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of Midwives

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## **Clinical briefing: Postnatal 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**

- 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.
- Due to the need for social distancing to remain in place, and until government guidance changes, 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.
- Newly published NICE guideline on Postnatal care NG194 (NICE 2021) recommends in-person appointments to support baby feeding, with virtual or phone appointments only to supplement when necessary.
- Women with significant medical conditions, specifically cardiac conditions, have been designated as 'extremely vulnerable' and should therefore have been offered the COVID-19 as a priority group. Individualised care planning should be undertaken to ensure this group of women receive appropriate postnatal care.
- Midwives should be mindful of the higher postnatal mortality rates among women of black, Asian and minority ethnic origins and women living in deprived areas (MBRRACE 2020). These families should have priority for in-person visiting.
- Women should be contacted prior to the midwife or student visiting in person, to confirm that they and members of the household are symptom free. This can also





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be facilitated using lateral flow testing which should be undertaken prior to a postnatal visit – either at home or in a clinic.

- 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, until government guidance changes, and as short a time as possible should be spent in shared waiting areas.
- 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.
- 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.
- 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 and be prioritised for in-person visiting.
- Isolation, bereavement, financial difficulties, insecurity and inability to access support systems are widely recognised risk factors for mental ill-health. The pandemic has increased 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.





Royal College  
of Midwives

- 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.
- 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.
- 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**

- Postnatal care should be based on shared decision making and continue to be individualised according to the woman and newborn's needs (NICE, 2021).
- The minimum recommended number of postnatal contacts is three: day 1, day 5 and day 10. It is recommended that all women now receive in person home visits postnatally, as before the pandemic. Where staffing still does not allow this, women with known psycho-social vulnerabilities, those of a black, Asian or ethnic minority origin, those who have had an 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





Royal College  
of Midwives

you are in attendance and the room should be ventilated and that they should each take a lateral flow test prior to the visit.

- Midwives and other staff should continue to wear PPE for postnatal home visits, observe social distancing as far as possible during the visit and apply careful infection prevention and control measures.
- 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 and in person 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 (PHE 2021).

#### **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/>





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### **References and links to online and virtual support and guidance**

National Institute for Care and Health Excellence (2021) Postnatal care NICE April  
<https://www.nice.org.uk/guidance/ng194>

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





Royal College  
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<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>

Public Health England (2021) Care continuity between midwifery and health visiting services: principles for practice

<https://www.gov.uk/government/publications/commissioning-of-public-health-services-for-children/care-continuity-between-midwifery-and-health-visiting-services-principles-for-practice>

