

Home-based care for mild and moderate COVID-19 during and after pregnancy

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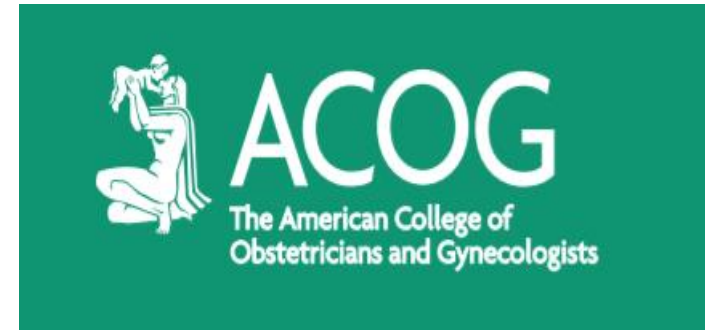
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Introduction

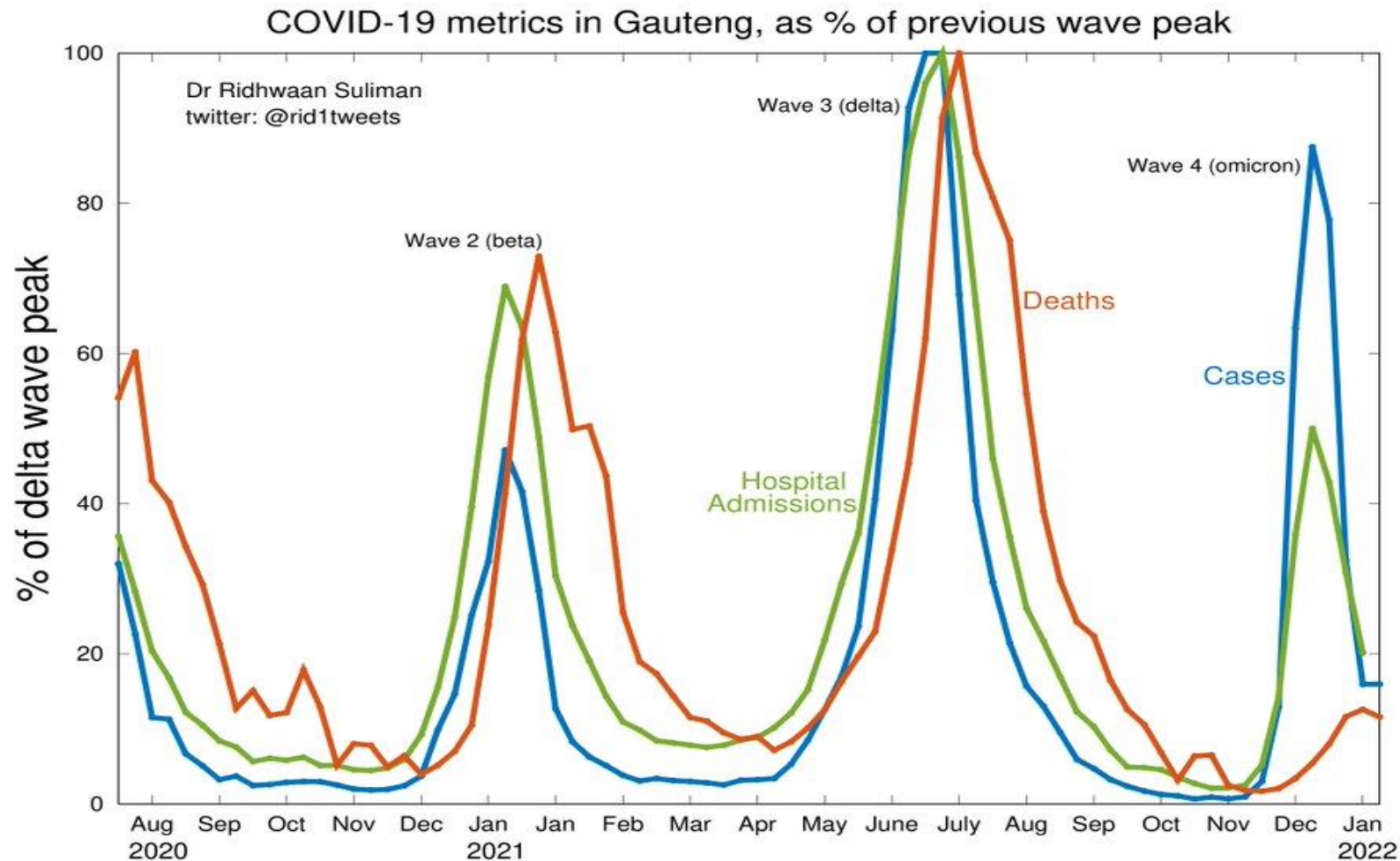
- Covid-19 pandemic has caused significant disruption of essential health services
- Urgent need for innovative strategies as disease evolves
- Most countries have crossed the initial 3 phases of transmission and are now heading towards community/local transmission
- Vaccine coverage
- New variants, more transmissible
- Search for strategies to minimize risk of transmission

