



Topic: Face-coverings and care in labour for all women

Guidance on whether it should be recommended that women wear face masks during labour and birth.

N.B.: This briefing does not address the use of personal protective equipment for midwives or other health workers; separate guidance has been issued and can be found here <https://www.rcm.org.uk/ppe-during-the-crisis/>

Potential impact of COVID-19 in this topic area

The following briefing is provided as a resource for midwives based on a combination of available evidence, good practice, and expert advice for the care of women during the COVID-19 pandemic. Please be aware that this continues to be an evolving situation and this guidance will be updated as new information becomes available.

All women have the right to high quality, respectful maternity care and to a positive birthing experience, regardless of their COVID-19 status (WHO, 2020a; ICM, 2020; WRA, 2011). The pandemic has a wide impact on pregnant women/birthing people, especially those approaching labour and birth; potential fear and anxiety may be increased by restrictive measures implemented in healthcare settings. Midwives and other health workers also have rights to a safe working environment and to protection from harm (WHO, 2016; RCM, 2020; WHO, 2020b;). They are exposed to hazards during the pandemic including a greater risk of contracting COVID-19 (ONS, 2021). This briefing seeks to balance these rights and considerations with current national and international guidance on preventing the transmission of COVID-19 in hospitals and the requirement for all staff, visitors and patients to wear masks or face-coverings (WHO, 2020c; NHSE 2021; PHE, 2021).

Current key guidance for this topic

The wearing of masks or face-coverings is part of wider infection control and prevention measures including social distancing, frequent hand washing, respiratory hygiene (for example coughing/sneezing into a tissue) and environmental cleaning (WHO 2020b). The latest international and national infection prevention and control guidance recommends that all staff, visitors and patients in hospital settings wear masks or face coverings to prevent nosocomial (hospital-acquired) transmission of the COVID-19 virus (HSC, 2020; WHO, 2020c; PHE, 2021). It is recommended that hospital in-patients in the UK should wear surgical masks 'when they are tolerated and are not detrimental to their medical or care needs' or if 'it does not compromise their clinical care' (PHE, 2021:5 & 14). The RCM suggests that women, when in labour and when giving birth, are an example of such circumstances.

It is also recommended that in clinical areas, communal waiting areas and during transportation, women with possible or confirmed COVID-19 wear a surgical facemask if this can be tolerated. Women who wish to wear a mask can be provided with one and shown how to use it safely. A mask can be worn until damp or uncomfortable (PHE, 2021). These recommendations apply to birth partners, classified as support people, who are always required to wear a face-covering or when requested to do so by hospital staff.

Current Evidence base

Transmission of COVID-19 mostly occurs when respiratory droplets, expelled when COVID-19 positive individuals cough, speak or sneeze, are inhaled by recipients in proximity. COVID-19 may also be spread through tiny airborne particles (aerosols) in settings where aerosol-generating procedures are taking place or in indoor settings with poor ventilation, though evidence for this is still being investigated (WHO, 2020). Labour and birth are not classified as aerosol generating procedures (PHE, 2021); however, women may breathe heavily and/or vocalise in active labour and this could lead to infected respiratory droplets being propelled into the labour room. The infected droplets could therefore be transmitted from women to care providers and companions nearby. Being in a hospital environment and being a healthcare worker both pose additional risks for COVID-19 transmission (HSIB, 2020; ONS, 2021).

Important principles for intrapartum care

Regardless of COVID-19 status, high-quality intrapartum care is paramount. There must be a culture of respect for women in all birth settings with the goal of a positive childbirth experience (WRA 2011; NICE, 2017; WHO, 2018; ICM 2020). Women and their families should be listened to and their preferences taken into consideration, whilst considering the risks of COVID-19 transmission or other unintended consequences. Care should be provided in a way that enables a woman to feel in control of her birthing experience and her views, preferences and choices must be considered (NICE, 2017; RCM, 2018). The birthing environment should be flexible and comfortable, care should be inclusive, sensitive and individually tailored; safety issues should be discussed with the woman (RCM, 2018).

