Royal College of Midwives

Reviewed January 2021

Clinical briefing: Antenatal care for women with suspected or confirmed COVID or with a member of their household with suspected or confirmed COVID

Potential impact of COVID in this topic area

- Evidence continues to evolve in relation to the impact of COVID-19 in pregnancy on women, the fetus and newborns.

- Current indications are that healthy pregnant women are no more susceptible to contracting COVID than the general population and that, if they do contract the virus, they are no more likely to become seriously unwell.

- A study of pregnant women admitted to UK hospitals with COVID between February and March 2020 identified that Black, Asian and minority ethnic women are at increased risk compared to other pregnant women of being admitted with severe and life-threatening COVID.

- Women with a high BMI, over 35 years and those with underlying medical conditions such as hypertension, cardiac conditions, diabetes or asthma are at an increased risk of becoming more unwell with COVID.

Royal College of Midwives

- Severe illness appears to be more common in later pregnancy and most women were hospitalised in their third trimester or peripartum.

- Recent evidence suggests that vertical transmission during birth may occur. If vertical transmission does occur, it is uncommon and not affected by mode of birth, method of feeding or whether mother and baby are rooming in.

- There is no current evidence to suggest that contracting COVID in early pregnancy increases the risk of miscarriage or fetal anomalies.

- There is some evidence that women with COVID are at an increased risk of premature birth.

- Pregnant women with symptoms of COVID or a member of their household with COVID, should self-isolate. This will have an impact on their ability to access and accompanied in person antenatal care, including scans and heighten levels of anxiety and depression.

- Care should be co-ordinated for those who are forced to miss appointments due to self-isolation and any woman who has a delayed appointment for more than three weeks should be contacted.

- Virtual appointments should be arranged for women who have indicated that they or someone in their household have symptoms of COVID to ensure follow up with them, and to identify if there are any other emergent problems

Royal College of Midwives

that require immediate in person review such as reduced fetal movements.

- Until test results are available, symptomatic women should be treated as if they are positive for the virus. On admission, provide the woman with a surgical face mask, treat in an isolation room and PPE must be worn.

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

- If a healthy woman without the risk factors identified above is infected with COVID-19, she should be advised that she is still most likely to have no symptoms or a mild illness from which she will make a full recovery.

- If a Black, Asian or minority ethnic woman is infected with COVID, she should be advised that she is at increased risk of becoming unwell with COVID and provided with advice on symptoms and how and when to call for medical advice. Follow up arrangements should be put in place to ensure regular virtual contact between the woman and maternity services during her illness.

- If a woman with other risk factors is infected with COVID, she should be advised that she may be at increased risk of becoming unwell with COVID and provided with advice on symptoms and how and when to
  - call for medical advice. An individualised risk assessment should be undertaken to determine if follow up
  - arrangements should be put in place to ensure regular virtual contact between the woman and maternity services during her illness.

Royal College of Midwives

- If a woman attends an antenatal appointment but describes symptoms, she should be tested and advised to return home immediately, unless she requires emergency care. A member of clinical staff should then contact the woman to risk assess whether an urgent home antenatal appointment is needed, or whether the scheduled appointment can be delayed for a period of 10 or 14 days.

- Continuation of continuity of carer is likely to be of particular importance for women at higher risk of complications from COVID, mental health problems, obstetric problems and living with multiple deprivation.

- Services should ensure that these higher risk women who test positive for COVID-19 or who describe symptoms, should be followed up to monitor the severity of their illness through regular virtual contact.

- If women have symptoms suggestive of COVID, they can self-refer to national services for SARS-CoV-2 testing.

- All pregnant women should be proactively advised to contact emergency antenatal services if they have any
  - concern about their or their baby's wellbeing.

- If she develops more severe symptoms or her recovery is delayed, this may be a sign that she is
  - developing a more significant infection that requires enhanced care. Advice should then be that if she feels her symptoms are worsening or if she is not

Royal College of Midwives

getting better, she should contact her maternity care team, NHS 111 or local alternative immediately for further information and advice.

- Women who have missed antenatal appointments because of self-isolation should be seen as soon as practical after the period of self-isolation unless symptoms (aside from persistent cough) continue, or other concerns arise which require an urgent in person review.

- Women self-isolating because someone in their household has suspected symptoms of COVID-19, should have appointments deferred for 10-14 days, unless concerns arise which require an urgent in person review.

- Women who are self-isolating at home should be advised to keep well hydrated and mobile throughout isolation.

- Thromboprophylaxis commenced for pregnant women who are self-isolating should continue until they have recovered from the acute illness (between seven and 14 days). For women with ongoing morbidity and limited mobility, advice from a clinician with expertise in VTE should be sought.

- Women admitted with confirmed or suspected COVID should receive prophylactic LMWH, unless birth is expected within 12 hours.

- Women should continue to take folic acid and vitamin D supplements as per national recommendations.

Royal College of Midwives

The following recommendations apply to all hospital/clinic attendances for women with suspected or confirmed COVID-19:

- Women should be recommended attending via private transport where possible or call 111/999 for advice.

- If an ambulance is needed, the call handler should be informed that the woman is currently self-isolating for possible COVID.

- Women should be asked to alert a member of maternity staff when on the hospital premises prior to entering the hospital where they should be met at the maternity unit entrance.

- Staff giving care should take PPE precautions as per national Health Protection guidance. Women should be met by staff wearing PPE and be given a fluid resistant surgical face mask (not FFP3) to wear. The mask should not be removed until the woman is isolated in a suitable room.

- Women should be immediately escorted to an isolation room suitable for the majority of care during their hospital visit or stay.

- Isolation rooms should ideally have an antechamber for donning and doffing PPE equipment and en-suite bathroom facilities.
  - Only essential staff should enter the room and visitors should be kept to a minimum at the discretion of maternity staff.
  - Remove non-essential items from isolation rooms prior to the woman arriving.

Royal College of Midwives

- All clinical areas used will need to be cleaned after use as per national Health Protection guidance.

- When possible, early pregnancy units (EPUs) or triage units should provide advice over the phone. If this requires discussion with a senior member of staff who is not immediately available, a return phone call should be arranged.

- Local protocols are needed to ensure women with confirmed or suspected COVID are isolated on arrival to EPU or maternity triage units and full PPE measures are in place for staff.

- Medical, midwifery or obstetric care should otherwise be given as normal.

Current evidence

MBRRACE-UK 2020 Rapid report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK 2020

Royal College of Midwives, Royal College of Obstetricians and Gynaecologists, 2020 Coronavirus (COVID-19) Infection in Pregnancy: Information for health care professionals Version 12, 14 October RCOG

Royal College of Obstetricians & Gynaecologists, 2015 Reducing the Risk of Venous Thromboembolism during Pregnancy and the Puerperium

The UK Obstetric Surveillance System SARS-CoV-2 Infection in Pregnancy Collaborative Group 2020 Characteristics and outcomes of pregnant women hospitalised with confirmed SARS-CoV-2 infection in the UK: a national cohort study

Royal College of Midwives

using the UK Obstetric Surveillance System (UKOSS)
Referenced and links to online and virtual support and guidance NCT is providing a variety of virtual support for women and families NHS UK website Northern Ireland Public Health England 2020 Stay at home: guidance for households with possible or confirmed coronavirus (COVID-19) infection 9 October Scotland: the patient facing information about COVID-19 is gathered on NHS Inform Specific Scottish Government advice for parents in Scotland is gathered on the Parentclub website: Wales: Public health Wales website