First Nations Health Authority
Health through wellness

LABOUR, BIRTH AND POSTPARTUM INFORMATION FOR NURSES/HEALTH CARE PROVIDERS DURING COVID-19 - *Part 3 of 4*

We suggest using the hyperlinks or going directly to BCCDC for the most up-to-date information.

The COVID-19 Pandemic situation is changing how families are experiencing pregnancy and postpartum; it has changed how we care for the whole family. Pregnancy and birth are healthy events celebrated by the whole family and community; this has also changed. Therefore, the families as well as the whole community may be finding it a tough time and need extra support and understanding. This is practising cultural safety, humility and trauma informed care. (cultural document pending)

Labour and Birth	*"In uncertain times knowing and transparency is stress reducing" (Harley Eagle)* Provide clients with information to prepare them for what to expect and to decrease myths they may be hearing through social media. • Each hospital has a specific plan for admission of clients that will be different to what the client may have previously experienced. Let her know that she may be asked to wear a mask during labour. • Only one support person is allowed in the room with the woman. • Visitors/family are not allowed in hospitals. • Hospital personnel will be wearing full PPE – again, hospitals may have variations. • Entonox is not being used at all due to COVID-19. • C-sections are not being performed specifically for COVID-19 – only when required for other obstetrical reasons. • Rules around the support person being present during a C-section may change. • Skin to skin immediately after birth is still being promoted as well as early initiation to breastfeeding. Any extra activities or ceremonies will not be allowed in the labour/birthing room. Brainstorm with your client about what she can do ahead of time to make her feel safe with familiar items for her to see, hear or feel: • a recorded message from someone special that can be played during the birth • spiritual music • sage or cedar or tobacco bundle/pouch • a piece of clothing or blanket that would be important to her • photos of the people she would like to be there with her Hospitals are now, or will be in the future, sending clients and baby home as soon as they are stable and healthy, maybe before 24 hours. **This has implications for care once home**: • If before 24 hours the PKU test on baby will not be performed. This will need to be done after discharge. ***** If family lives a distance from a public health unit or***

	hospital – make sure they explain this to the hospital staff. Perhaps they can stay until 24 hours.** • Newborn hearing tests are not being done in many hospitals. Ensure the family knows where and when to get the test done. That information should be provided in the hospital. (Screening will be done by the Health Authority public health units). Follow up to ensure it has been done. • If breastfeeding, the mother's milk may not have come in. Early follow-up with her will be very important, especially if this is her first time breastfeeding. See Part 4 of these documents: Infant and Newborn Information The challenge is not only that mothers and babies are being discharged early from the hospital but the usual community care by the health authority public health and/or your community health centre has changed. Who will be contacting and assessing?
Postpartum	**Postpartum follow-up** Frequency and type of visit (phone call/virtual, at the clinic, home visit) will depend on several factors: when the family returns to community, your health centre setup, availability of PPE, who else is seeing her (doctor, NP), and mother's needs and concerns (can they be assessed by phone, or would an in-person visit be required?). • What services and support are you able to provide? If you are not in a position (health centre closed) to be following the family postpartum – who will follow them? • Connect with the nearest public health unit and advise them of what services you can or cannot provide. It is important to ensure that families do not get missed. • Client/family need to know if their health centre is providing any support. If you have family support workers, MCH workers, etc. – are they maintaining contact with clients? Providing them with this information before they leave to give birth would be optimal. **Postpartum community care** • Phone call to assess overall health of mother and baby. For some families this may be sufficient. • Frequency of further contact will depend on what you assess, mother/baby's needs and if mother/baby are being assessed by any other health care professionals. • If mother is within the first week after birth and she is not able to see her doctor/midwife/NP she should be assessed. The challenge is being able to conduct a virtual (phone call) full assessment; physically aspects of the assessment generally need to be completed in person. (e.g., BP, fundus, assessment of incisions (perineal stitches or a C-section). However, in some cases there may be ways to assess virtually: if mother has a BC cuff, feels for her own fundus, and describes her incision to you.

Perinatal Services BC documents; **see:** Community postpartum documents

Postpartum Checklist

Community Postpartum Assessment

Guideline for completion of the Community Postpartum Assessment

Ensure the client is aware of the reasons that she should seek care immediately (e.g., bleeding, large clots, headache, etc.). Discuss who she should contact. Ensure she has phone numbers to call. **See:** Baby's Best Chance (pages 51-54).

- For clients who experienced gestational diabetes, SOGC is now recommending that postpartum screening for maternal dysglycemia should be deferred until after the COVID-19 pandemic has ended. We do not recommend bringing women back (to hospital or lab) solely for an OGTT.

- New mother/family needing to see a doctor, **see:** First Nations Virtual Doctor of the Day

Emotional mental health

- Assessing her mental wellbeing is important. The changes with lifestyle, support systems and the added stressors due to COVID-19 may increase the chance of postpartum depression and anxiety.
- Screening for postpartum depression (PPD) is usually completed at 6 weeks postpartum unless there are earlier signs. Who will be doing it (public health, doctor, or CHN)? For Perinatal/Postnatal Depression Scale and Scoring Guide, **see:**

  EPDS form
  EPDS scoring guide
- PPD screening can be done over the phone.
- Discuss with partner/family the symptoms of postpartum depression (PPD) and what to do; **see:** Baby's Best Chance (page 54)
- For phone and text messaging support, **see:** Pacific Post Partum Support Society
- See Part 1 of these documents ('Maternal Child – General Information - *Part 1 of 4')* for general mental health and partner violence information.