

# RCM Clinical Guidance Briefing Two: Antenatal care for women with suspected or confirmed COVID-19 or with a member of their household with suspected or confirmed COVID-19

# Topic

Antenatal care for women with current suspected or confirmed COVID-19 or with a member of their household with suspected or confirmed COVID-19

# Potential impact of Covid-19 in this topic area

- Evidence continues to evolve in relation to the impact of COVID-19 in pregnancy on women, the fetus and newborns.
- Current indications are that pregnant women are no more susceptible to contracting COVID-19 than the general population and that, if they do contract the virus, they are no more likely to become seriously unwell.
- Very recent evidence has suggested that, contrary to previous evidence, vertical transmission (that is transmission to the fetus during pregnancy and childbirth) may have occurred in one case in China. This baby was born by caesarean section and has subsequently recovered well.
- There is no current evidence to suggest that contracting COVID-19 in early pregnancy increases the risk of miscarriage or fetal anomalies.
- Pregnant women, like anyone with symptoms of COVID-19 or a family member with COVID-19, are being asked to self-isolate. This will have an impact on their ability to access face to face antenatal care, including scans and is very likely to lead to heightened levels of anxiety and depression.
- Care should be co-ordinated for those who are forced to miss appointments due to self-isolation and any woman who has a delayed appointment for more than 3 weeks should be contacted.
- Until test results are available, women with suspected COVID-19 should be treated as if they are positive for the virus. On admission, provide the woman with a surgical face mask, treat in an isolation room and PPE should be worn at all times by staff when in contact.

# Current key guidance for this topic – clinical care and advice for women

- If a woman is infected with COVID-19, she should be advised that she is still most likely to have no symptoms or a mild illness from which she will make a full recovery.
- If she develops more severe symptoms or her recovery is delayed, this may be a sign that she is developing a more significant chest infection that requires enhanced care. Advice should then be that if she feels her symptoms are worsening or if she is not getting better, she should contact her maternity care team, NHS 111 or local alternative straight away for further information and advice.
- For women who have had symptoms, appointments can be deferred until 7 days after the start of symptoms, unless symptoms (aside from persistent cough) persevere.
- For women who are self-isolating because someone in their household has possible symptoms of COVID-19, appointments should be deferred for 14 days.

The following suggestions apply to all hospital/clinic attendances for women with suspected or confirmed COVID-19:

- Women should be advised to attend via private transport where possible or call 111/999 for advice as appropriate.
- If an ambulance is required, the call handler should be informed that the woman is currently in self-isolation for possible COVID-19.
- Women should be asked to alert a member of maternity staff to their attendance when on the hospital premises, but prior to entering the hospital.
- Staff providing care should take personal protective equipment (PPE) precautions as per national <u>Health</u>
  <u>Protection guidance</u> Women should be met at the maternity unit entrance by staff wearing appropriate PPE
  and be provided with a surgical face mask (not FFP3 mask). The face mask should not be removed until the
  woman is isolated in a suitable room.
- Women should immediately be escorted to an isolation room where available, suitable for the majority of care during their hospital visit or stay.
- Isolation rooms should ideally have an ante-chamber for putting on and removing staff PPE equipment and ensuite bathroom facilities:
  - Only essential staff should enter the room and visitors should be kept to a minimum at the discretion of maternity staff.
    - Remove non-essential items from the clinic/scan room prior to the woman arriving there.
- All clinical areas used will need to be cleaned after use as per national <u>Health Protection guidance</u>.
- When possible, early pregnancy units (EPUs) or maternity triage units should provide advice over the phone. If this requires discussion with a senior member of staff who is not immediately available, a return telephone call should be arranged.
- Local protocols are required to ensure women with confirmed or suspected COVID-19 are isolated on arrival to EPU or maternity triage units and full PPE measures are in place for staff
- Medical, midwifery or obstetric care should otherwise be provided as per routine.

#### Current Evidence base

The Evidence base is changing rapidly. RCOG/RCM guidance is being continually updated. Version 5, published on 28 March 2020, can be found here and includes all of the relevant referencing:

https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-28-covid19-pregnancy-guidance.pdf

# References and links to online and virtual support and guidance

The NCT is providing a variety of virtual support for women and families: <u>https://www.nct.org.uk/pregnancy/coronavirus-and-pregnancy/faqs-coronavirus-pregnancy-and-parenthood</u>

The UK patient facing advice is gathered on the NHS UK website: <u>https://www.nhs.uk/conditions/coronavirus-covid-19/</u>

In Scotland, the patient facing information about COVID-19 is gathered on NHS Inform: https://www.nhsinform.scot/illnesses-and-conditions/infections-and-poisoning/coronavirus-covid-19

Specific Scottish Government advice for parents in Scotland is gathered on the Parentclub website: <u>https://www.parentclub.scot/topics/health/coronavirus</u>

Guidance for Wales is on the Public health Wales website: <u>https://phw.nhs.wales/topics/latest-information-on-novel-</u> <u>coronavirus-covid-19/</u> and for Northern Ireland here: <u>https://www.health-ni.gov.uk/</u>