



Admission of Antenatal/Prenatal Patients With Communicable Diseases Procedure

Procedure Number

CHC-IC-0002

Version Nos:

6

1. Purpose

This Procedure outlines the process for the admission of antenatal and prenatal patients with a communicable disease into a West Coast District Health Board (WCDHB) facility.

2. Application

This Procedure is to be followed by all clinical staff throughout WCDHB.

3. Definitions

For the purposes of this Procedure:

Communicable Disease is as a Transmissible disease /illness which include Measles, Chicken Pox and Shingles, contracted by a woman during the antenatal or post partum period.

Antenatal Period defined as the time from conception to delivery

Post Partum Period is taken to mean the period from the delivery of the baby, up to 6 weeks post delivery.

Infectious Period is taken to mean for measles – 7 days from appearance of rash, for Chicken Pox - 1- 2 days prior to the rash and until all the vesicles have dried up

4. Responsibilities

For the purposes of this Procedure:

Clinical Nurse Specialist- Infection Control is required to:

- oversee all aspects of this Procedure
- monitor the performance of WCDHB staff members in relation to this Procedure;

Staff Members are required to:

- ensure they abide by the requirements of this Procedure;
- abide by all WCDHB Infection Control Policy and Procedures;
- abide by all WCDHB Health and Safety Policy and Procedure.

5. Resources Required

This Procedure requires no specific resources.

6. Process

1.00 If a woman requires hospitalisation for her antenatal condition and is also infectious as determined by her Lead Maternity Carer in consultation with the On-call Physician or Chairman of the Infection Control Committee she is to be admitted into Morice Ward.

1.01 If a woman is in labour and is infectious she should deliver at Grey or Buller Hospital then as soon as possible post partum be discharged home provided she consents and the appropriate home supports are in place, However, if hospitalisation is required she is to be transferred to a medical ward or Paediatric for nursing using appropriate Contact Precautions. If required, she is to be transferred to Christchurch Public Hospital.



- 1.02 If the newborn baby becomes unwell while the mother is still infectious, the on-call Paediatrician in Christchurch is to be consulted for advice on management.
- 1.03 If the baby becomes infectious, the Paediatrician will advise on management.
- 1.04 The baby may stay with the mother if she is still infectious or transferred to Parfitt Ward and managed according to the infectious agent. Where possible the mother is to remain in close contact with the baby.
- 1.05 If a woman requires hospitalisation for her antenatal condition and is also infectious, as determined by her Lead maternity Carer (LMC) in consultation with the On-Call Physician or Chairman of the Infection Control Committee she should be admitted to a Medical / Paediatric ward.
At Admission the following should occur:
 - i) The Obstetrician is to confer with the on-call Physician at Grey Hospital to facilitate the admission.
 - ii) The CNS Infection Control is to be informed of the admission by the LMC.
 - iii) The woman is to be admitted into a single room with an ensuite.
 - iv) The woman is to receive daily visits from her LMC and the Obstetrician.
 - v) Staff is to practice isolation as per the WCDHB Isolation Precautions Procedure
- 1.06 A transfer plan to McBrearty Ward is to be in place prior to the onset of labour, and discharged home as soon as practicable, or transferred back to the Medical ward/Paediatric ward
- 1.07 If the patient requires transfer to Christchurch Women's Hospital, this must be coordinated with the Resource Co-Ordinator / Duty Patient Care Manager at Christchurch Women's Hospital.
- 1.08 If the woman requires a Caesarian Section she is to be readmitted to the Paediatric Ward.
- 1.09 If the woman requires an extensive surgical procedure and is primarily in need of surgical care, she should be admitted into a single room in Barclay Ward.
- 1.10 The Medical Officer of Health is to be notified of all admissions of communicable diseases (as per the requirements of the WCDHB Notification Of Infectious Diseases Procedure)
- 1.11 Pregnant or non-immune staff members are not to care for the patient.

7. Precautions and Considerations

- ➔ If a woman requires hospitalisation for her antenatal condition and is also infectious as determined by her Lead Maternity Carer in consultation with the On- Call Physician or Chairman of the Infection Control Committee she is to be admitted into Medical or Paediatric Ward.
- ➔ If the newborn baby becomes unwell while the mother is still infectious, the on-call Paediatrician in Christchurch is to be consulted for advice on management.

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- The Medical Officer of Health is to be notified of all admissions of communicable diseases as per the requirements of the WCDHB Notification Of Infectious Diseases Procedure

8. References

New Zealand Standard – Infection Control (NZS 8142:2008)

9. Related Documents

WCDHB Infection Control Procedure Manual

WCDHB Health and Safety Policy and Procedure Manual

WCDHB Accident/Incident Form

Revision History	Version:	6
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