

To: Regional Chief Midwives  
Regional Obstetricians  
Regional Medical Directors

NHS England and NHS Improvement  
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Cc: Trust Directors of Nursing and Midwifery  
Trust Medical Directors  
Trust Obstetric Clinical Leads  
Trust Heads of Midwifery  
Trust Board Safety Champions  
CCG Medical Directors  
CCG Directors of Nursing  
Local Maternity System Leads  
Maternity Clinical Networks  
GPs  
Health Visitors

**28 September 2021**

Dear Regional Chief Midwives and Regional Obstetricians,

**Information and links to key resources to support the care of pregnant women who test positive for COVID-19**

COVID Oximetry @home was established to support people at home, who have been diagnosed with COVID-19 but do not require admission to hospital. It was initially offered to people meeting three entry criteria or where clinical judgement applied and involves the remote monitoring of patients using pulse oximetry. Pathways have been established in all 135 clinical commissioning group (CCG) footprints.

This service provides people with a pulse oximeter and supporting information to monitor their oxygen saturation levels at home for up to 14 days, supported by carers and/or family members where appropriate. Using a pulse oximeter means rapid deterioration and silent hypoxia are more likely to be identified and people can get the help they need as quickly as possible. Silent hypoxia is where people have low oxygen levels in the absence of significant shortness of breath and has been noted in some coronavirus patients.

COVID-19 positive pregnant women have now been included in the 'higher risk from COVID' group and where appropriate should be considered for referral to COVID Oximetry @home. This precautionary measure is to ensure pregnant women who are otherwise well and do not require admission are able to identify deterioration in oxygen saturations early and seek care. Standard indications for review in secondary care in relation to their pregnancy, any co-morbidity, or any worsening of COVID-19 symptoms will remain.

Pregnant women may be referred to the programme by maternity services, however they may also be referred outside secondary care following a positive COVID-19 test result.

To ensure joined up care and appropriate safety-netting, and to identify any pregnant women with a diagnosis of COVID-19 who would benefit from clinical review, all pregnant women will be asked to contact their maternity unit when being enrolled on a COVID Oximetry @home programme.

Although we recognise that how pathways are operationalised will vary locally, it is recommended that the following principles are applied for pregnant women.

### **Principles: oximetry and pregnant women**

1. Pregnant women with COVID-19 can be considered for referral to COVID Oximetry @home pathways.
2. Maternity providers and local CCGs should work collaboratively to agree local arrangements for the timely provision of pulse oximeters.
3. Maternity providers and local CCGs should work collaboratively to build on existing COVID Oximetry @home models and agree local monitoring and escalation pathways for pregnant women. This should include gestation-specific pathways on where to refer if pregnant woman are symptomatic, require risk assessment and/or transfer to secondary care.
4. All maternity units should have a standard operating procedure (SOP) to support pregnant women and those who have recently given birth aligned to local COVID Oximetry @home models. This should include robust communication processes with women at first contact and within the multi-disciplinary team, and appropriate guidance and training materials to support local monitoring and escalation pathways.
5. Pregnant women with COVID-19 making contact with a maternity team after entry onto a COVID Oximetry @home oximetry pathway should be assessed for the need for face-to-face review. This should incorporate consideration of factors such as pregnancy and non-pregnancy symptoms, maternal or fetal risk factors, and social or safeguarding concerns.
6. Pregnant women with COVID-19 who are entered onto COVID Oximetry @home pathways should be advised to monitor both pregnancy-specific concerns and signs of COVID-19 deterioration, and be made aware of when and how to seek care, including the appropriate place to attend.
7. Pregnant women should contact their midwife, maternity team or GP if their blood oxygen levels are dropping. Pregnant women with pulse oximeter readings of 94% or less require clinical review and should be advised to attend their hospital immediately or call 999. Additional indications to call 999 are listed in the safety netting leaflet.

8. At the time of their booking appointment, all pregnant women should be advised to contact their midwife, maternity team or maternity unit should they have a positive COVID-19 test result.

### Useful links/ resources

**Safety netting leaflet:** <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C1370-Suspected-Coronavirus-COVID-19-important-information-to-keep-you-safe-at-home-leaflet-August-2021.pdf>

**Link to translated and easy read versions of the safety netting leaflet will shortly be available here:** [Coronavirus » Suspected coronavirus \(COVID-19\): important information to keep you safe while isolating at home \(england.nhs.uk\)](#)

**Information has been updated on the following NHS pages:** [Pregnancy and coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](#) and [How to look after yourself at home if you have coronavirus \(COVID-19\) - NHS \(www.nhs.uk\)](#)

**Oximetry is referenced within V14 of RCOG COVID-19 guidance here:** [2021-08-25-coronavirus-covid-19-infection-in-pregnancy-v14.pdf \(rcog.org.uk\)](#)

**FAQs – COVID Oximetry @home and COVID virtual wards:** [NHS England » FAQs – COVID Oximetry @home and COVID virtual wards](#)

**COVID Oximetry @home revised SOP (including pregnancy):** [Coronavirus » Novel coronavirus \(COVID-19\) standard operating procedure: COVID Oximetry @home \(england.nhs.uk\)](#)

Yours sincerely,



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