Potential harm from wearing face-coverings in labour

- **Trigger for re-enactment of trauma.** It has been suggested that, for some wearers, facemasks may induce a feeling of claustrophobia, being trapped or suffocated. This may trigger traumatic memories: feeling trapped during maternity care can cause experience of re-enactment of trauma and physical/sexual abuse; many abuse survivors do not disclose their history of abuse to midwives or other healthcare professionals (The Supreme Court, 2015; Victim Support, 2021).
- **Exacerbation of respiratory conditions.** Asthma and other respiratory conditions may be exacerbated by wearing face-coverings although most sufferers should be able to tolerate a mask for a short period of time (Asthma UK, 2021).
- **Hypoxia or hypercapnia.** It has been suggested that prolonged wearing of face-coverings may cause hypoxia or carbon dioxide toxicity (hypercapnia); this seems more likely with tight-fitting masks such as N95 respirators. Some studies found altered gaseous exchange for healthcare professionals and/or individuals undertaking physically strenuous activity (Beder et al, 2008; Tong et al 2015). However, several recent studies have found no evidence of this (Pifarre et al 2020; Samannan and Holt 2021; Shein et al 2021). Nonetheless, as labour expends energy, it is reasonable to assume that wearing a tight-fitting mask or face-covering might impede gaseous exchange and metabolism for some labouring women.
- **Limitations in communication.** The quality of verbal communication is compromised when wearing a face mask, particularly volume and quality of speech (Lazzarino et al, 2020). This is especially pertinent to hearing impaired clients who lip-read (DeafAction, 2020). Masks also limit a woman's ability to communicate her views and emotion to those in the room; the behavioural changes and non-verbal cues assessed by midwives to monitor progress in labour may be hindered. Vocalisation can be an important coping technique for some women and is used by midwives to assess transitioning to second stage. Wearing a mask is not appropriate as it will reduce the woman's ability to freely vocalise and express herself (Baker et al 1993; Walsh, 2001;).
- **Reduced access to inhalational pain-relief.** Women are not able to inhale Entonox for pain relief in labour whilst wearing a mask.
- **Over-medicalisation.** The wearing of masks by care-givers is already having a significant impact on women's experiences. By requiring a woman to wear a mask, birth becomes further medicalised instead of a positive, healthy life-event. The impact of measures, such as social distancing and wearing masks, on the normal progress of labour is unknown. However, oxytocin release is positively influenced by gentle touch, familiar, pleasant olfactory signals and encouraging facial expressions. All of these are limited by face-coverings.
- **Discomfort and overheating.** Wearing face coverings and masks for long periods can become uncomfortable and hot. Labour and childbirth require considerable exertion and wearing a mask or face covering is likely to feel particularly uncomfortable in this situation. If the woman is in a birthing pool, a face covering is likely to become wet very rapidly, reducing its effectiveness.

The RCM recommends the following:

- Women in labour should not be asked to wear masks or any form of face-coverings.
- During pregnancy women should be informed that they will not be required to wear masks when in labour in hospital or at home, although they should wear a mask or face-covering in waiting areas, in scan and antenatal clinic appointments, on postnatal and antenatal wards and when moving between clinical areas.
- Women may wear a face-covering if/when they wish but should be discouraged from wearing a tight-fitting mask.
- Women choosing to wear face-coverings when attending triage or in waiting areas should be encouraged to remove them once in a private room when they are in established labour.
- Women in labour with suspected or confirmed COVID-19 can be reasonably asked to wear a mask for short periods of time (e.g. when moving from one area to another: labour room to theatre, or triage to antenatal ward, etc). When the transfer is complete, they may remove their mask.
- Birth-partners should always wear a face-covering, including when in a private room or at home, to minimise transmission to and from healthcare workers.

References and links to online and virtual support and guidance

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