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Coronavirus infection and pregnancy

Information for pregnant women and their families

These Q&As relate to the [Coronavirus \(COVID-19\) infection and pregnancy – guidance for healthcare](#)

[professionals: Version 4 - 26 March 2020](#) and [Occupational health advice for employers and pregnant women during the COVID-19 pandemic – 26 March 2020](#) published by the Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and Royal College of Paediatrics and Child Health, with input from the Royal College of Anaesthetists, the Obstetric Anaesthetists' Association, Public Health England and Health Protection Scotland.

Read our [news stories](#) relating to this guidance.

Q1. What effect does coronavirus have on pregnant women?

Generally, pregnant women do not appear to be more likely to be severely unwell than other healthy adults if they develop the new coronavirus. It is expected the large majority of pregnant women will experience only mild or moderate cold/flu like symptoms.

More severe symptoms such as pneumonia appear to be more common in older people, those with weakened immune systems or long-term conditions. As yet, there is no evidence that pregnant women who get this infection are more at risk of serious complications than any other healthy individuals.

If you think you may have symptoms of COVID-19 you should use the NHS 111 online service for information. If you develop more severe symptoms or your recovery is delayed this may be a sign that you are developing a more significant chest infection that requires enhanced care. Our advice remains that if you feel your symptoms are worsening or if you are not getting better you should contact your maternity care team or use the NHS 111 online service for further information and advice.

Q2. What effect will coronavirus have on my baby if I am diagnosed with the infection?

As this is a very new virus we are just beginning to learn about it. There is no evidence to suggest an increased risk of miscarriage.

There is also no evidence that the virus can pass to your baby while you are pregnant or during birth (this is called vertical transmission). Two cases of possible vertical transmission have been reported. In both cases, it remains unclear whether transmission was prior to or soon after birth. Another recent report from China of four women with coronavirus infection when they gave birth found no evidence of the infection in their newborn babies. Expert opinion is that the baby is unlikely to be exposed during pregnancy. It is also therefore considered unlikely that if you have the virus it would cause problems with the baby's development, and none have been observed currently.

Some babies born to women with symptoms of coronavirus in China have been born prematurely. It is unclear whether coronavirus caused early labour, or whether it was recommended that the baby was born early in order to preserve the mother's health.

The UK is conducting near-real-time surveillance of all women who develop COVID-19 during pregnancy and their newborn babies, through well-established systems already used by all maternity units. We will update this information if and as soon as there is any change in the evidence.

Q3. What can I do to reduce my risk of catching coronavirus?

The most important thing to do is to follow [government guidance](#). For pregnant women, this includes:

- Regular hand washing
- Use a tissue when you or anyone in your family coughs or sneezes, discard this and wash your hands
- Avoid contact with someone who is displaying symptoms of coronavirus. These symptoms include high temperature and/or new and continuous cough
- Avoid non-essential use of public transport when possible
- Work from home, where possible.
- Avoid large and small gatherings in public spaces, noting that pubs, restaurants, leisure centres and similar venues are currently shut as infections spread easily in closed spaces where people gather together.
- Avoid gatherings with friends and family. Keep in touch using remote technology such as phone, internet, and social media
- Use telephone or online services to contact your GP or other essential services

Q4. Why are pregnant women in a vulnerable group?

Pregnant women were placed in a vulnerable group by the Chief Medical Officer on 16th March. This means you have been advised to reduce social contact through social distancing measures.

Based on the evidence we have so far, pregnant women are still no more likely to contract coronavirus than the general population. What we do know is that pregnancy in a small proportion of women can alter how your body handles severe viral infections. This is something that midwives and obstetricians have known for many years and are used to dealing with. As yet, there is no evidence that pregnant women who get this infection are more at risk of serious complications than any other healthy individuals.

What has driven the decisions made by officials to place pregnant women in the vulnerable category is caution. We know that some viral infections are worse in pregnant women. At the moment, there's no evidence that this is the case for coronavirus infection, but the amount of evidence available is still quite limited.

Q5. What do I need to do now?

As a precaution, you should follow government advice about social distancing; stay away from public places and avoid anyone who has symptoms suggestive of coronavirus.

If you are in your third trimester (more than 28 weeks pregnant) you should be particularly attentive to social distancing and minimising contact with others.

All pregnant women should follow the PHE advice:

- [Guidance on social distancing](#) for all vulnerable people including pregnant women
- [Guidance for individuals and households with possible coronavirus infection](#)

Q6. Can I still go to work? What if I work in a public-facing role?

We understand that it must be an anxious time if you are pregnant and you work in a public facing role, following the Chief Medical Officer's advice on 16 March 2020 that all pregnant women are in a vulnerable group.

