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1  |  **Purpose of this guidance**

The purpose of this guideline is to provide NHSScotland with advice on the assessment of pregnant women during the COVID-19 pandemic. This guideline is for clinical advisors in NHS 24 and COVID-19 community assessment hubs, midwives, obstetricians and physicians. The recommendations are based on expert opinion.

2  |  **Who is covered by this guidance?**

This guideline covers pregnant women with respiratory symptoms at any stage of pregnancy.

3  |  **Who is not covered by this guidance?**

The care of pregnant women in critical care and sicker obstetric patients during the COVID-19 pandemic is covered in a separate document on Maternal critical care provision.

4  |  **Context**

Pregnant women will get SARS-CoV-2 infection (leading to coronavirus 2019 (COVID-19) illness) in the same way as the rest of the population. Most pregnant women will already be under the care of maternity professionals. Maternity care operates at both community and acute levels, and occupies a distinct place in the healthcare landscape. Pregnant women will require specialised advice and care in relation to coronavirus because of the unique physiological changes of pregnancy.
5  Community assessment of pregnant women

5.1 Testing

Pregnant women with symptoms of COVID-19 should arrange testing as per national guidance. If the test is positive they should contact their local maternity services as soon as possible, ahead of their next scheduled antenatal appointment.

5.2 Assessment of pregnant women with possible COVID-19

The pathway depicted in Figure 1 describes how to assess pregnant women to determine their route into care. If they test positive for COVID-19 and have mild respiratory symptoms, they are advised to stay at home and self-isolate. In addition, as COVID-19 is a transient risk factor, they require a venous thromboembolism (VTE) risk assessment. This should be carried out by maternity services and can be done remotely by phone or video consultation.

In all cases COVID-19-symptomatic women who are in labour or have an additional obstetric problem such as vaginal bleeding should be referred to their local maternity unit for combined assessment by an obstetrician and a physician in an obstetric unit with isolation facilities.

Women with no obstetric issues but worsening respiratory symptoms, breathlessness or risk factors for deterioration should be assessed in person and in consultation with an obstetrician. They should NOT be referred to the local COVID community hub. Their point of assessment will be a secondary care setting, either through a COVID-19 assessment centre or the local maternity triage unit. Obstetric input must be available at the point of assessment. Risk factors for deterioration include:

- Black, Asian or other minority ethnic background
- being overweight (BMI 25–29 kg/m²) or obese (BMI 30 kg/m² or more)
- pre-pregnancy comorbidity, such as pre-existing diabetes and chronic hypertension
- maternal age 35 years or older, and
- living in areas or households of increased socioeconomic deprivation.

Those with a negative test but with ongoing or worsening respiratory symptoms should be advised to contact their midwife, GP, NHS 24 or maternity unit, as per local NHS board guidance for assessment in person.
5.3 Admission to secondary care

There are pregnancy-specific respiratory symptom criteria for admission to secondary care, which reflect the differing physiology of pregnancy. It is recommended that pregnant women with oxygen saturation less than or equal to 94% or respiratory rate greater than 20 are admitted. ALL pregnant women assessed and/or admitted with respiratory symptoms must be seen by or discussed with an obstetrician and have daily physician and obstetric review irrespective of the location of their secondary care.

*Figure 1: Assessment of pregnant women with possible COVID-19*

**Pregnant women with respiratory symptoms at any stage of pregnancy**
- Cough OR
- Fever OR
- Loss of taste and/or smell

**Arrange COVID test**

**Positive test**

- **Shortness of breath OR**
- **Worsening respiratory symptoms OR**
- **Risk factors for deterioration***

**Contact local maternity services in the usual way**

**Mild symptoms**
- Stay home and isolate for 10 days from start of symptoms.
- Contact NHS 24 (111 phone line) if symptoms worsen or breathlessness develops
- If concerned about pregnancy contact maternity services in the usual way

VTE reassessment required by maternity services (COVID is a transient risk factor)

**Additional obstetric complications**
- Assessment in obstetric unit

**No additional obstetric complications**

Follow local NHS board policy in consultation with obstetric team

**Pregnancy-specific criteria for admission:**
- Oxygen saturation ≤94%
- Respiratory rate >20

**Negative test**

If ongoing or worsening symptoms contact midwife/GP/NHS 24/maternity unit as per local NHS board guidance

**Risk factors for deterioration and hospital admission:**
- Black, Asian or other minority ethnicity
- Overweight (BMI 25–29 kg/m²) or obese (BMI 30 kg/m² or more)
- Prepregnancy comorbidity, such as pre-existing diabetes and chronic hypertension
- Maternal age ≥35 years
- Living in areas or households of increased socioeconomic deprivation

**Refer for in-person assessment as per local health board policy. This should include contact with maternity triage who will advise according to:**
6 | **Further information**

Further information on managing maternity care can be found on the Royal College of Obstetricians & Gynaecologists (RCOG) website and in the document *Coronavirus (COVID-19) infection in pregnancy*, published by RCOG, Royal College of Midwives, Royal College of Paediatrics and Child Health, Public Health England and Public Health Scotland.

7 | **Reference**