical preoperative team approximately 48 hours prior to surgery.

The surgical preoperative team will organise and complete the screening test. They will contact each woman directly to discuss the procedure, give directions and book an appointment.

#### 3 Pathway for screening

##### Elective screening for LSCS and Induction of labour

The screening will take place in the Covid screening Hub behind the Royal Eye Infirmary UHPT, 24 hours before the date of procedure.

After the screening test is completed, women will be asked self-isolate at home until surgery the next day.

The patient will be informed only if results are positive; if negative they will not be contacted.

All results will be available on ICM as soon as completed and should be reviewed by the Triage staff prior to admission.

If positive the Covid Matrons will call the Week on Service Obstetric Consultant and Central Delivery Suite Coordinator to arrange for the patient to be postponed or cancelled (If

requested by Consultant) or if surgery is to proceed the Covid-19 Red Trust guidance for PPE and isolation should be followed.

All other LSCS prep for the women will continue in line with Elective LSCS pathway.

#### Emergency admission

Women who require admission for overnight stay should be screened as soon as possible after admission when the decision is made to admit to Central Delivery Suite or the Wards.

Covid-19 swab training is provided by the Infection Control team

All results processed as per elective screening.

The woman should remain in a single room until results are available.

Escalation of concerns around capacity should be escalated to the Maternity Matrons or out of hours to the Women and Children's Manager on call.

## **4 Postnatal care**

All women who have a confirmed negative result will be nursed in a designated bay on Argyll ward or Transitional Care Ward and encouraged to socially distance from other patients present on the ward.

Visiting is restricted to one birth partner on Central Delivery Suite only, with reiteration of trust infection prevention and control measures. Designated birth partner must wear the green visitor wristband and will be asked to leave the hospital site on transfer of mother and baby to the ward.

Routine post-operative care and discharge will follow.

## **5 Document Ratification Process**

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed by the Maternity Guideline Group and ratified by the Maternity Assurance Group and Director of Midwifery.

Non-significant amendments to this document may be made by the nominated author. These must be ratified by the Maternity Assurance Group .

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

## **6 Dissemination and Implementation**

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author will be responsible for agreeing the training requirements associated with the newly ratified document with the Maternity Assurance Group and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

## **7 | Monitoring and Assurance**

Monitoring of the results in Maternity will be overseen daily by the lead clinicians for the LSCS list.

Audit of number of Coronavirus cases screened within Maternity will be included in the Trust data capture.

Capacity and availability for testing will be influenced by local level of Coronavirus infection and trajectory.