Obstetric Telehealth

“Evidence suggests that telehealth provides comparable health outcomes when compared to traditional methods of health care delivery. Patient-physician relationship not compromised. Patient satisfaction enhanced. Patient engagement improved”



Covid Statistics – Gauteng, South Africa





**Increased need for
home-based care to
minimize risk of
transmission**

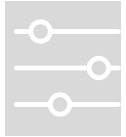
Principles of management

- Clinical evaluation of the COVID-19 pregnant woman
- Evaluation of the home setting
- The ability to monitor the clinical evolution of a person with COVID-19 at home
- Waste management in home setting

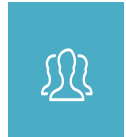
Criteria for home-based care

- **Mild disease** – COVID-19 without evidence of viral pneumonia or hypoxia
- **Moderate illness** – some clinical signs of pneumonia (fever, cough, dyspnea) but SpO₂ > 90% on room air; RR < 30
- Appropriate IPC measures at home
- Close monitoring of signs and symptoms of deterioration in health status by a trained HCW

Assessing severity of illness / signs that require urgent medical attention



Difficulty in breathing / talking



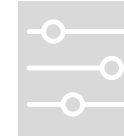
Coughing blood



Chest pain or pleuritic chest pain



**Signs of dehydration /
unable to tolerate oral fluids
/ medication**



Dizziness



Confusion

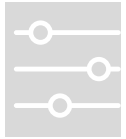


**Warning signs: pain,
bleeding, ROM, decreased
FM**



**Unremitting fever > 39C
despite use of paracetamol**

Assessment of clinical and social risks



**Presence of
co-morbidities**



Obstetric problems



**Inability to care for self
or arrange follow-up**



Clinical assessment
Respiratory function
Physical examination, CXR,
pulse oximetry, ABGs

Evaluation of the home setting

- Ability to adhere to restrictions on movement around the house
- Presence of support network – caregiver
- Hand and respiratory hygiene supplies
- Environmental cleaning materials



Evaluation of the home setting

- Household members knowledge of preventing transmission in home
- Presence of other vulnerable members in household
- Psychosocial needs of pregnant woman and family
- When to call for medical assistance



Home monitoring

- Home-based care should be provided by HCWs
- Lines of communication between the caregiver and trained HCWs for the duration of home-care period
- Telemonitoring, SMS, WhatsApp, contact for clinic/hospital
- Covid Helpline (South Africa) – 0800 029 999
- Daily monitoring forms



Home monitoring

| | | | | | | | |
|--|---------|---------|----------------|---------|--|---------------|---------|
| Surname | | | First Name | | | Date of Birth | |
| Contact Cell number | | | E-mail address | | Category of Essential Worker (Select from addendum 1) | | |
| Alternative contact number | | | | | Job Title | | |
| Next of Kin or Alternative Contact (Please provide name, relationship and contact details) | | | | | | | |
| Work address & details: | | | | | | | |
| Home address: | | | | | | | |
| Days post exposure | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Date: DD/MM | | | | | | | |
| Document morning + evening | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM |
| Temperature (no meds) | I | I | I | I | I | I | I |
| Respiratory rate | I | I | I | I | I | I | I |
| Pulse rate | I | I | I | I | I | I | I |
| Symptoms (Circle Y or N) | Daily | Daily | Daily | Daily | Daily | Daily | Daily |
| Fever/Chills | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Cough | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Sore throat | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Shortness of breath | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Body aches | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Redness of the eyes | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Loss of smell OR loss of taste | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Nausea/vomiting/diarrhoea | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Fatigue/ weakness | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| At Home or work? | H / W | H / W | H / W | H / W | H / W | H / W | H / W |
| Clinical and Progress Notes and Exposure History: | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Primed for a pandemic: Implementation of telehealth outpatient monitoring for women with mild COVID-19



Nicole M. Krenitsky, Jessica Spiegelman, Desmond Sutton, Sbaa Syeda, and Leslie Moroz*

