Coronavirus infection and pregnancy

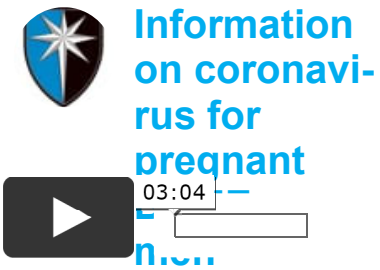
Information for pregnant women and their families

These Q&As were updated on 19 February 2021 and relate to the Coronavirus (COVID-19) infection in pregnancy – guidance for healthcare professionals: Version 13 – 19 February 2021 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 Public Health Scotland.

Read our news stories relating to this guidance. More information on pregnancy and COVID-19,

including leaflets you can print, are available from the NHS website.

These videos contain advice from RCOG clinicians Dr Jo Mountfield, Dr Christine Ekechi and Dr Brooke Vandermolen:



The Royal College of Obstetricians and Gynaecologists (RCOG) provides this advice and guidance for your information purposes only. This information is not intended to meet your specific individual healthcare requirements and this information is not a clinical diagnostic service. If you are concerned about your health or healthcare requirements, we strongly recommend that you speak to your clinician or other healthcare professional, as appropriate.

- **COVID-19 and pregnancy**
- **COVID-19 vaccines, pregnancy and breastfeeding**
- **Women at higher risk of serious illness, including women who are Black, Asian or from other ethnic minorities**
- **Early pregnancy**

COVID-19 and pregnancy

Q. What is the main advice for pregnant women?

Studies from the UK show that pregnant women are no more likely to get COVID-19 than other healthy adults. Roughly two-thirds of pregnant women with COVID-19 have no symptoms at all, and most pregnant women who do have symptoms only have mild cold or flu-like symptoms. However, a small number of pregnant women can become unwell with COVID-19. Pregnant women who catch COVID-19 may be at increased risk of becoming severely unwell compared to non-pregnant women, particularly in the third trimester. Pregnant women have been included in the list of people at moderate risk (clinically vulnerable) as a precaution.

Pregnant women should follow the latest government guidance on staying alert and safe (social distancing) and avoid anyone who has symptoms suggestive of COVID-19. If you are in your third trimester (more than 28 weeks' pregnant) you should be particularly attentive to social distancing.

Key advice for pregnant women during the pandemic:

- Follow the guidance on social distancing and appropriate use of face coverings (this guidance covers England only - if you live in Scotland, Wales or Northern Ireland, you should follow the specific advice in those parts of the UK)
- Keep mobile and hydrated to reduce the risk of blood clots in pregnancy
- Stay active with regular exercise, a healthy balanced diet, and folic acid and vitamin D supplementation to help support a healthy pregnancy
- Attend all of your pregnancy scans and antenatal appointments unless you are advised not to
- Contact your maternity team if you have concerns about the wellbeing of yourself or your unborn baby

More information on pregnancy and COVID-19 is available on the NHS website.

What should I do if I develop symptoms of COVID-19?

- The main symptoms of COVID-19 are a high temperature, a new, continuous cough or a loss or change to your normal sense of smell or taste (anosmia).
- If you think you may have symptoms, use the NHS 111 online service/NHS 24 in Scotland online for information and advice, and follow the guidance for households with possible or confirmed COVID-19 infection.
- You should tell your midwife or maternity team that you have symptoms of COVID-19.
- If you feel your symptoms are worsening or if you are not getting better, this may be a sign that you are developing a more severe infection that requires specialised care. You should contact your maternity team, GP, or use the NHS 111 online service/NHS 24 in Scotland for further information and advice. In an emergency, call 999.
- Seek medical advice as early as possible if you have any questions or concerns about you or your baby.

Q. What effect does COVID-19 have on pregnant women?

Current evidence from the UK suggests that pregnant women are no more likely to get COVID-19 than other healthy adults. Roughly two-thirds of pregnant women with COVID-19 have no symptoms at all (also known as being asymptomatic). Most pregnant women who do have symptoms only have mild cold or flu-like symptoms. However, a small number of pregnant women can become unwell with COVID-19. Pregnant women who catch COVID-19 may be at increased risk of becoming severely unwell compared to non-pregnant women, particularly in the third trimester.

