



Re-introduction of partners, support people and visitors to maternity units and maternity appointments across the UK during the COVID-19 pandemic

Background

Pregnancy has been defined as a risk factor for COVID-19, and pregnant women are therefore considered to be more vulnerable than the general population. Maternity services have experienced staffing shortages of up to 20% during the COVID-19 pandemic, which for many units is more than double their previous staffing shortages.

Maternity teams also have staff who are required to work from home while shielding themselves and therefore some maternity services are currently unable to provide maternity care in the traditional way.

As progress is made on lifting and revising the high level of initial restrictions applied across the UK by Governments and within healthcare, it is vital that each maternity service applies a safe and appropriate revision of their restrictions and process. We also know that this progress does not just move in one direction – while restrictions were able to ease in many areas of society over the summer of 2020, when the prevalence of the virus was low, the Autumn of 2020 has seen a significant increase in cases and therefore the reintroduction of restrictions. Changes to visiting restrictions or access of partners and support people in maternity care require consultation with staff and with women's service user representatives to develop a coproduced risk assessment and policy revision process.

Considerations for restoring visiting

This guidance briefing is intended to be reviewed in conjunction with any current or future Government specific restrictions in each of the four UK countries and any local or regional restrictions, including the tiered approach to restrictions in large parts of the UK.

COVID-19 is highly infectious, and its effects have been devastating. The infection can be passed very easily from person to person; the use of public spaces (especially internal) and episodes of close contact increases that risk. Reintroducing social routines including visiting must be done with extreme care.

To reduce the risks there needs to be careful attention to infection prevention control measures. Key among these will be the encouragement and facilities for regular handwashing, the easy availability of alcohol-based hand rub, guidance on wearing face coverings and adherence to physical (social) distancing. This involves input and support from wider estates and facilities services in maternity units to provide additional resources and signage.

Maternity leads should undertake individual risk assessments for each area within their service, working closely with local health and safety and infection prevention and control teams. This should consider risks for staff, women, patients, partners, support people and visitors. We would strongly recommend that service managers involve local Trade Union health and safety representatives in developing and undertaking these assessments.

It is important to recognise that restrictions on visiting and support at appointments have had a disproportionate impact on some women. This includes:

- women with mental health problems
- women with cognitive impairment or learning disability

- women with communication challenges including hearing or visual impairment
- women for whom English is not their first language
- women who have experienced a previous pregnancy loss or bereavement.

Any risk assessment should be accompanied by an Equality Impact Assessment (EqIA). This is vital to ensure new policies and practices are fair and do not have unintended consequences for some groups. NHS Trade Unions believe that an EqIA must be carried out ahead of the introduction of any new COVID-19 related practices and policies, with the results shared and analysed in partnership with local Trade Unions with continuous monitoring, evaluation and updating considering experience.

Risk assessments in relation to partner and support access and visiting during the COVID-19 pandemic

Undertaking a risk assessment is fundamental to ensuring that a safe system of work (SSoW) is in place and it considers all elements of the work/ clinical area. An SSoW must include:

- A new risk assessment every time changes are made within the workplace; new scientific evidence is available, or government restrictions change.
- A new risk assessment each time there is a significant change in local community infection rate prevalence, or when local information emerges about any infection transmission in the hospital or maternity unit.
- Hazards within the workplace that present cross infection risks have been identified.
- Health and safety risks posed by the hazards have been systematically assessed and recorded.
- Analysis of the results of the Risk assessment results have been analysed and mitigate the mechanisms for the prevention of cross infection with an agreed protocol.
- The safest means of reintroducing partners, support people and/or visitors has been agreed and communicated to staff with appropriate COVID-19 infection control training undertaken.
- Monitoring of the SSoW to ensure it remains current, by building in frequent review dates.

Risk assessment form

It may be helpful to use or adapt a risk assessment form for any detailed risk assessment unless a local specific form is provided (for an example see Annexe 1 at the end of this guidance). Refer to your Summary of Hazards/Risks and complete forms as required, including those that are controlled but could be serious in the absence of active management. The Action Plan and reply section is to help you pursue those requiring action.

Practical advice

- Document contemporaneously in the maternity record, the details of the support and visiting arrangements in place.
- Have clear signage to help partners, support people, visitors and women understand what the local policies and procedures are
- Provide hand sanitiser that is accessible for women, partners, support people and adult visitors.
- Any untoward incidents or near misses should be reported via the local incident reporting processes.
- There should be clear signage indicating that there is a zero-tolerance approach in relation to abuse of staff around access and visiting regulations.
- A system should be instigated to provide staff with clear guidance about how to address any abuse; de-escalation approaches; access to security and reporting mechanisms for any abuse.
- Partners, support people and visitors must maintain physical distancing wherever possible.
- Partners, support people and visitors must wear face coverings in all areas; staff must wear face coverings in all areas.
- A strict cleaning and hand hygiene regime must be in place.