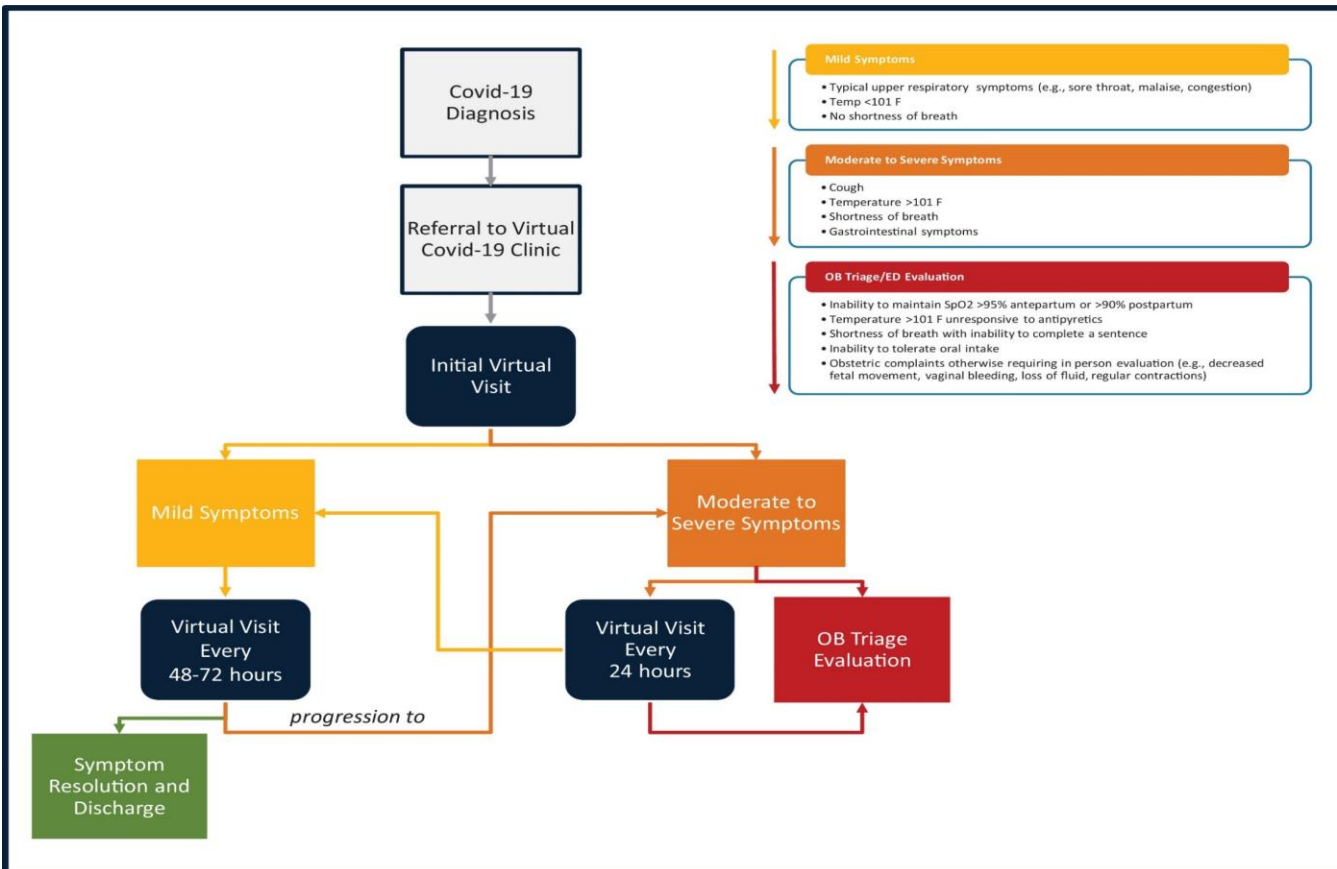


Table 2 – Summary of triage visits during telemonitoring and their dispositions.

| Triage Visit Outcomes | Triage Visits No. visits (%) |
|--|---------------------------------|
| COVID-related chief complaint | 21 (55.3) |
| Admitted | 5 (23.8) |
| Discharged | 16 (76.2) |
| Further COVID-related care performed in triage | 11 (68.8) |
| No COVID-related care performed | 5 (31.2) |
| Non COVID-related chief complaint | 17 (44.7) |
| Admitted | 5 (29.4) |
| Discharged | 12 (70.6) |
| Further COVID-related care performed in triage | 1 (8.3) |
| No COVID-related care performed | 11 (91.7) |

IPC measures for HCWs providing care in a private home

- Carry out risk assessment and need for PPE – medical mask
- Patient in adequately ventilated room - natural ventilation
- Avoid use of fans for air circulation
- Limit presence of household members during visits



