
Clinical Practice Guideline	Telehealth & Visit Schedules in Women's Health Outpatients (COVID-19)
Department	Women's Health

Which women are not suitable for telehealth or telephone consultations?

Currently, clinical examination remains a limitation with telehealth. The majority of pregnancy complications arise in the third trimester, which is reflected in the increasing frequency of face-to-face consultations. Ultrasound assessments and patient education remain important in the first and second trimester to assess for earlier pregnancy complications.

The safety of women and their babies seeking care in Peninsula Health remains the key focus, so the need for face-to-face consults may continue in high-risk pregnancies, for those women who develop pregnancy complications, or in situations where a physical examination is crucial to guide ongoing clinical care needs.

Where face-to-face consults are required in such situations, input from a senior clinician is recommended. It is advised to conduct as much of the consultation over the phone, thereby keeping the contact with the patient as short as possible. The senior clinician should determine the timing and appropriateness of on-going review.

What are the requirements for a telehealth consultation?

1. While the preference is for a telehealth consultation using video, if there are technical difficulties then a consultation can be conducted over the telephone easily and effectively.
2. Care providers must be registered through Peninsula Health to access telehealth. Once registered, providers will receive an email to activate their login through Health Direct.
3. Care providers need to utilise a computer with a webcam and either built-in audio via a microphone or a headset for Telehealth. Telehealth can then be accessed on Peninsula Health computers using Google Chrome or externally with the most up to date version of Firefox, Safari or Google Chrome.
4. Telehealth can be accessed on all Peninsula Health computers via the desktop icon or via the Intranet, where the telehealth application can be entered from the clinical portal. You will then be prompted to login and will be able to then access the virtual waiting room of the clinics you are affiliated with. When accessing telehealth remotely, this can be achieved via the citrix Peninsula Health portal or <https://vcc.healthdirect.org.au/login>.
5. Staff are still required to maintain the same standard of documentation as they would for a face-to-face consultation. In addition, this must include:
 - a. documentation that the consult was performed via telehealth (highlighting video or phone)
 - b. the time at which the consult started and ended.

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Recommended schedule of antenatal care streams

The following suggested care streams detail the recommended use of telehealth or telephones for consultations in different antenatal care models based on risk factors (category A,B or C) identified at the booking visit.

Once suitability for telehealth or telephone is decided, input from senior medical staff should also be sought to guide ongoing assessment in the woman's care.

The most appropriate model of care will be determined at the booking consultation and confirmed at the first obstetrician or GP Obstetrician consultation for those undergoing midwifery led, collaborative or obstetrician led models.

Referral to ANC from GP providers.

It is recommended that referral to the antenatal clinic is done early in the first trimester supported by:

- Referral letter detailing previous obstetric history, medications, results of serology and other routine antenatal investigations
- Record of BP measurement
- Ultrasound scan reports e.g. viability scan, dating scan, NT scan
- Aneuploidy screening results
- Medical and surgical history

Good practice points for all providers

- Advice pregnant women that maternity care is essential
- While routine visits may be reduced or rescheduled, women should still report urgent concerns, such as reduced fetal movements, vaginal bleeding and contractions.
- Suspend monitoring of carbon monoxide in pregnancy as a precautionary measure
- Encourage pregnant women to increase social distancing to reduce the risk of infection or contact
- Keep face-to-face contact to ≤ 15 minutes should physical examination be required
- Encourage women to purchase a BP machine if possible

Midwifery led and collaborative care

	1 st trimester	2 nd trimester	2 nd trimester	3 rd trimester					
Telehealth or phone	Booking 10 – 16w	16 – 19w	20 – 24w		31w	34w		38w	
ANC (Telehealth)		Hospital GPO: confirm model of care & medical screen		28w*			36w*		40w+*

*BP and fundal height if not done previously

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Investigations

During the course of pregnancy care, the need for pathology and radiology investigations will be arise.

Pathology requests for currently recommended investigations can be e-mailed or posted to women following their booking and first doctors consult if required. If further pathology is needed during the course of a pregnancy:

- During face-to-face consult, women can be directly provided with the referral and the decision made about the most appropriate method of subsequent review.
- During a telehealth/telephone consult, the pathology referral can be sent to the woman via email or post. Results can be discussed at the next consult.

Glucose tolerance testing.

If a woman is currently positive for COVID-19, symptomatic, or in isolation awaiting test results, GDM testing should be delayed until after that period

To slow the spread of COVID-19, it is critical to reduce person-person contacts within the health care setting. This includes contacts in pathology collection centres.

Temporary changes to the usual process of testing for gestational diabetes during pregnancy and for post-natal testing in women who have had gestational diabetes are suggested below:

Women who were not diagnosed with gestational diabetes in a previous pregnancy

- Perform the Glucose Tolerance Test (GTT) at 24-28 weeks (standard care)

Women who were diagnosed with GDM in a previous pregnancy

Women can choose to:

- Perform the Glucose Tolerance Test (GTT) at 24-28 weeks (standard care)
- Be automatically considered to have gestational diabetes (GDM) and should commence blood glucose self-monitoring at home.

Postnatal glucose tolerance testing

During the COVID-19 pandemic, temporary changes to the recommended process of post-natal testing in women who have had gestational diabetes are still in play.

Women are advised to delay the post-natal Glucose Tolerance Test (GTT) for 4 – 6 months (until after the pandemic) or before they start trying for a subsequent pregnancy unless advised otherwise by their healthcare provider or GP.

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- Blood pressure measurement is a **mandatory** requirement at the time of referral for maternity care to ensure the safest model of care is selected for women and to guide the need for a face to face consultation following the 1st Doctor's visit.
- Women attending for review in WHU should have a blood pressure check to facilitate subsequent telehealth consultations.
- Women can be encouraged to acquire an automated blood pressure machine for use at home to assist with care at the time of a telehealth consultation. Women should be encouraged to record the figures in an easy format e.g. on their mobile phones. If this is not possible, women should be encouraged to see their GP or local pharmacist to have their BP checked.
- Assessment of fetal movements remains an important aspect of antenatal care. Women should be encouraged to report reduced fetal movements to WHU on 9784 7959.

GBS testing:

Pathology slips and a microbiology swab can be given to the women at the 28-week consult. Women should be asked to undertake self-taken low vaginal swabs at 36 – 37 weeks as per current practice and drop off at Dorevitch labs.

Vaccinations:

Women should be asked to contact their local GP regarding availability of flu and pertussis vaccination.

Pertussis containing vaccines can be administered by a GP after 20 weeks' gestation.

Key Aligned Documents

Routine antenatal care
Diabetes in pregnancy

Evaluation

This guideline will be evaluated by clinical audit and updated as more clinical information and guidance becomes more available.

References

- RANZCOG statement COVID-19: Outpatient services, office consultation and procedures <https://ranzcof.edu.au/news/covid-19-outpatient-services;-office-consultation>
- RANZCOG statement COVID-19 and Gestational Diabetes Screening, Diagnosis and Management <https://ranzcof.edu.au/news/covid-19-and-gestational-diabetes-screening,-diag>

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