Pregnant women who can work from home should do so. If you can't work from home, if you work in a

public-facing role that can be modified appropriately to minimise your exposure, this should be considered and discussed with your occupational health team or employer.

More detailed [occupational health advice for pregnant women](#), including those who cannot work from home was published on 21 March 2020, and updated on 26 March. It recommends that if you are in your first or second trimester (less than 28 weeks pregnant), with no underlying health conditions, you should practise [social distancing](#) but can choose to continue to work in a public-facing role, provided the necessary precautions are taken - these include the use of personal protective equipment (PPE) and risk assessment.

If you are in your third trimester (more than 28 weeks pregnant), or have an underlying health condition – such as heart or lung disease - you should work from home where possible, avoid contact with anyone with symptoms of coronavirus, and significantly reduce unnecessary social contact. Read the government guidance on [social distancing](#).

Q7. What is the advice if I am a healthcare worker and pregnant?

The [guidance](#) was updated on 26 March to emphasise that pregnant women of any gestation should be offered the choice of whether to work in direct patient-facing roles during the coronavirus pandemic. Your choices on whether you continue to work in direct patient-facing roles during the coronavirus pandemic should be respected and supported by your employers.

Advice for pregnant healthcare workers before 28 weeks gestation

If you are in your first or second trimester (less than 28 weeks pregnant), with no underlying health conditions, you should practise [social distancing](#) but can choose to continue to work in a patient-facing role. If you choose to continue working, it is strongly recommended the necessary precautions are taken. You should avoid, where possible, caring for patients with suspected or confirmed coronavirus infection. If this is not possible, you should use personal protective equipment (PPE) and ensure a thorough risk assessment is undertaken.

Some working environments, such as operating theatres, respiratory wards and intensive care/high dependency units, carry a higher risk for all pregnant women of exposure to the virus and all healthcare workers in these settings are recommended to use appropriate PPE.

Advice for pregnant healthcare workers after 28 weeks gestation, or with an underlying health condition

If you are in your third trimester (more than 28 weeks pregnant), or have an underlying health condition – such as heart or lung disease – we strongly recommend you avoid direct patient contact. It is better to work from home where possible, avoid contact with anyone with symptoms of coronavirus, and significantly reduce unnecessary [social contact](#).

We encourage employers to seek opportunities for pregnant healthcare workers in their third trimester to work flexibly in a different capacity, to avoid roles where they are working directly with patients.

Whatever gestation of your pregnancy, you should discuss your individual circumstances with your local Occupational Health department.

The evidence base for this new virus is growing rapidly and, as and when new information emerges, the Government and professional bodies will update the guidance.

Maternity Action has published [FAQs around rights and benefits during pregnancy and maternity leave](#) which you may find helpful: maternityaction.org.uk/covidmaternityfaqs/

Q8. Should I attend my antenatal appointments?

Attending antenatal and postnatal care when you are pregnant and have a new baby is really important to ensure the wellbeing of you and your baby.

If you are well, you should attend your antenatal care as normal. If you have symptoms of possible coronavirus infection, you should contact your community midwife to postpone routine visits until after the isolation period is over.

At this time, it is particularly important that you help your maternity team take care of you. If you have had an appointment cancelled or delayed, and are not sure of your next contact with your maternity team, please let them know by using the contact numbers provided to you at booking.

The following practical advice may be helpful:

- If you have a routine scan, appointment or visit due in the coming days, please contact your maternity unit for advice and a plan. You will still need to attend but the appointment may change due to staffing requirements.
- Some appointments may be conducted on the telephone or using videoconferencing, provided there is a reasonable expectation that maternal observations or tests are not required.
- If you are between appointments, please wait to hear from your maternity team.
- If you are attending more regularly in pregnancy, then your maternity team will be in touch with plans.
- If you miss an appointment and haven't heard from your maternity team, please contact them to rearrange the appointment.

Whatever your personal situation please consider the following:

- If you have any concerns, you will still be able to contact your maternity team but please note they may take longer to get back to you
- If you have an urgent problem related to your pregnancy but not related to coronavirus, get in touch using the same emergency contact details you already have. Please do not contact this number unless you have an urgent problem
- If you have symptoms suggestive of coronavirus contact your maternity services and they will arrange the right place and time to come for your visits. You should not attend a routine clinic.
- You will be asked to keep the number of people with you at appointments to a minimum. This will include being asked to not bring children with you to maternity appointments.
- There may be a need to reduce the number of antenatal visits. This will be communicated with you. Do not reduce your number of visits without agreeing first with your maternity team.

