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### Topic: Antenatal care for women without suspected or confirmed COVID-19

Antenatal Care for women **without** suspected or confirmed COVID-19 and living in a symptom free household.

**N.B.:** this guidance should be read in conjunction with the RCM guidance on Antenatal and Postnatal care during COVID-19: <https://www.rcm.org.uk/media/4393/2020-10-21-guidance-for-antenatal-and-postnatal-services-in-the-evolving-coronavirus-covid-19-pandemic-v3.pdf>.

### Potential impact of COVID-19 in this topic area

- Pregnant women have been designated as 'vulnerable' in relation to COVID-19 by the UK Government and so were recommended to maintain strict social distancing, particularly in the final trimester of their pregnancy.
- Each of the four countries in the UK have set out national, regional and local restrictions. Pregnant women should be directed towards this national guidance and local Trust/Board guidance for information about local services.
- To ensure women have continued access maternity services and antenatal appointments need to be maintained. In-person visits should be offered, with a minimum of 6 in person visits provided, with extra virtual contact for women with other problems such as mental health or complex social histories whilst ensuring social distancing, wearing of masks and use of PPE.
- Pregnant women with significant medical conditions, specifically cardiac conditions, were designated as 'extremely vulnerable' and as such 'shielding,' and self-isolation measures were advised. These women should have access to a COVID-19 vaccination independently of their age group.
- 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 antenatal care.
- Direct access for pregnant women to day assessment and triage services should be maintained. Women should be actively encouraged to attend if they have concerns about their or their or their baby's wellbeing.
- At booking, women should be provided with verbal and written information about the importance of reducing their risk of contracting COVID-19 through vaccinations, 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.
- 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 their antenatal appointment. Women who call to inform 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 ethnic minority 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 receive close monitoring if they develop symptoms.
- Clear guidance on any ongoing changes to antenatal services should be provided on local Trust/Board websites and social media platforms. This should include signposting to reliable online support and advice services, including third sector organisations.

- Where women need an in-person consultation due to the need for a physical examination and/or screening, a system should be in place for evaluating whether she has suggestive symptoms of COVID-19, or if they meet current local/national 'stay at home' guidance. This may be a phone call prior to the appointment or an assessment at entry to the maternity setting, or both.

- Pregnant women 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 prompt,

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 pandemic increases the risk of perinatal anxiety and depression, as well as domestic abuse. It is critical 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 assessment and support.

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

- Antenatal care is an essential service and should continue to be planned for along with other essential services.

- Women should be advised about the importance of antenatal care and that maternity services are still open for 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 infection control measures (including frequent handwashing for more than 20 seconds).

- Advise pregnant women they 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.

- All women should be asked about their mental wellbeing at every appointment. Where a woman identifies that she is experiencing psychological distress including elevated levels of anxiety or depression, additional support should be instigated as rapidly as possible.

- Maintain continuity of carer wherever possible, particularly where this is offered to women from vulnerable groups who may also be at greater risk from COVID-19. Continue to access 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 during birth may occur. 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 as we are now in a UK wide lockdown. 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 throughout labour and birth. 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.
- Offer vaccination against COVID-19 (based on risk and age-group); offer vaccination against influenza and advise to protect both mother and baby from the adverse effects of a pregnant woman becoming seriously ill with flu.

#### Current Evidence base

The key current evidence base is being gathered, and continually updated, by the RCOG and RCM in clinical guidance.

Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, 2021 *Coronavirus (COVID-19) Infection in Pregnancy: Information for healthcare professionals* Version 13, February 2021 RCOG

<https://www.rcog.org.uk/globalassets/documents/guidelines/2021-02-19-coronavirus-covid-19-infection-in-pregnancy-v13.pdf>

#### Links to online and virtual support and guidance

RCM (2021) Virtual Consultations June

[Royal College of Midwives 2020 \*Providing safe and effective virtual consultations\*](https://www.rcm.org.uk/media/4192/virtual-consultations-January-2021-review-24-august-2020-1.pdf)

[https://www.rcm.org.uk/media/4192/virtual-consultations-January 2021-review-24-august-2020-1.pdf](https://www.rcm.org.uk/media/4192/virtual-consultations-January-2021-review-24-august-2020-1.pdf)

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

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

