



# Living with Covid-19: Supporting pregnant women using maternity services and access for parents of babies in neonatal units: action for NHS Trusts

Version 2, 16 June 2022

Updates to the previous version are highlighted in yellow

## Introduction and background

1. This guidance details actions for NHS providers of maternity services in order to facilitate pregnant women having a support person of their choosing (such as a partner, friend or relative) with them at all antenatal, intrapartum and postnatal contacts and parents of babies on neonatal units having access to their babies. It updates *Supporting women using maternity services during the coronavirus pandemic; actions for NHS trusts*, published on 14 December 2020, and builds on Trusts' work to safely facilitate access for support people.

Within maternity and neonatal services, support people and parents of babies on neonatal units are not considered to be visitors and should not be treated as such. For guidance on visiting within the maternity setting, providers should refer to the guidelines set out here: [Coronavirus » Living with COVID-19: Visiting healthcare inpatient settings principles \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/living-with-covid-19-visiting-healthcare-inpatient-settings-principles/)

## Three Key Actions

2. We are asking all Trusts to continue to enable women to have a support person of their choice at every point throughout their maternity journey and to facilitate unrestricted access for parents of babies on neonatal units, by following four steps:

- i. Keep risk assessments under review in each part of the maternity and neonatal services to identify areas where the risk of transmission of COVID-19 may be greater and how this can be minimised without restricting the attendance of support people in maternity or parents on the neonatal unit.
- ii. Continue to utilise infection prevention and control measures such as PPE, physical distancing and changes to the configuration of space in order to mitigate and reduce any risks identified in the risk assessment, in accordance with local IPC guidance.
- iii. Request that any support person who has symptoms of COVID-19 or has COVID-19, does not attend maternity or neonatal settings and encourage women to consider an alternative support person who could accompany her in this eventuality. Parents should not attend neonatal units if they are symptomatic of COVID-19. Trusts may also consider reiterating any pre-existing guidance they may have had around advising support people or parents not to attend if they are feeling unwell with any other communicable disease such as norovirus or flu.

Providers should no longer expect evidence of a negative test before allowing access to maternity or neonatal units. However, if a support person or parent of a baby on the neonatal unit has received a test, and is positive, they should be advised not to attend.

Trusts may also wish to extend advice around Covid-19 vaccination to support people and parents of babies on the neonatal unit but this must not be a condition of attendance.

People attending clinical settings (support people and parents of babies on neonatal units) may be asked to wear a face covering or mask, following a local risk assessment.

Further guidance on infection and prevention control measures can be found here: [Infection prevention and control for seasonal respiratory infections in health and care settings \(including SARS-CoV-2\) for winter 2021 to 2022 - GOV.UK \(www.gov.uk\)](#)

## Principles underpinning the three key actions

3. Trusts should continue to work with the local Maternity Voices Partnership (MVP) and representatives from all staff groups in undertaking these actions and communicating the outcomes.
4. Communications plans should be clear, and information readily accessible to women, parents of babies on the neonatal unit, support people and their families, digitally and in accessible formats. The agreed information should also be provided to all relevant staff groups to ensure that consistent information is provided to women and their families.
5. In any setting where there is a need for additional mitigation, the decision-making process around this should be clear and transparent and should be communicated to women, parents of babies on the neonatal unit, support people and their families.

6. Trusts should continue to prioritise the need for continuous support for women with particular needs, such as those with a disability, significant communication challenges or complex medical, mental health or social factors. They should ensure their approach does not have a disproportionate impact on women with protected characteristics as described in the Equality Act 2010.
7. Women will continue to be tested for COVID-19 as soon as practical following admission to a maternity setting. Women who are symptomatic of COVID-19 or who have tested positive, should continue to be able to have a support partner present for their maternity attendances.
8. Trusts should put plans in place for when a parent of a baby on the neonatal unit is symptomatic or tests positive for COVID-19. Parents should be offered video access to their baby if they are unable to attend the unit for this reason. However, if the visit is considered essential for compassionate (end of life) or other exceptional reasons, a risk assessment should be undertaken and mitigations put in place to support parental presence wherever possible.

## The risk assessment

9. Any risk assessments around reducing the transmission of COVID-19 should be reviewed and updated regularly, so that trusts are able to dynamically respond to any change in the local level of risk. The principles for risk assessment were detailed in previous guidance and should continue to be followed in order to ensure all mitigations are proportionate to the local situation.