IPC measures for HCWs providing care in a private home

- Perform hand hygiene after contact with patient
- Use disposable paper towels to dry hands
- Clean and disinfect any reusable equipment before using on another patient
- Remove PPE before leaving home
- Dispose waste in strong bags / safety boxes



IPC measures for caregivers providing care at home

- Limit woman's movement around the house
- Household members should not enter room of patient
- Appropriate hand hygiene - before and after preparing food
- Pregnant woman and caregivers should wear medical mask
- Do not reuse medical masks
- Avoid contact with patients body fluids
- Linen and clothes should be washed with soap, hot water: 60-90C
- Waste generated at home should be packed in strong bags

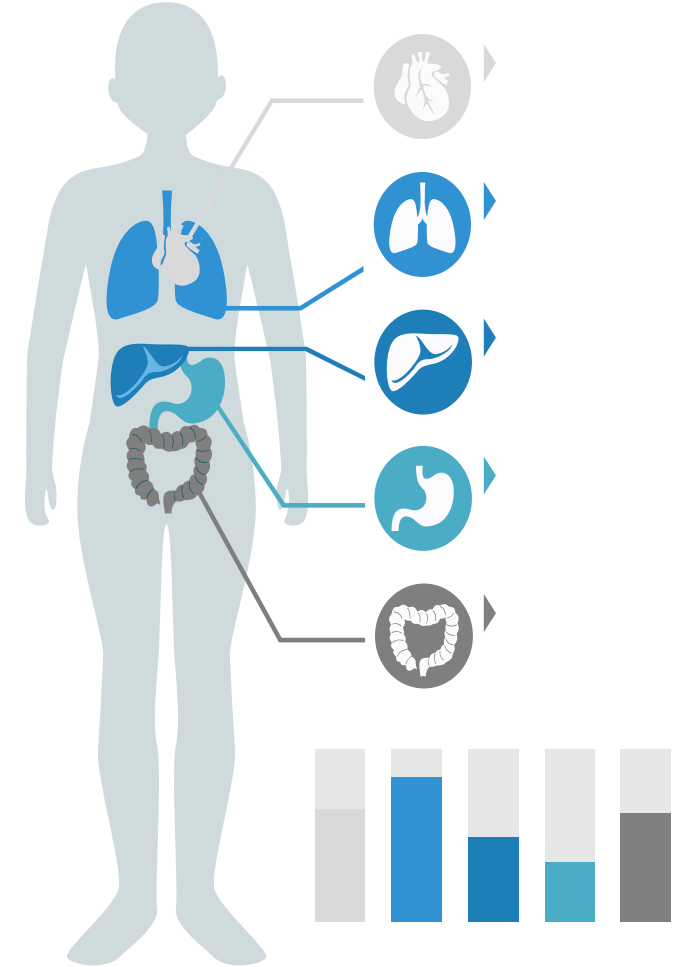


Requirements for PPE

| Indication | Consists of | Required for |
|-----------------------------|---|-----------------------------------|
| Standard PPE (staff) | Gloves, surgical mask, apron May require eye covering if risk of a mucosal splash. | Routine care of COVID-19 patients |
| Full PPE (staff) | Gloves, gown, hair cover, N95 ventilator, goggles/ visor | Aerosol generating procedures |
| PPE for mothers/ caregivers | Hand hygiene, face mask | |

Medical Management

- Supportive treatment – antipyretics for pain, fever
- Adequate nutrition, rehydration
- Antibiotics – only if clinical suspicion of bacterial infection
- Anticoagulants not recommended for outpatient settings
- Psychosocial support



Educational tools



Respectful maternity care (RMC) and person-centred care (PCC)

- RMC – evidenced-based approach to care in all circumstances. It includes respect for dignity, privacy, confidentiality, informed choice and continuous support during childbirth and labour
- PCC – emotional wellbeing and physical comfort. Woman are empowered and included in decisions about their care

RMC and PCC within the reality of COVID-19

- Promote family support
- Keep mother and newborn together. Promote breastfeeding and skin-to-skin contact
- Ensure effective health education
- Promote positive practice environment

Other problems which woman may face

- Mental health problems
- Gender based-violence
- Poverty/ Food insecurity
- Adolescent/teen pregnancies – build a trusting, non-judgmental relationship.
Ensure privacy/confidentiality
- Bereavement/loss



Vaccine hesitancy

- Share personal experiences
- Build trust
- Address misinformation
- Help woman to feel empowered
- Emphasize positive outcomes



Conclusion