Studies have shown that there are higher rates of admission to intensive care units for pregnant women with COVID-19 compared to non-pregnant women with COVID-19. It is important to note that this may be because clinicians are more likely to take a more cautious approach when deciding whether to admit someone to the intensive care unit when a woman is pregnant.

At present, it is unclear whether pregnancy will impact on the proportion of women who experience ‘long COVID’ or a post COVID-19 condition.

In the UK, information about all pregnant women requiring admission to hospital with COVID-19 is recorded in a registry called the UK Obstetric Surveillance System (UKOSS).

The first report from this study included information about the outcomes of 427 pregnant women admitted to hospital with COVID-19 and their babies during the pandemic, and was published in May 2020. While most women in the study required only ward treatment and were discharged home well, around one in ten women required intensive care, and sadly five women with COVID-19 died, although it is currently unclear if COVID-19 was the cause of their death. The study found that the majority of women who did become severely ill were in their third trimester of pregnancy, emphasising the importance of social distancing and good hand hygiene from 28 weeks of pregnancy. An update of the UKOSS report is being prepared (a draft form of the update was published in January 2021). The updated report includes information on 1,148 pregnant women admitted to hospital with COVID-19. It has similar findings to the first UKOSS study: the vast majority of women were discharged home after simple ward care, about 1 woman in 20 required intensive care, and sadly 8 women died. Six of those deaths were because of COVID-19, and two deaths were from unrelated causes.

The UKOSS study and more recent publications have found that pregnant women from Black, Asian and minority ethnic backgrounds were more likely than other women to be admitted to hospital for COVID-19. Pregnant women over the age of 35, those who had a BMI of 25 or more, and those who had pre-existing medical problems, such as high blood pressure and diabetes, were also at higher risk of developing severe illness and requiring admission to hospital. Living in areas or households of increased

socioeconomic deprivation is also known to increase risk of developing severe illness.

Q. What effect will COVID-19 have on my baby if I am diagnosed with the infection?

Current evidence suggests that if you have the virus it is unlikely to cause problems with your baby's development, and there have been no reports of this so far.

There is also no evidence to suggest that COVID-19 infection in early pregnancy increases the chance of a miscarriage.

Transmission of the COVID-19 from a woman to her baby during pregnancy or childbirth (which is known as *vertical transmission*) seems to be uncommon. Whether or not a newborn baby gets COVID-19 is not affected by mode of birth, feeding choice or whether the woman and baby stay together. It is important to emphasise that in most of the reported cases of newborn babies developing COVID-19 very soon after birth, the babies remained well.

Studies have shown that there is a two to three times increased risk of giving birth prematurely for pregnant women who become very unwell with COVID-19. In most cases this was because it was recommended that their babies were born early for the benefit of the women's health and to enable them to recover. Babies born before full term (before 37 weeks) are vulnerable to problems associated with being born premature – the earlier in the pregnancy a baby is born, the more vulnerable they are.

The updated UK Obstetric Surveillance Study (UKOSS) report from January 2021 describes 1,148 pregnant women with COVID-19 who were admitted to hospital between March and September 2020. Nearly one in five women with symptomatic COVID-19 gave birth prematurely. However, women who tested positive for COVID-19 but had no symptoms were not more likely to give birth prematurely. The babies of women with COVID-19 were more likely to be admitted to the neonatal intensive care unit (NICU), but almost all these babies did well. There was no increase in stillbirth rate, and no increase in infant death for babies born to women who had COVID-19. Not all the babies were tested, but overall, only 1 baby in 50 tested positive for COVID-19, suggesting that transmission of the infection to the baby is low.

Q. What research is being done to monitor the effect of COVID-19 on pregnant women and their babies?

The UK is conducting near-real-time surveillance (observation) of women who are hospitalised and test positive for COVID-19 during pregnancy, through well-established systems already used by all maternity units – this is the UK Obstetric Surveillance System (UKOSS). Any new evidence published from this and other studies will be used to update our guidance.

Imperial College London are also running a surveillance programme (PAN-COVID) to monitor pregnancy and neonatal outcomes for women with COVID-19. Other maternity surveillance programmes are being funded by the National Institute of Health Research (NIHR). You can also ask your maternity team about any local research that is taking place in your area.

