



## RCM Clinical Guidance Briefing One: Antenatal care for women without symptoms

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| <b>Topic</b>  |
| Antenatal Care for women <b>without</b> suspected or confirmed COVID-19 and living in a symptom free household  |
| <b>Potential impact of Covid-19 in this topic area</b>  |
| <ul style="list-style-type: none"> <li>• Pregnant women have been designated as ‘vulnerable’ by the UK government and so have been advised to maintain strict <a href="#">social distancing</a>, particularly in the final trimester.</li> <li>• In order to encourage <a href="#">social distancing</a>, the nature and approach of antenatal appointments should be reviewed, with as much care as possible being provided through virtual means (video and telephone appointments).</li> <li>• Pregnant women with significant medical conditions, specifically cardiac conditions, have been designated as ‘extremely vulnerable’ and, as such ‘shielding’ and self-isolation measures are advised. Individualised care planning should be undertaken to ensure this group of women receive appropriate antenatal care.</li> <li>• Where face to face appointments are required, women should be contacted before they attend, or before the midwife or student visits her home, to confirm that they remain symptom free and to advise them of arrangements at the clinic to ensure the minimum amount of time is spent in shared waiting areas.</li> <li>• Create opportunities for a ‘one stop shop’ for appointments that require attendance in person (such as ultrasound),– with BP checks, blood tests and urine tests undertaken at the same appointment, to reduce subsequent need to attend.</li> <li>• Due to increasing staff shortages through the pandemic, some reduction in the routine antenatal schedule should be anticipated.</li> <li>• Clear guidance on changes to antenatal services should be provided on local Trust and board websites and should include signposting to reliable online support and advice services, including third sector organisations.</li> <li>• Pregnant women will continue to need at least as much support, advice, care and guidance in relation to pregnancy, childbirth and early parenthood as before the pandemic.</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 coronavirus epidemic 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 through remote means as far as possible.</li> </ul> |
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### Current key guidance for this topic – clinical care and advice for women

- Care for pregnant and postnatal women is an essential service and should be planned for along with other essential services.
- Women should be advised **on their** routine antenatal care, **as they may be asked to attend an alternative clinic**, unless they meet current self-isolation guidance.
- 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 appropriate infection control measures (including frequent handwashing for more than 20 seconds)
- Provide every woman with reassurance about what we know so far about the virus and pregnancy: that pregnant women 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.
- Continue to access appropriate 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 be understandable for them. Emerging evidence from China suggests that vertical transmission (in utero) may occur. It is not yet known what, if anything, can be done to reduce the risk of vertical transmission. Type of birth is not indicated as a factor, as all of the women with Covid-19 in China had caesarean sections. 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. This may include changes to the availability of homebirth or birth in midwife led units. Advise them of current local service provision.
- Advise women about any local restrictions to being accompanied to routine antenatal appointments, scans and staying on antenatal and postnatal wards.
- Reassure women that they will be able to have one, symptom free, birth partner with them during labour and birth and that they should plan who they would like to be their birth partner in case their first choice partner is unwell when she goes into labour.
- As far as possible, continue to provide all of the usual aspects of antenatal care and surveillance.
- Ensure that women are able to 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.

### 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

*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>

*The UK patient facing advice is gathered on the NHS UK website:*

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

*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/> and for Northern Ireland here:

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