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Lateral flow antigen test for pregnant women and support people

Frequently asked questions

24 December 2020

These frequently asked questions (FAQs) specifically relate to the lateral flow antigen tests for women and their support people attending 12 and 20 week scans and fetal medicine appointments and, where lateral flow tests are used, for birth partners and parents whose babies require neonatal care, in line with [Supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers](#).

Please note: Trusts should already have a process in place for testing of women on admission in labour or on admission for induction of labour or elective procedures. This is not covered within these FAQs.

A woman and her support person should be made aware that they may not be offered a COVID test at every appointment on their maternity journey. This is because measures to keep them and staff safe are already in place.

Q1. Who do we mean by ‘support person’?

The support person may be the baby’s father or co-parent, but it does not need to be. What is important is that the support person is someone chosen by the woman to accompany her at different stages of her maternity journey. Support people are not ‘visitors’ because they carry out a support role.

A woman may opt to be accompanied by a different support person at different appointments. This is as long as the necessary safety measures set out in the guidance are followed to ensure the safety of the pregnant woman, the support person, other hospital users and staff.

Q2. How frequently will the pregnant woman and their support person be offered a COVID test?

A woman and her support person should not expect to be offered a COVID test at every appointment on their maternity journey, because measures to keep themselves and staff safe are already in place.

A woman and her support person will be offered a test prior to:

- The 12 and 20 week scan appointment
- fetal medicine clinic appointments

- all admissions including labour and birth (where lateral flow tests could be used for the partner)
- visits to the neonatal unit.

Should the support person leave the hospital for any reason during the visit, they must be re-tested on return.

Q3. Why do we need to offer testing prior to certain appointments?

To provide safe and personalised maternity care and to enable support people's attendance at maternity appointments, a test is suggested to increase the safety of women, hospital patients, staff and the wider community.

Q4. What actions should be taken by trusts to ensure support people can accompany women to all appointments, scans and fetal medicine appointments?

1. Undertake a risk assessment in each part of their maternity service to identify precisely whether – and if so, where – there is an elevated risk of COVID-19 transmission if support people are present (eg if space prevents social distancing).
2. Make changes to the configuration of space used to provide care and/or how the available space is used to address the issues highlighted in the risk assessment. Ensure there are appropriate infection prevention and control (IPC) measures, including training and personal protective equipment (PPE).
3. Use your available testing capacity (eg PCR, rapid PCR testing, or lateral flow testing) to test women and support people to help mitigate infection risks eg for scan appointments, fetal medicine appointments and for parents whose babies require neonatal care. Treat support people who test negative as part of the team supporting the woman.

We (NHS England and NHS Improvement), as commissioners of specialised services, are asking neonatal critical care providers to adopt the same three action points as maternity services, to maximise opportunities for parents to be with their babies and identify how to facilitate parental presence at all times of day. This is in line with guidance from the Royal College of Paediatrics and Child Health.

Q5. What type of test are we rolling out?

The Innova SARS-CoV-2 Antigen Rapid Qualitative Test uses a swab which has been in contact with the nostril of the person being tested. The swab is inserted into the extraction tube with the extraction fluid and then rotated and pressed to make sure that the sample from the swab is released into the extraction fluid (swab is then discarded at this point).

You then take the extraction tube with the nozzle cap and place two drops of extraction fluid into the sample well of the lateral flow device (LFD) testing device cartridge and wait for the results on the test device.

Q6. What is the specificity and sensitivity of this test?

The government has published its latest research on these tests:

<https://www.ox.ac.uk/news/2020-11-11-oxford-university-and-phe-confirm-high-sensitivity-lateral-flow-tests-following>

Q7. Is this an approved use case for the LFD?

Yes. The use of these devices has been approved for the testing of asymptomatic women and their support people before scan and fetal medicine appointments, for birth partners and for parents whose babies require neonatal care.

Q8. Is the test mandatory or voluntary?

Tests are voluntary, but women and their support people should be offered a test to help keep the hospital safe for other women, their families and staff. Time and care should be taken to explain to women and their support person why the offer of a test is an important part of the trust's COVID-19 infection control procedures. And that it will help keep them, their families, other women and their babies, other hospital patients and staff safe.

Q9. What happens if a woman declines the offer of a test?

All care should continue with appropriate IPC measures including use of PPE and social distancing.

Q10. What happens if a support person declines the offer of a test?

The purpose of the test needs to be clearly explained to women and their support person so that they are fully aware of the rationale for testing. If the support person declines the test and there are other mitigations (social distancing, PPE) in place to manage the identified risk they should be allowed to accompany the woman. If they decline the test and other mitigations are not possible to manage the risk, then the support person will not be able to accompany the woman to that appointment.

Q11. How do we operationalise lateral flow testing for women and support people?

A temporary testing hub may need to be established in the external grounds of each hospital to avoid overcrowding in the maternity unit. However, for smaller units, local processes – such as testing at the entrance – will be applied.

Q12. Who will administer the tests?