The COVID-19 Symptom Study app has been developed by King's College London and health science company ZOE. Members of the public, including pregnant women, can use this app to report on their health during the COVID-19 pandemic.

Q. Why are pregnant women in a vulnerable group?

Pregnant women have been included in the list of people at moderate risk (clinically vulnerable) as a precaution. This is because in a small proportion of women pregnancy can alter how your body handles severe viral infections, and some viral infections such as flu, are worse in pregnant women. Amongst pregnant women, the highest risk of becoming severely unwell (should you contract the virus) appears to

be for those who are 28 weeks pregnant or beyond. This is something that midwives and obstetricians have known for many years in relation to other similar infections (such as flu) and they are used to caring for pregnant women in this situation.

Current evidence suggests that hospital admission may be more common in pregnant women with COVID-19 than in non-pregnant women of the same age, however this is partly because pregnant women are also admitted to hospital for reasons unrelated to COVID-19. In the UKOSS study, which examined women with COVID-19 in pregnancy during the spring and summer in the UK, the majority of pregnant women with COVID-19 admitted to hospital were in the third trimester of pregnancy. This evidence supports the remaining UK government recommendation that all pregnant women should pay particular attention to social distancing measures and good hygiene and that this is particularly important at 28 weeks' pregnancy and beyond.

Q. What impact will COVID-19 have on my pregnancy?

The NHS has made arrangements to ensure that women are supported and cared for safely through pregnancy, birth and the period afterwards during this pandemic when there will be extra pressures on healthcare services.

Maternity services are absolutely essential and the RCOG is supporting units to coordinate staff in maternity services, to ensure safe and personalised care is provided. This includes reducing staff commitments outside maternity units, reducing any non-essential work within hospitals and re-organising staffing.

In some areas of the UK, maternity units are providing consultations on the phone or by video link, when this is appropriate, so you do not have to travel unnecessarily to the hospital. However, some visits in person with a midwife or doctor are essential and it is important for the wellbeing of you and your baby that you attend these to have routine checks. You will be required to follow guidance about face coverings during visits to healthcare settings.

Guidance has been published in Scotland, England, Wales and Northern Ireland to help services with re-introducing visitors to maternity services including antenatal and postnatal appointments, and pregnancy scans. It is important that any visitors follow guidance in hospitals about social distancing, wearing a face covering and regular handwashing.

If visitor restrictions remain in place in your local maternity unit, this should be clearly explained to you. Midwives, obstetricians, and other members of the maternity team will be able to support the needs of all women and the practical challenges of caring for newborns after birth.

Q. Should I take Vitamin D supplementation?

Vitamin D supplementation is recommended to all women during pregnancy.

There have been some reports that people with low levels of vitamin D are at an increased risk of serious respiratory complications if they develop COVID-19. However, there is not enough evidence to show that taking vitamin D prevents COVID-19 infection or is an effective treatment.

Most people living in northern hemispheres will have low levels of vitamin D. Women from Black, Asian and minority ethnic backgrounds, with melanin pigmented (dark) skin, may be particularly at risk of low levels of vitamin D. We therefore advise all pregnant women to consider taking 10 micrograms of vitamin D a day to keep their bones and muscles healthy.

Vitamin D supplements are available from most pharmacies and supermarkets and for eligible families, through the NHS Healthy Start scheme

Speak to your midwife or maternity team if you have any questions about vitamin D supplementation.

Visit the NHS UK website for more information on vitamins in pregnancy and where and how you can access these.

Q. Should I have a flu vaccination?

All pregnant women are encouraged to get a free flu vaccination, which is safe at any stage in pregnancy from the first few weeks right up to your due date. Most people recover quickly from flu, but developing flu during pregnancy can be serious for a small number of women and their babies. This is because pregnancy can alter how your body handles viral infections.

Taking up the offer of flu vaccination is particularly important during the COVID-19 pandemic. Some of the symptoms of flu including fever, cough, shortness of breath and fatigue, are similar to those of COVID-19. It is possible to get infected with flu and COVID-19 at the same time, and Public Health England's research shows that if you get both at the same time you may be more seriously ill than if you are infected with one virus alone. The RCOG and RCM therefore strongly recommend that pregnant women are vaccinated against flu this winter.

Speak to your midwife, GP or local pharmacist for information on where you can get the flu vaccination.

