

Visitors for women known to be Covid-19 positive

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1 What is this Standard Operating Procedure for?

This standard Operating Procedure (SOP), is intended to provide information and advice on how best to manage visiting when a woman who is an in-patient on the maternity unit has tested positive for Covid-19 virus.

Background

Pregnant women value the support from a partner, relative, friend or other person through pregnancy and childbirth as it facilitates emotional wellbeing and is a key component of safe and personalised maternity care. As a result of the pandemic and pressures in maternity and related services including ultrasound services, difficult decisions regarding visiting have had to be made. Those women admitted for planned procedures such as induction of labour and elective caesarean section are being tested prior to admission. Previous national and local advice has meant they are advised to seek an alternative birth support person if they or their birth partner have tested positive for Covid-19 or are displaying symptoms of the virus.

Providers should facilitate this as quickly as possible. At the same time, it is a priority to prevent and control Covid-19 infection and keep women and staff safe. Many providers have already found creative solutions to overcome remaining challenges and they have maximised the support that pregnant women can receive throughout their pregnancy.

With the advent of lateral flow and rapid PCR testing, the Covid-19 status of women admitted in spontaneous labour is now identified within a number of hours. This has posed problems for maternity providers in that the birth partner might already be present, or their arrival is imminent and denial of admittance or a request to leave has understandably been met with concern and frustration. The risk is that women anticipate this scenario and might, in these circumstances, adapt their plans and choose an alternative plan that enables their birth partner to be present, such as home birth when that might not be the clinical advice, or choose an unassisted birth.

This SOP therefore attempts to provide a pragmatic approach that maternity providers may choose to adopt whilst observing national guidance.

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2 National advice

NHSE guidance advises the following:

Pregnant women value the support from a partner, relative, friend or other person through pregnancy and childbirth as it facilitates emotional wellbeing and is a key component of safe and personalised maternity care. NHSE guidance reiterates that:

‘Women should therefore have access to support at all times during their maternity journey and trusts should facilitate this’, while keeping the risk of transmission of the virus within NHS maternity services (including to pregnant women, other service users and staff) as low as possible.

This means welcoming the woman and her birth partner, regarding them as an integral part of both the woman and baby’s care throughout and not as a visitor.

Where women and their birth partner in antenatal care test negative for COVID-19 (where partner testing is available) 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. It should therefore be possible to treat birth partners as part of the team supporting the woman and her baby and allow other measures to mitigate some of the risks including application of 2-metre social distancing.

While test results are pending women should not be refused access to asymptomatic partners without recent possible exposure to COVID-19 infection.

Where appropriate, infection control can be maintained through use of Infection Prevention Control (IPC) measures including recommended wearing of PPE. The same applies to the parents of babies in neonatal care. Lateral flow testing may be made available to test women and their birth partners where it is in place locally.

Providers should comply with legislation and government guidance on managing the risks of transmission of the virus. This includes:

- o observing and complying with legislation on mandatory isolation for individuals who are COVID-19 positive or are required to isolate due to exposure to COVID-19 – **there is no exemption for birth partners**
- o that rules on national/local COVID-19 restrictions are in place.

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3 Practical steps

Result known prior to planned admission

- If a woman has a Covid-19 positive swab prior to planned admission, and her birth partner or named visitor is from within her household, that person should follow government advice to self-isolate and should not attend the hospital with her.
- The woman should then choose an alternative birth partner/visitor to support her who is not symptomatic/Covid-19 positive and is not currently self-isolating.
- This person will be supported with appropriate PPE to reduce the risk of Covid-19 transmission. This person would also need to self-isolate after leaving the woman in accordance with government guidelines.

Result is positive during admission

- If a woman has a positive Covid-19 swab during her admission, she should be cared for as per Covid-19 swab result SOP above.
- If she has a birth partner/visitor with her they can stay in a designated single room with her for the duration of her stay and able to continue to offer support during labour.
- This person will be supported with appropriate PPE to reduce the risk of Covid-19 transmission.
- If the birth partner has to leave, they would need to self-isolate after leaving the unit in accordance with government guidelines and would not be able to return. In this case, and if the woman is still labouring, an alternative birth partner/visitor to support her who is not symptomatic/Covid-19 positive and is not currently self-isolating.

Please note: It should be made clear to women and birth partners that where they have accompanied their partner and, subsequently, she has been identified as positive for Covid-19, the partner **MUST**, on returning home following the birth, self-isolate according to national guidance. A clear commitment should be ascertained from the birth partner/alternative birth support to follow this guidance prior to attending the unit.

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4 Mitigation

Communication plans should be clear, and information should be readily accessible to women, birth partners and their families. This should include working with local Maternity Voices Partnerships (MVP's) and across a number of different platforms and in accessible formats.

The agreed information should also be provided to all relevant staff groups.

Providers should continue to emphasise the importance of staff, women and birth partners complying with 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 2-metre social distancing**
- **all staff, women in outpatient settings and support people wearing face coverings as recommended**
- **staff and support people using personal protective equipment (PPE), as directed by national guidance**

Birth partners should be asked to follow these measures. They should be advised that non-compliance will result in them being asked to leave, unless they are exempt for medical reasons.

Providers should 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. An equality impact assessment can help with this. Trusts should specifically consider the increased risks of Covid-19 for women from a black or Asian background, or with hypertension, diabetes or raised BMI, as identified by UKOSS and MBRRACE-UK.

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5 Role and Responsibilities of the midwife

There will be situations wherein the circumstances call for a different approach and it is important that services work with women and support people to accommodate their wishes where possible. In some cases, it would be advisable to escalate for further senior advice.

If a midwife caring for a woman with a Covid-19 positive status is concerned about the presence of birth partners in the room or other related concerns, the midwife should be offered the opportunity to discuss their concerns and plan of care with their manager. Midwives will also benefit from seeking support through a professional midwifery advocate (PMA) or other peer support.

A number of key sections of the NMC Code set out the responsibilities of midwives, that can be related to caring for women and their families. They include the following:

Prioritise People

- Treat People as individuals and uphold their dignity; treat people with kindness, respect and compassion
- Act in the best interest of people at all times. To achieve this, you must always balance the need to act in the best interests of people with the requirement to respect a person's right to accept or refuse treatment.

Preserve Safety

- Observe and follow the national and local guidance on the use of PPE and other measures introduced for infection control.
- Recognise and work within the limits of your competence.

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6 References and links to online and virtual support and guidance

1. NHSE (2020) *Supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers*. NHSE; Classification: Official Publications approval reference: 001559. Version 1, Published 14 December 2020
2. NHSE (2020) *Lateral flow antigen test for pregnancy women and support people: Frequently asked questions*. NHSE; Classification: Official Publications approval reference: 001559. Published 24 December 2020.
3. NHSE(2020) *Framework for the reintroduction of visitors throughout maternity services*.<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.pdf>
4. UKOSS (2020) *Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in UK: national population based cohort study*
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