- Restricted movement applied to other areas of hospital unless required as part of care for the woman – i.e. birth partner attending scan, parent accompanying child or another similar situation.

Information on the Trust/Board website/social media and in posters and information leaflets should advise partners, support people and visitors to be aware of the following:

- Do not accompany anyone or visit anyone in the hospital if:
 - you have symptoms of COVID-19
 - you are self-isolating for suspected or confirmed COVID-19
 - you have been contacted through the Track and Trace (or Test and Protect) contact tracing scheme and advised to self-isolate
 - you are at high risk of becoming seriously unwell because you have underlying medical conditions or have been advised to shield
 - partners, support people and visitors will need to consider how they will travel to the hospital and whether their journey necessitates the use of public transport.

A staged approach to reintroduction of visiting and reintroduction of restrictions on visiting

To safely apply revised infection control measures and assess their appropriateness. It is recommended that a phased approach to full resumption of usual support access and visiting practices is applied. Please see examples of all stages below.

1. Essential support person/partner or visitor only (End of Life, birth partners, children, patients with mental health issues including learning disabilities, autism).
2. Essential support person/partner or visitor and one other designated support person/visitor observing physical distancing from staff and any other women/patients/families. This does not mean that there are no risks, therefore this should be limited to one named visitor only while socially distancing, wearing a face covering, as well as any further PPE that the area being visited considers necessary. This might mean that, if a woman chooses, she can have two symptom free birth partners with her during labour. Handwashing will remain crucial to protect visitors and patients alike.
3. Essential support person/partner or visitor and two designated visitors at the same time observing physical distancing. The total of two named visitors allowed (for example on the postnatal ward), should be by prior arrangement with the clinical area (this is two visitors in total, not two visitors in addition to the one named visitor in stage one).
4. Essential support person/partner or visitors and implementation of local plans for phased re-introduction of usual visiting with no restrictions.

The above stages are dependent on emerging scientific evidence, local government restrictions, local geography, prevalence, layout and staffing of the unit. Local restrictions may need to be reintroduced in response to specific geographical outbreaks or local restrictions. The staged approach can and should move in both directions, based on local information.

Partners, support people and named visitors should arrange with antenatal and postnatal ward staff a visiting time in advance to manage numbers of people present and physical distancing. The number of people able to be accommodated for visits to an area at any one time will vary depending on the setting.

Maternity units with single rooms may be able to accommodate more support people, partners or visitors than multiple occupancy areas. Individual settings should consider how many partners, support people or visitors it is possible to accommodate on a ward. This should be done against the context of overall footfall throughout the hospital. Consideration should be given to enabling a support person or partner to attend key antenatal clinic, emergency antenatal appointments and scan appointments.

Partners, support people and visitors should wear face coverings and any other PPE as indicated by the clinical team and must adhere to strict hand and respiratory hygiene by washing their hands with soap and water, or using alcohol hand gel, prior to entering and leaving the ward and covering the nose and mouth with a disposable tissue when sneezing, coughing, wiping or nose blowing. These should be disposed of immediately in the bin and hand hygiene performed immediately afterwards.

Throughout all stages, continued exclusion of anyone with COVID-19 symptoms or anyone self-isolating because they have had contact with someone with COVID-19 must be applied. This may be challenged where a woman is admitted who is COVID-19 positive and wishes to be supported by a birth partner from her household who is also positive or should be self-isolating.

We suggest approaching each stage from three perspectives – that of the individual woman and her characteristics; the individual partner, support person or visitor and their characteristics; and the specific environment of the maternity unit.

After such a lengthy period of only essential visits during which people will have been living very differently, it is important that recommencing visiting is handled supportively and sensitively.

Care should be taken to determine whether women wish to receive visitors and who they want to identify as their 'designated visitor(s).' These should be able to be changed if required.

Partners, support people and designated visitors are likely to have specific concerns and expectations about their partner, relative or friend and the conditions of support and visiting should be discussed in advance. Some women may find the conditions associated with recommencing or reintroducing restrictions on visits difficult and emotional. Staff should be supported to prepare support people, partners and visitors to become familiar with the local risk assessment and agreed access and visiting protocol.

Staff may have significant concerns about the risks of harm associated with visitors returning and how they will manage the conditions which make this possible and safe. They are also likely to be concerned about the reactions of women, partners, support people and visitors and how they can best support emotionally challenging situations.

Staff, partners, support people and designated visitors may benefit from being supported to anticipate different responses and be prepared with some potential coping strategies.