Q. What should I do if I develop a temperature, a new cough, or both, when I am pregnant?

If you develop a temperature or a cough, or both, in pregnancy, you should arrange to have a coronavirus (COVID-19) test. While waiting for a test result you should self-isolate. If you are feeling unwell you should contact your maternity unit or NHS 111 or NHS 24 in Scotland for advice.

Please also be alert to the other possible causes of fever/temperature in pregnancy. In particular, these include urine infections (cystitis) and waters breaking. If you have any burning or discomfort when passing urine, or any unusual vaginal discharge, or have any concerns about your baby's movements, contact your maternity team, who will be able to provide further advice.

Q. What is the international 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.

Q. What is the advice for pregnant women with older children attending school/nursery/external childcare?

Pregnant women were placed in the vulnerable category as a precaution during the COVID-19 pandemic. The government's guidance on schools and early years settings advises that: children and young people who live with someone who is pregnant (vulnerable) can attend school and early years settings. See the next question for information about pregnant women who are classed as extremely vulnerable.

All pregnant women are advised to follow government guidance on staying alert and safe (social distancing). Pregnant women are at no greater risk of contracting COVID-19 than other healthy adults. However, there are additional concerns for pregnant women in the third trimester. This is based on evidence from the UKOSS study on pregnant women admitted with COVID-19 to UK hospitals from

March – August 2020; evidence suggesting an increased risk of admission to intensive care during the pandemic for women who are pregnant; and a recognition of the challenges in caring for women who are heavily pregnant, and the risk of the baby needing to be born early for the woman's wellbeing. This evidence supports the remaining UK government recommendation that all pregnant women should pay particular attention to social distancing measures and good hygiene and that this is particularly important at 28 weeks' pregnancy and beyond.

When you take your children to school/nursery/external childcare, you should ensure you practice social distancing – stay two metres away from teachers/carers and other parents and do not go inside the building. If this is difficult, then consider staggering your child's drop off and pick up times. Remember to wash your hands when you return home and ensure that your children wash their hands when they leave the childcare setting. Alcohol gel can be used if they cannot wash their hands with soap and water.

If you are concerned about the choice of returning to school or other childcare settings based on the risk to children attending, helpful information is available from the RCPCH.

Q. What is the advice for pregnant women who are classed as extremely vulnerable (previously classed as shielding) on older children attending school/nursery/external childcare?

Some pregnant women with pre-existing severe medical illnesses have been classed as extremely vulnerable. If you are considered to be extremely vulnerable, you will have been advised of this by your medical team, in a letter informing you of the actions you need to take.

The government has published guidance on shielding and protecting people who are clinically extremely vulnerable. This guidance provides advice on measures to protect extremely clinically vulnerable people depending on the COVID alert level in your area. Even in this situation, if schools and childcare settings remain open, the UK government advice is that children and young people who live in a household where another member is shielding should attend school/nursery/external childcare if stringent social distancing, and hand hygiene, can be adhered to.

Q. Should I plan a pregnancy during the COVID-19 pandemic?

Becoming pregnant during the COVID-19 pandemic is a matter of personal choice.

Current evidence suggests that if you become infected with the virus it is unlikely to cause problems with your baby's development, and there have been no reports of this so far. You can find further information under COVID-19 and pregnancy.

COVID-19 vaccines, pregnancy and breastfeeding

Please see our dedicated page for information on COVID-19 vaccines, pregnancy and breastfeeding.

Women at higher risk of serious illness, including women who are Black, Asian or from other ethnic minorities

Q. Are some pregnant women more at risk of becoming seriously unwell from COVID-19 than others?

Data from the UKOSS study found the majority of women who have become severely ill from COVID-19 were in their third trimester of pregnancy.

The study also found pregnant women from Black, Asian and minority ethnic (BAME) backgrounds are more likely than other pregnant women to be admitted to hospital for COVID-19. Pregnant women over the age of 35, those who have a BMI of 25 or more, and those women who have pre-existing medical problems, such as high blood pressure and diabetes, also appear to be at higher risk of developing severe illness.

All pregnant women are advised to follow government guidance on staying alert and safe (social distancing). If you develop COVID-19 you are still most likely to have no symptoms or a mild illness from which you will make a full recovery.