Where possible, testing needs to be carried out by healthcare practitioners. Specific roles will be down to local determination.

Q13. How long will it take to complete a test?

It takes 30 minutes to perform the test and wait for the result.

Q14. When should women and support people be arriving for the test?

45 minutes before the appointment. To avoid confusion, there should be clear communication with the pregnant woman about the different times at which the test will happen and her appointment will be.

Q15. Where do women and their support people wait for the result?

The venue for testing should accommodate a small waiting area where it is possible to maintain social distancing. This needs to be locally applied and is dependent on the testing venue.

Q16. Is the test recorded?

Yes, every test result – positive and negative – will be logged according to hospital processes, and the test details and result are forwarded to Public Health England (PHE) as required by law.

Q17. Will support people be provided with documentation to state test date, time and result?

Local hospital policy will be applied.

Q18. Will security staff be informed of the process regarding support person testing?

The process will be implemented locally, and all relevant staff should be informed of this process.

Q19. Does the rollout of testing in maternity services mean other infection control measures will no longer be needed for certain appointments?

The rollout of testing at certain appointments in maternity settings is an important additional measure that trusts should take to enable women to access support people at all stages of her maternity journey.

At the same time, trusts should continue to emphasise the importance of staff, service users and support people complying with existing IPC measures to keep virus transmission low:

- good hand hygiene – trusts can encourage this by clearly signposting hand-washing stations or alcohol gel
- good respiratory hygiene through the ‘catch it, bin it, kill it’ approach (eg using a tissue to catch coughs or sneezes and immediately disposing of this in a bin)
- complying with two-metre social distancing
- all staff, women in outpatient settings and support people wearing face coverings as recommended
- staff and support people using PPE, as directed by national guidance. Appropriate PPE should be provided to support people, where necessary.

Where women and their support people test negative for COVID-19 and both staff and support people follow IPC guidelines, including use of PPE, the additional risk of COVID-19 transmission is likely to be small.

Q20. What happens if the woman gets a positive result?

Where a woman tests positive for COVID-19 in advance of an antenatal appointment, this is likely to be of greater concern than normal to both the woman and her support person. Trained personnel should explain what the positive result means, including the requirement to self-isolate. She will also need a confirmatory PCR test.

The maternity team should follow local protocols so that women who test positive with COVID-19 can continue with urgent or time-dependent appointments, with appropriate IPC measures in place. In line with current legislation, pending review by government, where a woman tests positive for COVID-19 her support person is under an obligation to self-isolate and will not be able to accompany her to her appointment.

If the woman gets a positive test result through a lateral flow test, a confirmatory PCR test will be required. At the point the confirmatory PCR test result is known, and this is positive, test results will, as normal, be referred to Test and Trace.

The woman and her household should isolate as set out in government guidance: <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>.

Q21. What happens if the support person gets a positive result?

The trust will need to explain what the positive result means, including the requirement to self-isolate, how to obtain care if they need it, and that they will not be able to accompany the woman to that appointment. They will also need to have a confirmatory PCR test.

Antenatal appointments are important for the safety and wellbeing of the woman and her baby, so the woman should be advised to proceed with her appointment, although she may choose to rebook her appointment for another time so she can be accompanied by an alternative support person who has not tested positive for COVID-19.

The support person should isolate as set out in government guidance:

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>. The woman can then select an alternative support person who has not tested positive to COVID-19.

If the support person gets a positive test result through a lateral flow test, a confirmatory PCR test will be required. At the point the confirmatory PCR test result is known, and this is positive, test results will, as normal, be referred to Test and Trace.

Q22. How do we collect and collate Test results?

Results will be recorded as per the organisation's current arrangement for recording staff tests.

Results should be collated by organisations using the reporting template and uploaded to PHE's POCT portal, which will be amended to include lines for mothers and their support people.

Q23. If a patient or support person has a positive PCR COVID-19 test, when should they start the lateral flow antigen tests again?

A person who tested positive would recommence testing 90 days after their positive test was taken.

Q24. Should patients who have been in direct contact with a patient or support person who tests positive with lateral flow be tested while the confirmatory PCR test result is pending?

Your organisation's protocols for tracing contacts should be followed.

Q25. When will trusts receive delivery of tests?

All trusts have received deliveries of tests for patient facing staff testing. Maternity units are being advised to use existing supplies in their trust or that the trust request mutual aid. If either of these are not possible, a top up delivery should be requested via the usual route of contacting england.covid-ld@nhs.net

Tests should not be distributed directly to women or their support partners but should be performed by staff from the trust as detailed earlier.

Q26. Can you confirm the reporting requirements and share any already existing digital solutions being used by trusts?

Trusts will be asked to collate and report to PHE the positive and negative lateral flow results once a week. This fulfils the statutory reporting requirements for COVID-19 testing.

Q27. Where should I direct any enquiries?

Email questions to england.covid-LFD@nhs.net with queries regarding the test.

Email questions to england.maternitytransformation@nhs.net with queries regarding operationalising of the test within maternity services.

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