All visits/ appointments

Regardless of the location of the appointment, episode of care or visit, there are some practical steps that should be considered. These include:

- Is the waiting area shared with any other patients who may be vulnerable?
- Is there technology that can be used to support new systems, e.g., example: text messaging to invite partners to appointments to avoid shared waiting areas, use of tablets and video conference calling?
- Can different clinical or non-clinical areas be utilised that are larger than small clinic rooms to support better physical distancing?
- Are there enough staff to supervise visiting if it is necessary?
- Would a one-way system minimise the risk of contact with others?
- What needs to be in place to minimise/avoid contact with other women, patients, visitors and staff?
- How will the unit ensure visitors follow good practice such as hand washing, respiratory hygiene and physical distancing etc?

Visitors should use toilet facilities provided for members of the public only, not those for women or staff and should be made aware in advance of this before visiting.

Annexe two provides a sample visiting guidance for families and carers.

Annexe one: Sample risk assessment form

Name of Assessor:		Post Held:	
Department:		Date:	
Subject of Assessment: E.g.: hazard, task, equipment, location, people			
Hazards (Describe the harmful agent(s) and the adverse consequences they could cause)			
Description of Risk Describe the work that causes exposure to the hazard, and the relevant circumstances. Who is at risk? Highlight significant factors: what makes the risk more or less serious – e.g.: the time taken, how often the work is done, who does it, the work environment, anything else relevant.			
<u>Additional Local Units Description of Risk</u>			

Existing Precautions

Bed Spacing	
Current General Precautions	

Risk Matrix

<u>Likelihood</u>	<u>Impact/Consequences</u>				
	Negligible	Minor	Moderate	Major	Extreme
Almost Certain	Medium	High	High	V High	V High
Likely	Medium	Medium	High	High	V High
Possible	Low	Medium	Medium	High	High
Unlikely	Low	Medium	Medium	Medium	High
Rare	Low	Low	Low	Medium	Medium



Proposed actions to control the issue	By Whom	Start date	Action due date
List the actions required. If action by others is required, you must send them a copy			

Date:
 Name:
 Review Date:

Annexe two: Sample support and visiting guidance for families and carers

During the COVID-19 pandemic we have needed to make changes to how many people can come into hospitals and maternity units, to protect women, patients, visitors, partners, babies and staff. When virus rates reduce or local and national restrictions are lifted, it is possible for us to work to reintroduce greater access for partners, support people and visitors in our maternity unit. Your continued support in protecting not only our mothers, babies, and staff, but also yourselves and the wider community is much appreciated.

It is critical during this stage that visits only take place at pre-arranged times. These will be jointly agreed between you, the person you are supporting or visiting and staff. This arrangement is in place to ensure we control the number of people in any area of the hospital at any time.

You may be asked to limit your visit to a set period, to allow other visitors to visit other women, and to allow staff to manage numbers of people in the area at any given time.

Action to be taken

1. You will be asked before entering the clinical area to wash your hands with soap and water. Hand-washing should be for a minimum of 20 seconds, following the hand-washing guide visible in the area you are visiting.
2. You will be asked to clean/rub your hands with the alcohol-based gel when you leave.
3. You will be asked to wear a face covering. You should bring one with you and put it on before entering the hospital. You may be asked to wear additional protective garments by staff where needed.
4. You are asked to maintain the recommended social distancing between you and the person you are visiting, even if you were part of the same household or social bubble prior to admission to hospital. This is because the risks of infection change and become much higher once someone comes into hospital. We fully understand this is difficult for both you and your loved one, however it is a critical protective factor for you both, our staff and the wider community.
5. In addition, you may be asked a series of questions by the staff. This is normal in the current times and is intended to try and make sure that everyone stays safe.
6. Please understand that staff are being asked to put in place regulations around visiting for everyone's safety. Abuse of staff for seeking to manage the visiting restrictions (or for any reason) will not be tolerated and anyone abusing staff will be asked to leave the maternity unit.
7. Part of the process of being a support person or designated visitor for someone in hospital includes being asked to provide your contact details; this is normal in the current circumstances and is to assist Public Health, Trace and Protect colleagues should there be a need to contact you.
8. Please do not to bring in food parcels, flowers, helium balloons or similar items.

You must not visit if:

- a. You have felt unwell recently – especially with a cough, breathlessness, tiredness, a temperature, vomiting or diarrhoea.
- b. You have been in contact with someone, in the past 14 days, who is suspected of having or is confirmed as having COVID-19.

Please supply your contact details: these may be used by Public Health as part of the 'Test and Trace or Test and Protect' strategy, should there be a necessity following your visit.

Name: _____

Name of person you are visiting: _____

Ward/Clinic area: _____

Contact Number: _____

Key Guidance informing this briefing

NHSX Covid-19 Information Governance advise for staff working in health and care organisations.
<https://www.nhsx.nhs.uk/covid-19-response/data-and-information-governance/information-governance/covid-19-information-governance-advice-health-and-care-professionals/>