It is important that if you feel your symptoms are worsening or if you are not getting better, you should seek medical help, particularly if you are at higher risk of becoming seriously unwell and being admitted to hospital. You should contact your maternity team, your GP, or use the NHS 111 online service/NHS 24 in Scotland for further information and advice. In an emergency, call 999.

The increased risk to pregnant women from a BAME background, those who are over the age of 35, those with a BMI of 25 or above, and those women who have pre-existing medical problems, such as high blood pressure and diabetes, will mean that your maternity team may offer you additional appointments, or refer you to a doctor or specialist clinic should there be any concerns about your or your baby's health.

This will be discussed and planned with you by your community midwife or maternity team through a risk assessment, and personalised antenatal and postnatal care plan.

The recommendation to all pregnant women remains that you should seek medical advice as early as possible if you have any questions or concerns about your or your baby's health. Your maternity team is there for you and you will receive safe, personalised and respectful care.

Q. What is the advice for women from a Black, Asian or minority ethnic background?

Women from Black, Asian and minority ethnic (BAME) backgrounds are at higher risk of becoming seriously unwell and being admitted to hospital so it's important that if you feel your symptoms are worsening or if you are not getting better, you should seek medical help.

Your maternity team may offer you additional appointments, or refer you to a doctor or specialist clinic if there are any concerns about your or your baby's health.

If you aren't already, you should consider taking a vitamin D supplementation, which is recommended to all women during pregnancy. There have been some reports that people with low levels of vitamin D are at an increased risk of serious respiratory complications if they develop COVID-19. However, there is not enough evidence to show that taking vitamin D prevents COVID-19 infection or is an effective treatment.

Speak to your community midwife or maternity team if you have any questions about vitamin D supplementation. Vitamin D supplements are available from most pharmacies and supermarkets, and for eligible families through the NHS Healthy Start scheme

The Royal College of Midwives has developed guidance for midwives and maternity support workers to ensure that they are aware of the increased risks for BAME women and can pass on relevant advice and support to the women in their care.

The NHS in England has written to all maternity units in the country calling on them to take four specific actions to minimise the additional risk of COVID-19 on BAME women and their babies.

Early pregnancy

Q. What is the advice if I am in my first trimester/less than 12 weeks' pregnant?

Even during the pandemic, it is very important that if you have any questions or concerns about yourself or your baby at any time, you contact your GP, midwife or local early pregnancy unit straight away to discuss them. Some symptoms, such as pelvic pain, cramping and/or bleeding during early pregnancy, are linked to ectopic pregnancy and miscarriage and you should seek urgent medical advice should you experience any of these symptoms.

A telephone appointment will be arranged for you as soon as possible with your local early pregnancy unit to check your symptoms. They will be able to advise whether a visit to the hospital during the COVID-19 pandemic is necessary, and ensure you receive the care that you need.

We want to reassure you that should you be advised to attend hospital, including hospitals in areas under higher levels of restrictions, that all hospitals are organised in such a way that they are able to provide all acute services including maternity care. If you have any questions about attending hospital you can discuss this with your maternity team.

Find out more in the RCOG guidance and information on the changes to early pregnancy care and what to expect during the COVID-19 pandemic.

Mental health

Q. How can I be supported to protect my mental wellbeing during the pandemic?

We understand that the COVID-19 pandemic is inevitably resulting in an increased amount of anxiety in the general population, and this is likely to be even more so for pregnant women and their families as pregnancy presents an additional period of uncertainty.

Specifically, these anxieties are likely to revolve around:

- The virus itself
- The impact of social isolation resulting in reduced support from wider family and friends
- Possible reduced household finances
- Major changes in antenatal and other NHS care, including appointments being changed from face-to-face to virtual contact

Isolation, bereavement, financial difficulties, insecurity and inability to access support systems are all widely recognised risk factors for mental ill-health.

Your maternity team should ask about your mental wellbeing at every appointment. If you need support, you should be signposted to resources which can be provided remotely, where possible.

Where necessary, women in England can self-refer to local IAPT (Improving Access to Psychological Therapies) services. In Scotland, advice is available from Parentclub and NHS Inform. More information about mental health and pregnancy, including the signs of perinatal depression, is available from the NHS website.

Symptoms of perinatal depression include:

- feeling sad and hopeless
- negative thoughts about yourself
- not sleeping well, even when your baby is, **or** sleeping too much
- a lack of interest or pleasure in doing things or being with people
- loss of appetite.

