**Checklist for confirmed Covid -19 infection in pregnancy and up to 6 weeks postnatal.**

**Patient Details:**

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| --- | --- | --- |
|  | **Completed****(DATE)** | **Signed** |
| Document details of patient with Covid – 19 on spreadsheet |  |  |
| Complete VTE risk assessment |  |  |
| Consultant/Reg to review risk assessment and complete TTO prescription |  |  |
| Send to pharmacy and arrange collection as soon as ready |  |  |
| Prepare LMWH outpatient pack and arrange collection on same day |  |  |
| Ensure patient understands and is happy to self-administer via telephone/attend anywhere |  |  |
| Photocopy triage form, VTE risk assessment and checklist – 1 copy to be sent home for filing in hand held maternity notes, file 1 copy in hospital notes. |  |  |
| Discuss safety netting;To contract triage if **ANY** pregnancy related concerns eg. Reduced fetal movements.To contact 111 or GP if COVID 19 symptoms become concerning |  |  |
| Wellbeing phonecall to woman on Day 3 post positive result |  |  |
| Wellbeing phonecall to woman on day 10 post positive result |  |  |
| If has required Daltaparin **OR** is BAMEArrange ANC review for after 7 day isolation period |  |  |