



Gold Coast University Hospital COVID-19 in Pregnancy

version - 18th January 2022

Gold Coast University Hospital COVID-19 in Pregnancy

Published by the State of Queensland (Queensland Health), January 2022

IBNN or ISBN if needed



This document is licensed under a Creative Commons Attribution 3.0 Australia licence. To view a copy of this licence, visit creativecommons.org/licenses/by/3.0/au

© State of Queensland (Queensland Health) **2022**

You are free to copy, communicate and adapt the work, as long as you attribute the State of Queensland (Queensland Health).

For more information contact:

Name of branch/division/unit, Department of Health, GPO Box 48, Brisbane QLD 4001, email generic email address if available, phone main phone number for branch/division/unit.

An electronic version of this document is available at www.insert.website.here.com

Disclaimer:

The content presented in this publication is distributed by the Queensland Government as an information source only. The State of Queensland makes no statements, representations or warranties about the accuracy, completeness or reliability of any information contained in this publication. The State of Queensland disclaims all responsibility and all liability (including without limitation for liability in negligence) for all expenses, losses, damages and costs you might incur as a result of the information being inaccurate or incomplete in any way, and for any reason reliance was placed on such information.

Gold Coast University Hospital Maternity in the Home is to assist in monitoring the health of you and your baby when you have COVID-19 and are isolating at home.

For most women, COVID-19 will be a mild flu-like illness and it won't cause problems for you or your baby, especially if you have been fully vaccinated

This document has 8 sections - go directly to the section of interest by clicking on the links below:

Contents

1. I have tested positive to COVID-19, what now?	1
2. What happens to pregnant women if they have COVID-19?	1
3. What are symptoms of COVID-19?.....	2
4. How should I monitor my symptoms?	3
5. What can I take to manage my symptoms at home?	5
6. Will the Gold Coast Hospital contact me if I have COVID-19?	6
7. Will I need additional treatment for COVID-19?.....	6
8. Concerns regarding the pregnancy	7

About COVID-19

COVID-19 stands for “Coronavirus Disease 2019”. It is caused by a virus called SARS-CoV-2 that can spread from person to person. This usually happens when an infected person coughs, sneezes or talks near other people.

COVID-19 symptoms generally develop 3 to 14 days after a person is infected. You are thought to be infectious from 2 days before the onset of symptoms and the 2-3 days after. If you don't have symptoms, you are considered infectious from 2 days prior to your positive swab. While most people who have COVID-19 will be asymptomatic or will have minor symptoms, it can also lead to serious complications.

1. I have tested positive to COVID-19, what now?

- If you test positive for COVID-19 you must immediately go home and isolate. Do not make any stops on the way home.
- During isolation you must stay in your home and away from other people in your household
- You cannot leave your house for any reason unless it is any emergency, you need medical help, or to escape family violence
- Do Not attend regular outpatient appointments whilst you are in isolation unless you have been given an appointment by your Obstetrician for a review in the hospital.
- You need to advise your close contacts you are positive
(see advice at <https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/stay-informed/i-have-covid>)
- Seek urgent help if you have severe symptoms and are unwell

More Information?

Follow the checklist for COVID positive cases via the link below
(or scan the QR code):

<https://www.qld.gov.au/health/conditions/health-alerts/coronavirus-covid-19/stay-informed/i-have-covid>

SCAN ME



2. What happens to pregnant women if they have COVID-19?

If you have been vaccinated, you will very likely have a mild course, or have no symptoms at all. Vaccination protects, you, your baby and your family. COVID vaccines reduce the risk that you will become infected with COVID-19 and drastically reduce the risk of you developing serious illness. It is still recommended that you have (or complete) the vaccination course after you have recovered from COVID-19. COVID-19 is not transmitted to your baby when pregnant and infected with COVID-19.