Further information is also available from the following organisations:

- Public Health England – COVID-19: guidance for the public on mental health and wellbeing
- NHS – Every Mind Matters
- NHS – Mindfulness
- Royal College of Psychiatrists
- Maternal Mental Health Alliance

Domestic abuse

Q. What should I do if I am experiencing domestic abuse?

The COVID-19 pandemic has increased the risk of domestic abuse, including financial, emotional and physical abuse or violence.

If you would like further information on types of domestic abuse, you can find it here.

If you are experiencing domestic abuse or violence, please tell a healthcare professional who can provide information and support to keep you and your baby safe. You can also seek support and advice from the National Domestic Abuse helpline on 0808 2000 247 or the Women's Aid COVID-19 resource hub. If you are in immediate danger or it is an emergency, call 999.

Antenatal care

Q. How will the COVID-19 pandemic affect my routine antenatal and postnatal appointments?

We understand that it could be a stressful and anxious time if you are pregnant or have recently given birth during the COVID-19 pandemic. The NHS is working to ensure that you, your baby and your family are supported and cared for during these uncertain times. This means that there may be some changes to how, when and where you attend essential routine appointments and how safe, personalised care and support are offered to you. Any changes implemented by your local maternity service should be discussed with you.

Antenatal and postnatal care is based on years of evidence to keep you and your baby safe through pregnancy, birth and beyond. Antenatal and postnatal care should therefore be regarded as essential and you should be encouraged to attend, while adhering to social distancing measures as far as possible.

Your maternity care may include more home visits or some care and support may be provided over the phone or by video to reduce the number of times you need to travel and attend hospital/clinics. Any changes to your care will be discussed with you in advance.

Q. Why are changes to antenatal and postnatal care necessary during the COVID-19 pandemic?

These changes are a way of ensuring we deliver the best care without overloading our NHS services, which are crucial during the COVID-19 pandemic. This helps us to:

- Reduce the number of people coming into hospitals where they may come into contact with other people and increase the risk of transmission
- Ensure staff are not overwhelmed and stretched too far by the additional strain on services, which could be due to staff sickness and self-isolation as well as the higher numbers of patients needing care and overnight hospital stays due to COVID-19

This allows us to care for you and protect you from COVID-19 while also ensuring we protect NHS staff and services. If you have any concerns about you or your baby, you must still make contact with your maternity team.

Q. Who should I contact about my antenatal and postnatal care appointments?

If you have been allocated a local health continuity team or a named community midwife

You should continue to contact your continuity team or community midwife by telephone to discuss any questions or concerns you might have and to check on arrangements for all scheduled and future appointments.

If you have not been allocated a local health continuity team or a named community midwife

You should contact your local maternity unit (or your GP surgery if you haven't yet been seen at your local maternity unit) in order to be connected to an appropriate person so you can discuss any questions or concerns you might have and to check on arrangements for all scheduled and future appointments. If you are unsure when your next appointment is you should make contact as above to help us care for you.

Q. How many antenatal appointments will I have?

You will have at least six in-person antenatal appointments in total. Where possible, essential scans/tests and routine antenatal care will be offered within a single appointment. This is to prevent multiple journeys and visits to clinics/hospital, and will involve contact with as few staff as possible to prevent the spread of COVID-19 to you, your family and other patients/staff.

This may mean that your initial 'booking in' appointment will take place at the same time as your 12-week (dating) scan.

Q. What should happen at my appointments?

You should be asked about your mental health at every maternity appointment, whether in-person or via phone/video.

In the third trimester, you should be asked about your baby's movements at every maternity appointment, whether in-person or via phone/video.

All pregnant women should be provided with information about Group B streptococcus (GBS) in pregnancy and newborn babies.

Sometimes, you may need additional antenatal appointments and medical care. This will depend on your individual medical needs. These appointments may be carried out over the phone or via video, provided a physical examination or test is not required. This will enable partners and other family or household (or

bubble or extended household) members to join you for support and allow social distancing to protect you and your baby from COVID-19.

