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| Antenatal Care for women without suspected or confirmed COVID-19 and living in a symptom free household |
| Potential impact of Covid-19 in this topic area |
| <ul style="list-style-type: none">• Pregnant women have been designated as ‘vulnerable’ in relation to COVID-19 by the UK Government and so were advised to maintain strict social distancing, particularly in the final trimester of their pregnancy.• As the first acute phase of the pandemic recedes, each of the four countries in the UK have set out route maps for easing lockdown restrictions and returning life to more normal patterns. Pregnant women should be directed towards this national guidance and local Trust/Board guidance for information about local services.• To encourage social distancing, the nature and approach of antenatal appointments was amended during April, May and June 2020, with an emphasis on virtual contacts to replace face to face (in person) appointments. Over the summer of 2020, the NHS is in the process of restoring antenatal care to pre-pandemic numbers of appointments, restoring in person appointments, while also maintaining some virtual contact.• Pregnant women with significant medical conditions, specifically cardiac conditions, were designated as ‘extremely vulnerable’ and, as such ‘shielding,’ and self-isolation measures were advised. Each country in the UK has set out a plan for changes to the advice for people shielding and should be referred to when planning care. Individualised care planning should be undertaken to ensure this group of women receive appropriate antenatal care.• All women should be provided with verbal and written information at the booking appointment early in pregnancy about the importance of reducing their risk of contracting the Coronavirus through infection control precautions and adhering to national advice around social distancing and wearing face coverings. All local Trust and Board maternity service websites and social media feeds should reinforce this information.• Women should be provided with clear local guidance about how to contact their midwife or maternity service if they have any symptoms of COVID-19 and advised that if they do experience symptoms they should call rather than attend for their antenatal care. Women who call to advise their midwife about symptoms, should be given advice about how to book a coronavirus test and how to self-isolate.• Some women have been found to be at increased risk of becoming acutely unwell if they contract COVID-19. This includes women who are from a Black, Asian or other minority ethnic background, women with a raised BMI and women with diabetes and other underlying medical conditions. Women who are at increased risk should be advised of this elevated risk and should receive close monitoring if they develop symptoms.• Due to increased staff absence in the early phase of the pandemic, some reduction in routine antenatal schedules took place. The number of antenatal appointments should be restored to pre-pandemic levels as soon as staffing allows.• Clear guidance on any ongoing changes to antenatal services should be provided on local Trust and Board websites and social media platforms. This should include signposting to reliable online support and advice services, including third sector organisations.• During the early phase of the pandemic, many areas moved antenatal education online, which has proved popular and successful in many areas. However, there are clear benefits for some in meeting other parents to be in person and in having face to face antenatal education. Face to face group antenatal education can be restored, with appropriate precautions in place including the need to wear face coverings if the class takes place inside; social distancing measures; careful infection control procedures including cleaning of surfaces and hand sanitiser availability. It seems appropriate to continue to provide online antenatal education for those who find this a positive way to engage.• Pregnant women will continue to need at least as much support, advice, care and guidance in relation to pregnancy, childbirth and early parenthood as before the pandemic. |

- It is important that care is available to ensure continuation of support for women with multiple 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.
- Isolation, bereavement, financial difficulties, insecurity and inability to access support systems are all widely recognised risk factors for mental ill-health. The coronavirus epidemic 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 are urged to access support while appropriate referrals are made for additional assessment and support.

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

- Care for pregnant and postnatal women is an essential service and should be planned for along with other essential services.
- Women should be advised about the importance of antenatal care and that maternity services remain open for all women throughout the pandemic.
- Studies in the UK and internationally have shown that if women do not attend antenatal services they are at increased risk of maternal death, stillbirth, and other adverse perinatal outcomes, this demonstrates the essential nature of maternity care.
- Ensure that every woman understands the current UK Government advice about social distancing and reduction of transmission risk through appropriate infection control measures (including frequent handwashing for more than 20 seconds).
- Provide every woman with reassurance about what we know so far about the virus and pregnancy: that pregnant women are no more susceptible to contracting the virus than the general population and, if they do contract the virus, they do not become more unwell than the rest of the population.
- Ensure that women are aware of how to access reliable up to date information about local maternity services and national guidance.
- Continue to access appropriate translation and interpreting services for women whose first language is not English.
- Provide up to date information on emerging evidence about the impact of the virus on pregnancy in a way that will not unduly alarm women and is understandable for them. Emerging evidence suggests that vertical transmission (in utero) may occur. It is not yet known what, if anything, can be done to reduce the risk of vertical transmission. Type of birth is not indicated as a factor, as all the women with Covid-19 in China had caesarean sections. There is no indication that neonates with the infection become more unwell than the general population and most have no or mild symptoms.
- Ensure that women are aware that services may change during their pregnancy, particularly if there is a second peak or any local lockdown restrictions. Advise them of current local service provision.
- Advise women about the current local policy on being accompanied to routine antenatal appointments, scans and visitors to antenatal and postnatal wards.
- Reassure women that they will be able to have at least one, symptom free, birth partner with them during labour and birth and that they should plan who they would like to be their birth partner in case their first choice partner is unwell when they go into labour.
- As far as possible, continue to provide all the usual aspects of antenatal care and surveillance.
- Ensure that women can access reliable antenatal education to help them prepare for childbirth.
- Emphasise the need to adhere to public health guidance about smoking, alcohol, drug use, diet and exercise during pregnancy.

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/>

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 Parent club 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/>

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