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Lateral flow antigen test for pregnant women and support people

Frequently asked questions

April 2021

These frequently asked questions (FAQs) relate to the lateral flow antigen tests for women and their support people attending any maternity related appointments and, where lateral flow tests are used, for support 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.

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 above are followed to ensure the safety of the pregnant woman, the support person, other hospital users and staff.

Q2. How does a pregnant woman acquire a COVID test?

Women and their support partners will be able to order tests on-line to self-administer at home via the national portal.

Information about COVID-19 testing for pregnant women and their support people will be communicated nationally as part of the National roll out of home testing. It is also expected that local hospitals should provide their own communication and inform women of the process when they are referred/self-refer for maternity care.

Q3. When should the pregnant woman and their support person self-administer a COVID test?

The Government has announced that twice weekly rapid testing is available to everybody. Pregnant women and their support people are advised to take up this opportunity and undertake testing twice weekly during pregnancy because this will help make sure any COVID infection is picked up early and managed. In any case,

women should self-administer a COVID test within 24 hours before an appointment. If the woman wants a support partner to accompany her to the appointment, they should also self-administer a test within 24 hours before the appointment.

Q4. Why do we need to offer testing prior to 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.

Q5. What actions should be taken by trusts to ensure support people can accompany women to all appointments, scans and foetal 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. LFD testing is being offered as additional mitigation. 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.

Q6. What types of test are being used?

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 – this is what we use in hospitals. The home testing will use a test that requires a nasal and a throat swab. The swab is then 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).

The person testing should 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 result on the test device.

Q7. 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>

Q8. 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 foetal medicine appointments, for birth partners and for parents whose babies require neonatal care.

Q9. Is the test mandatory or voluntary?

Tests are voluntary, but women and their support people should be encouraged to 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.

Q10. Who administers the test?

The test is self-administered at home prior to the woman and support partner attending.

Q11. How will the trust know the result of the test?

The pregnant woman and her support partner should confirm the test result with the Trust on arrival providing proof of test result taken within last 24 hours

Q12. What about women who do not have access to digital technology?

Trusts will need to put local processes in place to support women who do not have access to digital technology. This is likely to follow the processes in place prior to universal test availability.

Q13. 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.

Q14. What happens if a support person declines the offer of a test?

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.

Q15 What happens if a woman/her support partner cannot provide evidence of a negative test for other reasons (eg forgot to take test, technology failure)

An individual risk assessment should take place. However, all care should continue for the woman with appropriate IPC measures in place including use of PPE and social distancing.

If the support person cannot show a test result and there are other mitigations (social distancing, PPE) in place to manage the identified risk they should be allowed to accompany the woman. Further to a risk assessment, if other mitigations are not possible to manage the risk, then the support person will not be able to accompany the woman to that appointment.

Q16. Is the test recorded?

Recording of all results (positive, negative, invalid) from lateral flow devices is a statutory requirement. The results from the lateral flow antigen test for pregnant women and their support partners will be documented at home by the individual using the NHS Digital online platform.

Q17. 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.

Q18. Does the use of testing in maternity services mean other infection control measures will no longer be needed for certain appointments?

The use of testing for 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.

Q19. 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.

The woman should be advised to contact her maternity services prior to attending an appointment if she has tested positive and that she will need a confirmatory PCR test.

You should follow your Trust procedure for managing pregnant women who test positive for COVID-19 including consideration of thromboprophylaxis where appropriate.

In line with guidance from the Royal College of Midwives and Royal College of Obstetrics and gynaecology, women of a Black, Asian and minority ethnic background should be advised that they may be at higher risk of complications of COVID-19 and to seek advice without delay if they are concerned about their health. Clinicians should be aware of this increased risk, and have a lower threshold to review, admit and consider multidisciplinary escalation in women from a Black, Asian and minority ethnic background. Consideration should also be given to those women who may be clinically vulnerable.

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, where a woman tests positive for COVID-19 her support person is under an obligation to self-isolate but has an exemption for appointments related to pregnancy and birth at the request of the mother and will be able to accompany her to her appointment as long as the partner does not themselves test positive.

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>.

Q20. What happens if a support person is self-isolating due to contact with someone who has tested positive?

Any person self-isolating due to contact with a person who has tested positive is still able to attend appointments relating to pregnancy and birth at the request of the mother, as long as they have a negative test result.

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

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.

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.

Q22. 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.

Q23. Should women and their support partners continue testing after they've received the COVID-19 vaccine?

Yes, women and their support partners should continue to test even though they have had the vaccine

Q24. 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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