



<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 still considered as ‘vulnerable’ and should follow the UK Government advice for pregnant women by maintaining social distancing.</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>• 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 phone appointments.</li><li>• Women with significant medical conditions, specifically cardiac conditions, have been designated as ‘extremely vulnerable’ and, therefore ‘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>• Where in-person appointments are required, women should be contacted prior to the midwife or student visiting, to confirm that they and members of the household are symptom free.</li><li>• In those areas where postnatal clinics are the norm, a review of the arrangements for the provision of postnatal care should take place by the Trust/Board and if possible alternative arrangements for home visits established. If a decision is made to retain the postnatal clinic social distancing should be maintained and a minimum amount of time should be spent in shared waiting areas.</li><li>• Due to gradually increasing staff shortages through the pandemic, 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.</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 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.</li><li>• 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 remotely means as far as possible.</li><li>• 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.</li><li>• 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 in accordance with the Trust/Board protocol. The place of admission will be dependent on the care needs of the woman and her baby.</li></ul>

- Social agencies and third-party organisations can provide additional support and advice. Therefore establishing and maintaining existing communication pathways should be encouraged locally and nationally.

#### **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: day 1, day 5 and day 10. Women with known psycho-social vulnerabilities, operative birth, premature/low birthweight baby and or other medical or neonatal complexities need to be prioritised for in-person care.
- Aim as far as possible to ensure continuity of midwife providing any virtual or in-person postnatal care including other personnel, students or maternity care workers who maybe providing care.
- When phoning the woman to confirm the visit, advise her that she and any household members present are required to wear a mask or face covering while you are in attendance and the room should be ventilated.
- Encourage breastfeeding by giving information on the role of breastfeeding in protection and prevention of infection. For babies who are bottle fed with formula or expressed milk, strict adherence to sterilisation guidelines is required.
- Ensure both the woman and family understand the importance of 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 including virtual support provided by third sector organisations which will be invaluable in supporting breastfeeding, mental health and early parenting advice.
- Coordinate with local health visitors to ensure smooth transfer of care, reassuring parents of the continuing care and support during the postnatal period.

#### **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**

NHS advice pregnancy and coronavirus

<https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/pregnancy-and-coronavirus/>

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

NHS advice on coronavirus (Scotland)

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

Scottish Government advice for parents in Scotland <https://www.parentclub.scot/topics/health/coronavirus>

NHS advice on coronavirus (Wales): <https://phw.nhs.wales/topics/latest-information-on-novel-coronavirus-covid-19/>

NHS advice on coronavirus (Northern Ireland): <https://www.health-ni.gov.uk/>

RCM (2020) Domestic Abuse: Identifying, caring for and supporting women at risk of/victims of domestic abuse During COVID-19 November <https://www.rcm.org.uk/media/4438/domestic-abuse-covid-short-guidance-on-template-final-v22.pdf>

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>

WHO advice on pregnancy, childbirth and breastfeeding

<https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-reproductive-health-and-rights-in-health-emergencies/covid-19>