Some pregnant women are at increased risk of severe illness. These are women who are unvaccinated (or incompletely vaccinated), have other medical conditions, or are later in their pregnancy. If a more serious illness develops, they are more likely to be hospitalised and require intensive care. Women who develop severe illness have a higher chance of the baby being born preterm, stillborn or require a caesarean birth.

We closely monitor any COVID-19 positive women with risk factors, so we can make sure you are not developing severe disease. We will ring you regularly during your illness to monitor you and your baby's health. It is important that you monitor your symptoms and seek help if your symptoms worsen.

More Information?

If you are after more information about COVID-19 in pregnancy, follow this link (or scan the QR code):

<https://www.pregnancybirthbaby.org.au/coronavirus-covid-19-and-pregnancy>

SCAN ME



3. What are symptoms of COVID-19?

When symptoms occur, they can include:

- Fever
- Chills or sweats
- Cough
- Feeling tired (lethargy)
- Muscle / joint pains
- Headache
- Sore or scratchy throat
- Runny nose
- Trouble breathing (shortness of breath)
- Loss or change in sense of smell or taste
- Abdominal pain
- Loss of appetite
- Nausea and vomiting
- Diarrhoea

For most people symptoms generally last a few days and rarely a few weeks. These can mostly be monitored and managed at home (See 4. How should I monitor my symptoms? and 5. What can I take to manage my symptoms at home?)

4. How should I monitor my symptoms?

You should monitor the above symptoms while at home in isolation. Keeping a diary is helpful so you can monitor changes in symptoms over time. Most women will have no symptoms or mild symptoms, but it is worth specifically paying attention to:

1. Your Breathing

You should note whether your breathing is difficult and when; for example, do you become breathless when you walk, when you are speaking or when you are sitting at rest?

You can count your respiratory rate. Try to relax and breathe normally. Set a timer for 30 seconds and start to count the number of times you breathe in and out before the time is up. Double this number and this will be your respiratory rate per minute.

If you are considered at higher risk, you will be provided with an oximeter (which measures the oxygen level in your blood). If you have an oximeter, you will be provided with instructions on how to use it and record your oxygen levels. You should use this to measure your oxygen levels and heart rate 3 times/day. Your oxygen level should be greater than or equal to 95%.

If your breathing is becoming more difficult, your respiratory rate is increasing, or oxygen level is less than 95%, this is a sign that you need to be reviewed by a doctor.

2. Heart Rate

You can check your heart rate by feeling your pulse, or having it measured with the oximeter. To measure your heart rate, place your fingers lightly on your wrist, and count the number of beats that you feel over 30 seconds. You then need to calculate the beats per minute by doubling the number of beats you counted over 30 seconds. This number is your heart rate.

If your heart rate is greater than or equal to 120 beats per minute, this is a sign you need to be reviewed by a doctor.

3. Temperature

You can measure your temperature at home with a thermometer. If you don't have a thermometer, you can buy one from a pharmacy over the phone or online, and have it delivered to your home.

In pregnancy, we like your temperature to be less than 38°C

In summary, if you are monitoring your respiratory rate, heart rate and temperature at home, these are the important limits to monitor. If any of your readings fall into the red zone you should see urgent medical attention by presenting to GCUH Emergency Department:

The Green Zone

- If your respiratory rate is less than or equal to 20 breaths per minute
- If your heart rate is less than or equal to 100 beats per minute
- If your temperature is less than or equal to 38°C

Continue to monitor and record your breathing, heart rate and temperature twice per day

The Orange Zone

- If your respiratory rate is greater than 20 breaths per minute but less than or equal to 24 breaths per minute
- If your heart rate is greater than 100 beats per minute but less than or equal to 120 beats per minute
- If your temperature is greater than 38°C (despite taking paracetamol), but less than or equal to 38.5°C

Re-check in 2 hours' time. You should increase your monitoring to 4 times per day until your breathing, heart rate and temperature are back in the green zone.

The Red Zone

- If your respiratory rate is greater than 24 breaths per minute, if your breathing is becoming more difficult,
- If your heart rate is greater than 120 beats per minute
- If your temperature is greater than 38.5°C despite paracetamol

You NEED to present to the GCUH Emergency Department

More Information?