Q9. What is the travel advice if I am pregnant?

If you are in the UK, you should follow the advice given by the [Foreign and Commonwealth Office](#), which is being regularly updated in line with the evolving situation.

All individuals, including pregnant women, should ensure they have adequate insurance arrangements prior to travel. You should also check that your travel insurance will provide cover for birth and care of your newborn baby if you give birth while abroad.

Q10. What should I do if I think I may have coronavirus or been exposed?

If you are pregnant and you have either:

- a high temperature
- a new, continuous cough

You should stay at home for 7 days. Do not go to a GP surgery, pharmacy or hospital. You do not need to contact NHS 111 to tell them you are staying at home. You do not need a test for coronavirus. At the present time, only people with severe symptoms who require overnight admission to hospital will be tested. You should contact your maternity unit to inform them that you have symptoms suggestive of coronavirus, particularly if you have any routine appointments in the next 7 days.

You should use the NHS 111 online coronavirus service, or call NHS 111 if:

- you feel you cannot cope with your symptoms at home
- your condition gets worse
- your symptoms do not get better after 7 days

If you have concerns about the wellbeing of yourself or your unborn baby during your self-isolation period, contact your midwife or, out-of-hours, your maternity team. They will provide further advice, including whether you need to attend hospital.

Q11. How will I be tested for coronavirus?

The process for diagnosing coronavirus infection is changing rapidly. At the current time, only people with severe symptoms who require at least overnight admission to hospital will be tested.

If you do require a test, you will be tested in the same way as anyone being tested, regardless of the fact that you are pregnant. Currently, the test involves swabs being taken from your mouth and nose. You may also be asked to cough up sputum, a mixture of saliva and mucus.

Q12. What should I do if I test positive for coronavirus?

If you test positive for coronavirus, you should contact your midwife or antenatal team to make them aware of your diagnosis. If you have no symptoms, or mild symptoms, you will be advised to recover at home. If you have more severe symptoms, you might be treated in a hospital setting.

Q13. Why would I be asked to self-isolate (as opposed to reducing social contact)?

You may be advised to self-isolate because:

- You have symptoms of coronavirus, such as a high temperature or new, continuous cough
- You have tested positive for coronavirus and you've been advised to recover at home

Q14. What should I do if I'm asked to self-isolate?

Pregnant women who have been advised to self-isolate should stay indoors and avoid contact with others for 7 days. If you live with other people, they should stay at home for at least 14 days, to avoid spreading the infection outside the home.

The NHS [guidance](#) on self-isolation currently recommends people should:

- Not go to school, work, NHS settings or public areas
- Not use public transport
- Stay at home and not allow visitors
- Ventilate the rooms where they are by opening a window
- Separate themselves from other members of their household as far as possible, using their own towels, crockery and utensils and eating at different times
- Use friends, family or delivery services to run errands, but advise them to leave items outside.

You may wish to consider online fitness routines to keep active, such as pregnancy yoga or Pilates.

Q15. Can I still attend my antenatal appointments if I am in self-isolation?

You should contact your midwife or antenatal clinic to inform them that you are currently in self-isolation for possible/confirmed coronavirus and request advice on attending routine antenatal appointments.

It is likely that routine antenatal appointments will be delayed until isolation ends. If your midwife or doctor advises that your appointment cannot wait, the necessary arrangements will be made for you to be seen. For example, you may be asked to attend at a different time, or in a different clinic, to protect others.

Q16. How will my care be managed after I have recovered from coronavirus?

If you have confirmed coronavirus infection, as a precautionary approach, an ultrasound scan will be arranged at least two weeks after your recovery, to check that your baby is well.

If you have recovered from coronavirus and tested negative for the virus before you go into labour, where and how you give birth will not be affected by your previous illness but visitor numbers may be restricted to promote recommended social distancing.

Q17. What do I do if I feel unwell or I'm worried about my baby during self-isolation?

Pregnant women who are self-isolating are advised not to attend maternity triage units or A&E unless in need of urgent pregnancy or medical care.

If you have concerns about the wellbeing of yourself or your unborn baby during your self-isolation period, contact your midwife or, out-of-hours, your maternity team. They will provide further advice, including whether you need to attend hospital.

If attendance at the maternity unit or hospital is advised, pregnant women are requested to travel by private transport, or arrange hospital transport, and alert the maternity triage reception once on the premises, prior to entering the hospital.

Q18. Will being in self-isolation for suspected or confirmed coronavirus affect where I give birth?

As a precautionary approach, pregnant women with suspected or confirmed coronavirus when they go into labour, are being advised to attend an obstetric unit for birth, where the baby can be monitored using continuous electronic fetal monitoring, and your oxygen levels can be monitored hourly.