Q. Will I need to wear a facemask when I attend hospital for antenatal appointments, or to have my baby?

To reduce transmission of COVID-19 in hospitals, face masks and coverings must be worn by all NHS hospital staff and visitors in England. All visitors and outpatients, including pregnant women attending antenatal appointments or scans, must wear face coverings at all times (unless subject to an exemption) to protect other pregnant women, patients and staff from COVID-19. This should be communicated with you through your appointment letter, local Trust websites and social media outlets. At present, hospital inpatients including women giving birth, are not required to wear masks.

Pregnancy scans

Q. Will I be able to bring someone with me to scans?

Guidance to support NHS Trusts and Boards reintroduce visitors in maternity services has been published by the NHS in each nation (Scotland, England, Wales and Northern Ireland). The guidance in England says pregnant women should be supported to have one person beside them "at all stages of her maternity journey" and attend appointments as long as the support partner is not showing any Covid-19 symptoms.

This guidance is still subject to local discretion by Trusts and other NHS bodies – please check with your maternity unit for their policy on visitors at scans and antenatal appointments and to the antenatal and postnatal wards. It is important that any visitors follow guidance in hospitals about social distancing, wearing a face covering and regular handwashing.

There is a possibility that visitor restrictions may be reintroduced in response to an increase in the local or national transmission risk.

Scans are an essential part of pregnancy care and it is important that you continue to attend them for your and your baby's wellbeing. If you choose to attend a private clinic for additional scans, you should still attend your NHS scans as advised by your maternity team.

Childbirth choices

Q. Will my childbirth choices be affected by the COVID-19 pandemic?

We understand this must be a stressful and anxious time if you are pregnant and due to give birth in the coming months. Maternity units have been working to manage additional pressures and facilitate women's choices.

Like all areas of NHS care, maternity services have been affected by the pandemic but units are working to ensure services are provided in a way that is safe, with the levels of staff that are needed and the ability to provide emergency care where necessary.

In some areas of the UK, some Trusts and Boards have had to pause their home birth service or close their midwife-led unit. Most of these services have now been reinstated.

Birth partners

Q. Will I be able to have my birth partner with me during labour and birth?

Yes, you should be encouraged to one birth partner present with you during labour and birth. Your birth partner must wear a mask in hospital.

Having a trusted birth partner present throughout labour is known to make a significant difference to the safety and wellbeing of women in childbirth.

If a birth partner has symptoms of COVID-19, has recently tested positive for COVID-19 or is required to self-isolate for other reasons (e.g., recent contact of an infected person), they should follow government advice and self-isolate at home, to safeguard the health of you, other women and babies and the maternity staff supporting you.

In some hospitals and maternity units, restrictions on visiting remain in place which might mean that birth partners or other supportive companions are not able to attend routine antenatal appointments, or stay with women on antenatal or postnatal wards. However, this should not impact on your birth partner's presence during your labour and the birth, unless they are unwell with COVID-19 symptoms or have tested positive for COVID-19.

We know that for some women, their chosen birth partner may be from a different household due to their individual circumstances. You should be supported to have them with you, unless they are unwell with COVID-19 symptoms or have tested positive for COVID-19.

Q. Will I be able to have my birth partner with me if I am being induced?

A birth partner without symptoms should be able to attend your induction of labour, particularly if that is in a single room (e.g. on the maternity suite or labour ward). Whether a partner can visit you if the induction takes place in a bay on a main ward, will be dependent on the local NHS Trust/Board assessment of safety, including whether it is possible to maintain the necessary social distancing measures.

Guidance has been published in Scotland, England, Wales and Northern Ireland to help services with re-introducing visitors to maternity services. Visiting in hospitals is still subject to local discretion by Trusts and other NHS bodies – please check with your maternity unit for their policy on visitors to the antenatal wards. It is important that any visitors follow guidance in hospitals about social distancing, wearing a face covering and regular handwashing.

There is a possibility that visitor restrictions may be reintroduced in response to an increase in the local or national transmission risk. We understand this must be a very worrying and anxious time if you are pregnant and your birth partner cannot be with you while you are being induced. However, this guidance is in place to protect other pregnant women and babies and birth partners themselves, as well as maternity staff.

Please be assured that if your birth partner is unable to be with you on a ward during your induction, this will not impact on your birth partner's presence during labour and the birth, unless they are unwell with symptoms of COVID-19 or have tested positive for COVID-19. At the point you go into active labour, you will be moved to your own room and your birth partner will be able to join you.

