



<b>Topic</b>
Antenatal care for women with current suspected or confirmed COVID-19 or with a member of their household with suspected or confirmed COVID-19
<b>Potential impact of Covid-19 in this topic area</b>
<ul style="list-style-type: none"><li>• Evidence continues to evolve in relation to the impact of COVID-19 in pregnancy on women, the fetus and newborns.</li><li>• Current indications are that healthy pregnant women are generally no more susceptible to contracting COVID-19 than the general population and that, if they do contract the virus, they are no more likely to become seriously unwell.</li><li>• A study of pregnant women admitted to UK hospitals with COVID-19 in from February – March 2020 identified that Black, Asian and Minority Ethnic (BAME) women are at greatly increased risk compared to other pregnant women of being admitted with severe COVID-19.</li><li>• Other women at some increased risk of becoming seriously unwell with COVID-19 are women with a high BMI, women who are over 35 and those with underlying medical conditions such as high blood pressure, cardiac conditions, diabetes or asthma.</li><li>• Recent evidence has suggested that, vertical transmission (that is transmission to the fetus during pregnancy and childbirth) may occur, though this is not yet conclusive</li><li>• There is no current evidence to suggest that contracting COVID-19 in early pregnancy increases the risk of miscarriage or fetal anomalies.</li><li>• Pregnant women, like anyone with symptoms of COVID-19 or a family member with COVID-19, should access local testing facilities and themselves isolate. This will have an impact on their ability to access face to face antenatal care, including scans and is very likely to lead to heightened levels of anxiety and depression.</li><li>• Care should be co-ordinated for those who are forced to miss appointments due to self-isolation and any woman who has a delayed appointment for more than 3 weeks should be contacted.</li><li>• Virtual appointments should be arranged for women who have indicated that they have symptoms of COVID-19 or who have had a positive test to ensure follow up with them, and to identify if there are any other problems that require immediate face to face review that have emerged, such as reduced fetal movements.</li><li>• Until test results are available, women with symptoms of COVID-19 should be treated as if they are positive for the virus. On admission, provide the woman with a surgical face mask, treat in an isolation room and PPE should be worn at all times by staff when in contact.</li></ul>
<b>Current key guidance for this topic – clinical care and advice for women</b>
<ul style="list-style-type: none"><li>• If a healthy woman without the risk factors identified above (BAME, high BMI, underlying medical conditions, aged over 35) is infected with COVID-19, she should be advised that she is still most likely to have no symptoms or a mild illness from which she will make a full recovery.</li><li>• If a BAME woman is infected with COVID-19, she should be advised that she is at increased risk of becoming unwell with COVID-19 and provided with advice on symptoms and how and when to call for medical advice. Follow up arrangements should be put in place to ensure regular virtual contact between the woman and maternity services during her illness.</li><li>• If a woman with other risk factors is infected with COVID-19, she should be advised that she may be at some increased risk of becoming unwell with COVID-19 and provided with advice on symptoms and how and when to call for medical advice. Individualised risk assessment should be undertaken to identify whether follow up</li></ul>

arrangements should be put in place to ensure regular virtual contact between the woman and maternity services during her illness.

- If she develops more severe symptoms or her recovery is delayed, this may be a sign that she is developing a more significant chest infection that requires enhanced care. Advice should then be that if she feels her symptoms are worsening or if she is not getting better, she should contact her maternity care team, NHS 111 or local alternative straight away for further information and advice.
- For women who have had symptoms and/or a positive test result, appointments can be deferred until 7 days after the start of symptoms, unless symptoms (aside from persistent cough) persevere or unless other concerns arise unrelated to COVID-19 which require face to face urgent review.
- For women who are self-isolating because someone in their household has symptoms of or a positive test for COVID-19, appointments should be deferred for 14 days, unless other concerns arise unrelated to COVID-19 which require face to face urgent review.

**The following suggestions apply to all hospital/clinic attendances for women with suspected or confirmed COVID-19:**

- Women should be advised to attend via private transport where possible or call 111/999 for advice as appropriate.
- If an ambulance is required, the call handler should be informed that the woman is currently in self-isolation for possible or confirmed COVID-19.
- Women should be asked to alert a member of maternity staff to their attendance when on the hospital premises, but prior to entering the hospital.
- Staff providing care should take personal protective equipment (PPE) precautions as per national [Health Protection guidance](#). Women should be met at the maternity unit entrance by staff wearing appropriate PPE and be provided with a surgical face mask (not FFP3 mask). The face mask should not be removed until the woman is isolated in a suitable room.
- Women should immediately be escorted to an isolation room where available, suitable for the majority of care during their hospital visit or stay.
- Isolation rooms should ideally have an ante-chamber for putting on and removing staff PPE equipment and ensuite bathroom facilities.
  - Only essential staff should enter the room and visitors should be kept to a minimum at the discretion of maternity staff.
  - Remove non-essential items from the clinic/scan room prior to the woman arriving there.
- All clinical areas used will need to be cleaned after use as per national [Health Protection guidance](#).
- When possible, early pregnancy units (EPUs) or maternity triage units should provide advice over the phone. If this requires discussion with a senior member of staff who is not immediately available, a return telephone call should be arranged.
- Local protocols are required to ensure women with confirmed or suspected COVID-19 are isolated on arrival to EPU or maternity triage units and full PPE measures are in place for staff
- Medical, midwifery or obstetric care should otherwise be provided as per routine.

**Current Evidence base**

The Evidence base is changing rapidly. RCOG/RCM guidance is being continually updated. Version 5, published on 28 March 2020, can be found here and includes all of the relevant referencing:

<https://www.rcm.org.uk/>

<https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-28-covid19-pregnancy-guidance.pdf>

UKOSS study <https://www.medrxiv.org/content/10.1101/2020.05.08.20089268v1.full.pdf>

**References and links to online and virtual support and guidance**

*The NCT is providing a variety of virtual support for women and families:*

<https://www.nct.org.uk/pregnancy/coronavirus-and-pregnancy/faqs-coronavirus-pregnancy-and-parenthood>

*The UK patient facing advice is gathered on the NHS UK website:*

<https://www.nhs.uk/conditions/coronavirus-covid-19/>

*In Scotland, the patient facing information about COVID-19 is gathered on NHS Inform:*

<https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19>

*Specific Scottish Government advice for parents in Scotland is gathered on the Parentclub website:*

<https://www.parentclub.scot/topics/health/coronavirus>

*Guidance for Wales is on the Public health Wales website: <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/> and for Northern Ireland here:*

<https://www.health-ni.gov.uk/>