



Maternal and Child Health Service providers

COVID-19 update 5 April 2020

Introduction

The coronavirus disease (COVID-19) pandemic is unprecedented and has the potential for a significant effect upon Maternal and Child Health (MCH) services, the workforce and families. Our response needs to be agile and flexible to meet the needs of families and the MCH workforce, whilst limiting the spread of COVID-19.

The Department of Health and Human Services (the department) as steward, system manager and agent in partnership with the Municipal Association of Victoria (MAV) will provide direction to MCH services to support alternative service delivery to alleviate the spread of COVID-19.

This direction:

- Should build upon the pandemic and business continuity planning already underway by local government and MCH services, including remote and working from home arrangements for staff.
- Is intended to inform alternative modes of service delivery and support the delivery of essential services to families, without compromising the health and wellbeing of parents, children or the workforce.

General advice

The advice presented in this document is subject to further updates. As such, all services are encouraged to:

- Keep up-to-date with current COVID-19 advice and information for health providers on the department's website <https://www.dhhs.vic.gov.au/coronavirus>.
- Refer to <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19> for the guidelines for health services and general practitioners, including transmission reduction and physical/social distancing measures.
- Follow the Victorian Chief Health Officer (CHO) on twitter at <https://twitter.com/VictorianCHO> and subscribe to the daily CHO updates <https://www.dhhs.vic.gov.au/coronavirus-covid-19-daily-update>.
- Subscribe to the COVID-19 newsletter by emailing COVID-19@dhhs.vic.gov.au.

Alternative models of service delivery

The department recommends that MCH providers implement several key actions to move to an alternative service delivery model. The aim of these changes is to:

- Contribute to the reduction of COVID-19 infection and transmission rates for families, workers and the community by reducing face-to-face contact wherever possible.
- Ensure continued delivery of essential services including in the context of workforce shortages or redirection of staff to other COVID-19 duties.
- Prioritise access to essential MCH services based on parent and child vulnerability and need.

- Ensure that Personal Protective Equipment (PPE) is prioritised and used in accordance with current department advice at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>.

Key Actions

1. To reduce face-to-face contact wherever possible, MCH service providers should:

- Replace face-to-face home visits and centre appointments by using telephone or electronic consultations, including Skype and Zoom. The length of these electronic consultations should reflect the needs of families. Electronic consultations do not need to be limited to 15 minutes.
- Prioritise additional essential face-to-face appointments only for at risk or high needs parents or children.
- Minimise physical contact during essential face-to-face appointments by ideally keeping them to 15 minutes or less.
- Practice universal precautions and infection control procedures at both individual and service level, including for example cleaning phones, keyboards and shared workspaces.
- Only use full PPE in accordance with current department guidance at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19>.

2. The department recommends priority access for essential MCH appointments (via electronic and phone consultations wherever possible) is given to:

- Young infants and new parents at key ages and stages (KAS) including the first consultation known as the 'home visit' and at 2, 4 and 8 weeks.
- Aboriginal parents, infants and children.
- Anyone with additional needs or complexity including those on the Enhanced MCH program.

3. For essential MCH appointments for families with suspected or confirmed COVID-19 cases:

- The department recommends service delivery be conducted via electronic or telephone consultations wherever possible and safe to do so.
- If a face-to-face consultation is deemed clinically essential a short home visit (ideally less than 15 minutes) can be completed by an MCH nurse equipped with full PPE.
- Advice on the correct usage of PPE, including how to put PPE on and take it off is available at <https://www.dhhs.vic.gov.au/health-services-and-general-practitioners-coronavirus-disease-covid-19> under the heading "Resources for health professionals".
- The department will be continually updating its advice about the provision of PPE at the above link.