The continuous fetal monitoring is to check how your baby is coping with labour. As continuous fetal monitoring can only take place in an obstetric unit, where doctors and midwives are present, it is not currently recommended that you give birth at home or in a midwife led unit, where only midwives would be present.

We will keep this advice continually updated as new evidence emerges. Maternity units everywhere are working around the clock right now to manage additional pressures and facilitate women's choices.

Q19. Will being in self-isolation for suspected or confirmed coronavirus affect how I give birth?

There is currently no evidence to suggest you cannot give birth vaginally or that you would be safer having a caesarean birth if you have suspected or confirmed coronavirus, so your birth choices should be respected and followed as closely as possible based on your wishes.

However, if your respiratory condition (breathing) suggests that your baby needs to be born urgently, a caesarean birth may be recommended.

It is not recommended that you give birth in a birthing pool in hospital if you have suspected or coronavirus, as the virus can sometimes be found in faeces. It may also be more difficult for healthcare staff to use adequate protection equipment during a water birth.

There is no evidence that women with suspected or confirmed coronavirus cannot have an epidural or a spinal block. In our previous version of the guidance it was suggested that the use of Entonox (gas and air) may increase aerosolisation and spread of the virus, but a review of the evidence suggests there is no evidence that Entonox is an aerosol-prone procedure, so there is no reason you cannot use this in labour.

Q20. What happens if I go into labour during my self-isolation period?

If you go into labour, you should call your maternity unit for advice, and inform them that you have suspected or confirmed coronavirus infection.

If you have mild symptoms, you will be encouraged to remain at home (self-isolating) in early labour, as per standard practice.

Your maternity team have been advised on ways to ensure that you and your baby receive safe, quality care, respecting your birth choices as closely as possible.

When you and your maternity team decide you need to attend the maternity unit, general recommendations about hospital attendance will apply:

- You will be advised to attend hospital via private transport where possible, or call 111/999 for advice,

as appropriate

- You will be met at the maternity unit entrance and provided with a surgical face mask, which will need to stay on until you are isolated in a suitable room
- Coronavirus testing will be arranged
- Your birth partner(s) will be able to stay with you throughout, but visitors should be kept to a minimum

Q21. Could I pass coronavirus to my baby?

As this is a new virus, there is limited evidence about caring for women with coronavirus infection in women who have just given birth. A small number of babies have been diagnosed with coronavirus shortly after birth but it remains unclear whether transmission was prior to or soon after birth. Expert opinion is that the baby is unlikely to be exposed during pregnancy.

Q22. Will my baby be tested for coronavirus?

Yes, if you have suspected or confirmed coronavirus at the time your baby is born, your baby will be tested for coronavirus.

Q23. Will I be able to stay with my baby/give skin-to-skin if I have suspected or confirmed coronavirus?

Yes, if that is your choice. Provided your baby is well and doesn't require care in the neonatal unit, you will stay together after you have given birth.

There are some reports from China which suggest women with confirmed coronavirus have been advised to separate from their baby for 14 days. However, this may have potential negative effects on feeding and bonding.

A discussion about the risks and benefits should take place between you and your family and the doctors caring for your baby (neonatologists) to individualise care for your baby.

This guidance may change as knowledge evolves.

Q24. Will I be able to breastfeed my baby if I have suspected or confirmed coronavirus?

Yes. There is no evidence showing that the virus can be carried in breastmilk, the well-recognised benefits of breastfeeding outweigh any potential risks of transmission of coronavirus through breastmilk.

The main risk of breastfeeding is close contact between you and your baby, as you may share infective airborne droplets, leading to infection of the baby after birth.

A discussion about the risks and benefits of breastfeeding should take place between you and your family and your maternity team.

This guidance may change as knowledge evolves.

If you choose to breastfeed your baby, the following precautions are recommended:

- Wash your hands before touching your baby, breast pump or bottles

- Try to avoid coughing or sneezing on your baby while feeding at the breast
- Consider wearing a face mask while breastfeeding, if available
- Follow recommendations for pump cleaning after each use
- Consider asking someone who is well to feed your expressed breast milk to your baby.

If you choose to feed your baby with formula or expressed milk, it is recommend that you follow strict adherence to [sterilisation guidelines](#). If you are expressing breast milk in hospital, a dedicated breast pump should be used.

Royal College of Obstetricians and Gynaecologists

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Registered charity no. 213280

10 –18 Union Street

London

SE1 1SZ

UK

Tel +44 20 7772 6200

Fax +44 20 7723 0575

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