



<b>Topic</b>
<i>Postnatal Care for women <b>without</b> suspected or confirmed COVID-19 and living in a symptom free household</i>
<b>Potential impact of COVID-19 in this topic area</b>
<ul style="list-style-type: none"><li>• Women and babies in the immediate and early postnatal period may still be considered as 'vulnerable' and should follow the UK Government advice for pregnant women by maintaining social distancing.</li><li>• All women should be reminded about how to reduce the risk of contracting the virus – through hand hygiene and other infection control measures and social distancing. Leaflets and other information should be provided for all women on these issues, where possible in community languages for women without English as their first language.</li><li>• Due to the need for social distancing to remain in place the timing of transfer after birth from hospital to home is likely to be shortened but still needs to take into consideration individual health and social circumstances.</li><li>• In order to comply with social distancing, the nature and approach of postnatal appointments should be reviewed, with as much care as possible being provided through virtual means for example via video and telephone appointments.</li><li>• Women with significant medical conditions, specifically cardiac conditions, have been designated as 'extremely vulnerable' and, as such 'shielding' and self-isolation measures are advised. Individualised care planning should be undertaken to ensure this group of women receive appropriate postnatal care.</li><li>• 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.</li><li>• Where face to face appointments are required, women should be contacted prior to the midwife, or student or maternity support worker, visiting her home, to confirm that they and members of household remain symptom free.</li><li>• Guidance is provided for preparation of home visits by RCM <a href="#">here</a> and <a href="#">poster for women</a></li><li>• In areas where postnatal clinics are the norm, a review of the arrangements for postnatal care should take place by the Trust/Board and possible alternative arrangements for home visits established. If a decision is made to retain the postnatal clinic, social distancing should be maintained to avoid shared waiting areas.</li><li>• When there are significant midwifery staff absences during the course of the pandemic, it is likely, that there may be some temporary reduction in the routine postnatal schedule.</li><li>• 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. This includes when in hospital and restrictions on visitors is in place.</li><li>• Mother and baby should be cared for as a unit and separation should be avoided except in emergency or when the mother and/or baby require intensive care.</li><li>• It is important that care is available to ensure continuation of support for women with multiple</li></ul>

complex 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. Families where there are safeguarding concerns will continue to require close 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 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.
- Provide all BAME women with information about their increased risk of becoming seriously unwell if they contract COVID-19 and ensure that they are aware of the symptoms and how to access help and advice if they feel unwell.
- Integrate other personnel, students or maternity support workers into providing postnatal care when maternity staffing numbers are depleted. This could be for remote or face-to-face care.
- 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 has 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 SUDI.

- Emphasise the need to adhere to public health guidance about smoking, alcohol, drug use, diet and exercise.
- 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/>

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

Guidance 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>

RCM Guidance addressing increased risks during the COVID-19 pandemic for BAME women  
<https://www.rcm.org.uk/media/4063/rcm-addressing-increased-risks-during-the-covid-19-pandemic-for-bame-women-may-2020-1.pdf>

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

UKOSS study: <https://www.npeu.ox.ac.uk/downloads/files/ukoss/annual-reports/UKOSS%20COVID-19%20Paper%20pre-print%20draft%2011-05-20.pdf>

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/>

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

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>

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

NHS information on COVID-19 <https://www.nhs.uk/conditions/coronavirus-covid-19/>

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

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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](#)

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

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

**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>

**Scottish Government advice for parents in Scotland is gathered on the Parent club website:**

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

**All sites accessed 20/05/2020**