4. For essential MCH appointments for families who are not suspected or confirmed COVID-19 cases:

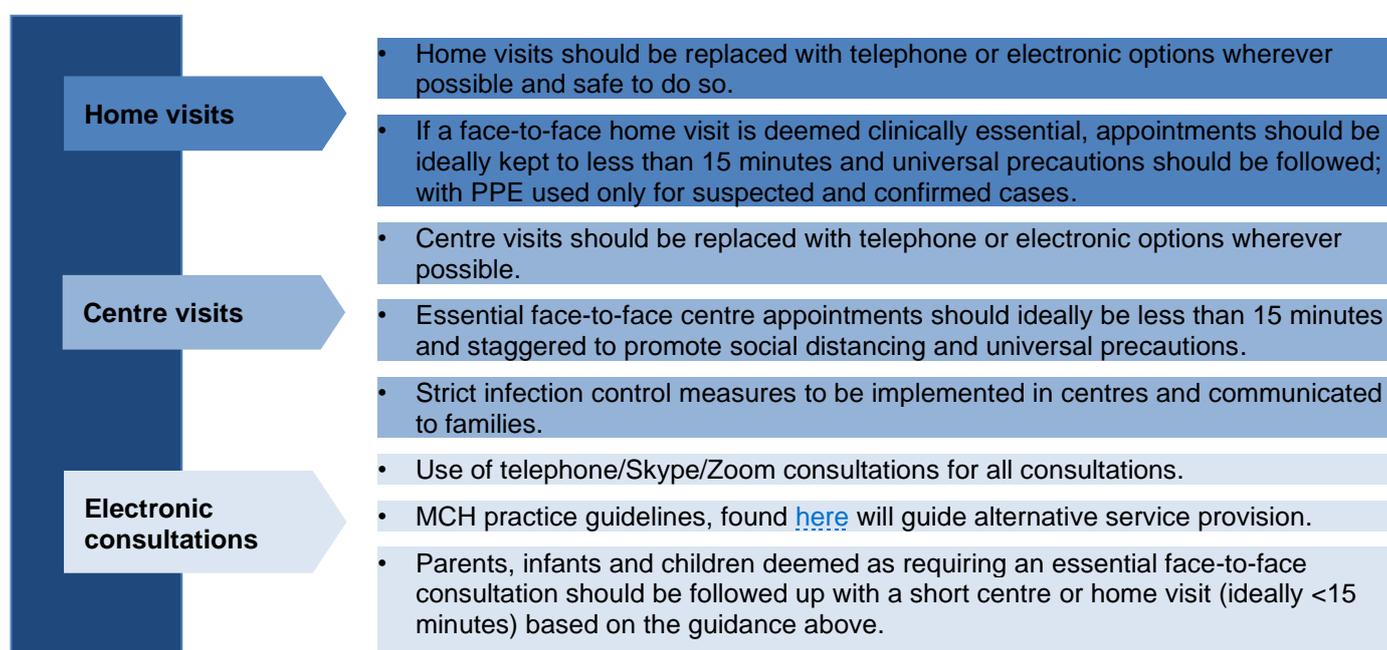
- The department recommends service delivery be conducted via electronic or telephone consultations wherever possible and safe to do so.
- If a face-to-face consultation is deemed clinically essential for families showing no signs or symptoms of COVID-19, a short home or centre visit (ideally less than 15 minutes) can be completed by an MCH nurse.
- PPE is not required, however universal standard precautions found at <https://www2.health.vic.gov.au/public-health/infectious-diseases/infection-control-guidelines/standard-additional-precautions> should be practiced. In addition, advice as outlined under the heading "Actions for health and other organisations where health professionals provide close body contact procedures or services" at <https://www.dhhs.vic.gov.au/coronavirus-covid-19-transmission-reduction-measures#actions->

[for-health-and-other-organisations-where-health-professionals-provide-close-body-contact-procedures-or-services](#) should be implemented.

5. **Subject to workforce capacity**, the department recommends the continuation of KAS visits or consultations to children in older age groups from 4 months onwards only where possible and preferably via electronic means.
6. The department recommends the **suspension effective immediately and until further notice of all group sessions** including, but not limited to, “Sleep & Settling” and “First Time Parent Groups” to avoid the risk of cross infection.
7. The **24 hour/7 day per week Maternal Child Health Line (13 22 29)** will continue to operate and provide telephone advice to parents and families across Victoria.

Modes of service delivery

Service delivery will continue but will be altered to manage the risks to workers and families.



Telehealth

Services should also be aware that for vulnerable patients or vulnerable health practitioners, new bulk-billed non-admitted items have been introduced for telehealth. Further information can be found at:

<http://www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/news-2020-03-01-latest-news-March> .

MCH workforce health and availability

If MCH service providers or staff are concerned that an employee or employee's family member may have or have been exposed to COVID-19, they should:

- Follow the department's advice for healthcare workers on <https://www.dhhs.vic.gov.au/coronavirus>.
- Contact the 24 hour/7 day per week dedicated COVID-19 hotline **1800 675 398**.

The 24 hour/7 day per week **Maternal Child Health Line (13 22 29)** will continue to provide telephone advice to parents and families across Victoria.

As MCH services are scaled back to essential services, nurses may need to be redirected to support other essential services including, for example, immunisation services which will continue to be implemented for health workers and families. It is acknowledged that this will further impact on provision of MCH Services.

Service agreements, funding and reporting

The department recognises the critical role of MCH services in the health and wellbeing of parents, infants and children. Services should be reassured the department:

- Will not recoup funds for suspended services (group sessions, sleep and settling initiative).
- Understands funding may need to be redirected by services to implement alternative service delivery responses.
- Understands that the MCH participation rates could be impacted by COVID-19.
- Expects current year unspent funding will be rolled over to the following financial year to support MCH programs.
- Expects services will utilise existing data systems (CDIS and Xpedite) to record electronic consultations, click link for updated CDIS instructions [MCH CDIS KAS & Additional Consultations Via Phone](#).

For MCH services who have recruited staff for the sleep and settling initiative, these staff can be utilised to support the organisation's business continuity plan until the initiative commences.