



Topic
<i>Postnatal Care for women with suspected or confirmed COVID-19</i>
Potential impact of Covid-19 in this topic area
<ul style="list-style-type: none">• Women and babies in the immediate and early postnatal period must be cared for as per the Trust/Board infection control and isolation protocol during their hospital stay.• Mother and baby should be cared for as a unit and separation should be avoided except in an emergency or when the mother and/or baby require intensive care. If the mother requires intensive care, suitable arrangements should be made for care of the baby, either in hospital or at home.• All staff providing care should comply with personal protective equipment (PPE) precautions as per national health protection guidance for those working in maternity service set by PHE here.• Women who are seriously ill with COVID-19 and cared for in ICU will require postnatal care and consideration must be given to frequency, continuity of care and compliance with PPE requirements.• Due to the incubation period of the COVID-19, all staff providing postnatal care to women with suspected Covid-19 who are measuring woman's vital signs, should be aware of the possibility of her developing symptoms of COVID-19 postnatally. In the event of new onset of respiratory symptoms with/without unexplained fever, which meet the PHE case-definition for suspected COVID-19, the woman should be isolated and appropriate infection control precautions initiated.• Women and babies who are well though showing signs and symptoms of or confirmed COVID-19 should be transferred home and self-isolate. Where possible private transport should be used. Where there is no access to private transport other transfer arrangements must be discussed.• In order to comply with self-isolation, the nature and approach of postnatal appointments should be reviewed, with as much of the care as possible being provided through virtual means, for example via video and telephone appointments.• RCPC guidance recommends that all families self-isolate at home for 14 days after birth of a baby to a woman with active COVID-19 infection.• When reorganising services, maternity units should be aware of emerging evidence that black, Asian and minority ethnic group (BAME) individuals are at particular risk of developing severe and life-threatening COVID-19. Particular consideration should be given to the experience of women of BAME background and of lower socioeconomic status, when evaluating the potential or actual impact of any service change.• At each home postnatal visit the staff must follow the guidelines for PPE as set by PHE here .• After birth, women and their families will continue to need at least as much support, advice, care and guidance in relation to early parenthood as before the pandemic.• It is important that care is available to ensure continued support for women with complex care needs. Women living with adversity including poverty, homelessness, substance misuse, being an asylum seeker, experiencing domestic abuse and mental health problems will continue to require timely expert support.• Isolation, bereavement, financial difficulties, insecurity and inability to access support systems are all widely recognised risk factors for mental ill-health. The pandemic increases the risk of perinatal anxiety and depression, as well as domestic violence. It is critically important that support

for women and families is strengthened as far as possible; that women are asked about mental health at every contact; and that women are urged to access support through remote means as far as possible.

- Clear guidance on any changes to postnatal care services should be provided on local Trust/Board websites and should include signposting to reliable online support and advice services, including third sector organisations.
- If re-admission to hospital is required during the postnatal period, the hospital should be contacted in advance so that the woman and her baby are admitted through a separate triage area, where assessment can take place.
- Social agencies and third-party organisations can provide additional support and advice. Therefore, establishing and maintaining existing communication pathways should be encouraged on a local and national level.

Current key guidance for this topic – clinical care and advice for women

- Postnatal care should continue to be individualised according to the woman and newborn's needs (NICE, 2015).
- The minimum recommended number of postnatal contacts is three: at day 1 at home (ie the day after discharge if admitted to maternity setting for birth), day 5 and day 10. Women with known psycho-social vulnerabilities, operative birth, preterm/low birthweight baby and/or other medical or neonatal complexities need to be prioritised for face to face care.
- Aim to ensure continuity of midwife providing any remote or face-to-face postnatal care.
- Be aware that the symptoms of COVID-19 may mask other postnatal pathology like sepsis that will require different management. Be vigilant with vital observation.
- Advise the woman on adequate hydration, keeping mobile while self-isolating and using over-the-counter-medication like paracetamol as per recommended dose and frequency.
- Encourage breastfeeding by giving information on protection and prevention of infection properties of breastmilk. For babies who are bottle fed with formula or expressed breastmilk, strict adherence to sterilisation guidelines is recommended.
- Ensure both the woman and family understand the importance of hygiene and hand hygiene when caring for the baby, special attention should be given when breastfeeding or changing the baby's nappy.
- Ensure that every woman and their partner have information on how and when to contact midwives for advice, including in an emergency.
- Signpost women and their partners to any trusted information available remotely including support provided by third sector organisations which will be invaluable in providing support for breastfeeding, mental health and early parenting advice.
- Coordinate with local health visitors to ensure smooth transfer of care, reassuring parents of the continuity of care and support.
- Continue to advise and support parents on their contraceptive choices
- Ensure parents are aware of the safer sleep messages to reduce the risk of sudden unexpected death in infants (SUDI).

- Ensure every woman with confirmed COVID-19 has been discharged with at least 10 days of prophylactic LMWH, regardless of the mode of birth. The first dose of LMWH should be administered as soon as possible after birth, provided there is no postpartum haemorrhage and regional analgesia has not been used.
- Advise parents that if they are not going outdoors often, they should consider taking a daily supplement containing 10 micrograms of vitamin D.

Current Evidence base

The key current evidence base is being gathered, and continually updated, by the RCOG and RCM in clinical guidance, which can be accessed here: <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/>

COVID-19: infection prevention and control (IPC) https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control?utm_source=7c916e5e-b965-44d0-a304-cf38d248abba&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate accessed 06/04/20

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/>

NICE Postnatal care up to 8 weeks after birth Clinical guideline [CG37] <https://www.nice.org.uk/guidance/cg37>

The UK patient facing advice is gathered on the NHS UK website:
<https://www.nhs.uk/conditions/coronavirus-covid-19/>

RCM COVID-19 Briefing [Domestic abuse:](#)
RCM COVID-19 Briefing [Perinatal Mental Health](#)

WHO advice re breastfeeding and hygiene [here](#)

References and links to online and virtual support and guidance

FSRH Guidelines <https://www.fsrh.org/documents/fsrh-rcog-rcm-statement-postpartum-contraception-covid19/>

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>

NHS advice for new parents parenting [here](#) (<https://www.nhs.uk/conditions/pregnancy-and-baby/?tabname=your-newborn>)

RCM Protecting yourself appropriately during the coronavirus pandemic <https://www.rcm.org.uk/media/3844/rcm-ppe-wraparound-guidance-060420.pdf>

Specific Scottish Government advice for parents in Scotland is gathered on the Parent club website:
<https://www.parentclub.scot/topics/health/coronavirus>

The Lullaby Trust Safer sleep <https://www.lullabytrust.org.uk/>

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>

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Pelvic, Obstetric and Gynaecology Physiotherapy 2020 Post Covid pelvic floor disfunction

<https://pogp.csp.org.uk/documents/post-covid-pelvic-floor-dysfunction>

Pelvic, Obstetric and Gynaecology Physiotherapy 2020 Post Covid pelvic floor disfunction [Poster](#)

Vitamin D PHE advice <https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/>

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

<https://www.nhs.uk/conditions/coronavirus-covid-19/advice-for-people-at-high-risk/>