You can get more information about monitoring symptoms at home, or do a symptom checker questionnaire here (or scan the QR code):

<https://www.pregnancybirthbaby.org.au/coronavirus-covid-19-and-pregnancy>

SCAN ME



5. What can I take to manage my symptoms at home?

Simple home remedies seem to work the best:

Soothing drinks (honey and lemon), warm tea, lemon in hot water for cough or sore throat

Cool showers, a fan, cool face washers for fever

Steamy showers for nasal congestion or saline nasal sprays

Paracetamol (eg. Panadol®) is safe to take every 4 to 6 hours (i.e. 2 x 500 mg tablets up to 4 times per day, or as otherwise recommended)

Take this for fever, headaches and/or muscle aches

Do not take Ibuprofen (eg. Nurofen®) or any other over-the-counter product without checking with your doctor, midwife or care provider

Aspirin (low dose) – If you are on aspirin treatment, stop this medication during your infection. This can be recommenced after clearance of COVID.

Rest as much as possible but do some gentle walking around every 2 – 4 hours during the day

Drink lots of fluids (water, juice, soups, Gastrolyte®/Hydralyte®)

Eat if hungry, including fresh fruit and vegetables

Remember the symptoms will pass. Nasal congestion and loss of smell and taste seem to be last to go.

How do I isolate at home?

Isolating from other family members (especially young children) can be difficult. For more information on isolation, quarantine and how to isolate at home, click on the link below (or scan via QR code):

<https://www.healthdirect.gov.au/coronavirus-covid-19-self-isolation-faqs>

SCAN ME



6. What will happen to my appointments while I have COVID-19?

Regular appointments during isolation

What face-to-face appointments can be put off until you are out of isolation?

If you need to have a routine ultrasound or a blood test during your isolation period, we will advise whether this can be deferred or organise an appointment time for you.

If you have an antenatal appointment booked while in isolation, please call antenatal clinic to cancel this appointment. If you need a face-to-face obstetric review this will be in a COVID isolation room in the GCUH Maternity Assessment Centre.

Low Risk Women

Most 'low risk' women will not need further specific contact during their isolation period, but you should monitor your COVID symptoms and baby's movements and contact us anytime if you are concerned (contact link below)

Higher Risk Women

If you have been referred to the Virtual Maternity Team service, you will receive regular daily calls during your isolation period.

After you have recovered

After you have recovered from COVID-19 and have finished isolation you can resume your regular pregnancy or post birth check-ups. If you have been very sick and admitted to hospital, you might have to follow up with a hospital physician and/or obstetrician. If you still have some weeks remaining in your pregnancy, we will also arrange for further monitoring of your baby.

7. Will I need additional treatment for COVID-19?

Women at increased risk of severe disease may be offered some specific additional treatments for COVID, even if they are not unwell enough to need hospitalisation. These include:

1. Antibody medication against COVID (Sotrovimab). For women at high risk of developing severe disease. These include women who are:
 - Unvaccinated or partially unvaccinated
 - Obese (BMI greater than 30)
 - Diabetic (on medication)
 - Immunosuppressed
 - Moderate or severe asthma
 - Heart, liver or kidney disease

-
- Aboriginal / Torres Strait Islander and greater than 35 years old

NOTE – This must be given within 5 days of onset of symptoms. If you meet any of these criteria, please call the Virtual Maternity Team (ph. 5687 5212)

Blood thinning injections (Clexane). For women who have additional risk factors for clots in the leg / lungs

2. Inhaled steroid puffer (Budesonide)

We will provide you with additional information regarding these treatments if they are recommended for you, and you will be able to discuss this with your doctor or senior midwife

8. Concerns regarding the pregnancy

If you have concerns about the baby's movements, think you are in labour, have bleeding or fluid leak – **Please Attend the GCUH Maternity Assessment Centre, B Block, Level 2**