Q. Will my birth partner be able to stay with me if I have a caesarean or instrumental birth that occurs in an operating theatre?

We fully support women having a birth partner with them during labour and birth.

Around one in four women in the UK has a caesarean birth. A caesarean birth may be recommended as a planned (elective) procedure for medical reasons or as an emergency – for example, if doctors and midwives are concerned that your baby is not coping with labour and needs to be born immediately.

Furthermore, around one in five women in the UK has an instrumental birth (ventouse or forceps). Some instrumental births may also be recommended to occur in an operating theatre in order to allow the maternity team to modify plans and undertake a caesarean birth if necessary.

Most caesarean and instrumental births in theatre are carried out under spinal or epidural anaesthetic, which means you'll be awake, but the lower part of your body is numb and you cannot feel any pain. In this situation, everything will be done by the clinical staff – midwives, doctors (obstetricians) and anaesthetists – to keep your birth partner with you.

Due to the COVID-19 pandemic, staff in the operating theatre will be wearing enhanced personal protective equipment (PPE) to prevent the spread of infection, which will make it more difficult for them to communicate. To enable the clinicians to assist in the birth of your baby safely, it is very important your birth partner(s) follows the instructions from the maternity team carefully and quickly.

Occasionally, a general anaesthetic (where you are put to sleep) may be used, particularly if your baby needs to be born urgently. During this type of caesarean birth, even under usual circumstances (before the COVID-19 pandemic), for safety reasons it is not possible for birth partners to be present during the birth.

While the maternity team will do all they can to ensure that your birth partner is present for the birth, there will be some occasions when there is a need for an urgent emergency birth with epidural or spinal anaesthetic in which it will not be possible for your birth partner to be present. This is because, during an emergency, operating theatres are more high-risk environments for the potential spread of COVID-19 to anyone who is present.

If it is the case that your birth partner will not be able to be present during the birth, your maternity team will discuss this with you and will do everything they can to ensure that your birth partner can see you and your baby as soon as possible after the birth.

Q. Will I be able to have a birth partner with me on the postnatal ward?

Guidance has been published in Scotland, England, Wales and Northern Ireland to help services with re-introducing visitors to maternity services. Visiting is still subject to local discretion by Trusts and other NHS bodies – please check with your maternity unit for their policy on visitors to the postnatal wards. It is important that any visitors follow guidance in hospitals about social distancing, wearing a face covering and regular handwashing.

There is a possibility that visitor restrictions may be reintroduced in response to an increase in the local or national transmission risk. We understand that not having a birth partner with you on the postnatal ward after you have given birth may be upsetting for you both but these restrictions are in place, where necessary to reduce the risk of transmission of COVID-19 to you, your baby, the maternity staff and birth partners themselves.

Please be reassured that during this time, midwifery, obstetric and support staff will do their best to support the needs of all women and the practical challenges of caring for newborn babies after birth. Where visitors are permitted, it is important that they follow guidance in hospitals about social distancing, wearing a face covering and regular handwashing.

Q. What is the advice for birth partners during the COVID-19 pandemic?

We are asking you to follow the guidance below to keep yourself, your family, other families and NHS staff as safe as possible during the pandemic:

- During the COVID-19 pandemic, all hospitals have been restricting visitors, but there has always been an exception for a well birthing partner during active labour and birth.
- Birth partners will be required to wear a mask or face covering when entering a hospital under NHS guidance.
- Every woman should be able to have a birth partner stay with her through labour and birth, unless the birth occurs under a general anaesthetic.
- To help prevent spread of COVID-19 to other women, their babies and key front-line healthcare staff, it is very important that you do not attend the maternity unit if you have any symptoms of COVID-19 or have had any in the previous 10 days.
- If you are unwell, protect your family and NHS staff, and stay at home. To prepare for this, women and their current birth partner are being encouraged to think about an alternative birth partner, if required. This person does not need to be from the same household as you.
- If you are supporting a woman during labour and birth, please be aware of the strict infection control procedures in place to prevent the spread of COVID-19 to other pregnant women and their babies, as well as other people within the hospital and the maternity staff.
- Please wash your hands regularly with soap and water and use hand sanitiser gel in clinical areas as available.
- If you cough or sneeze, please cover your mouth with a tissue and dispose of it in a bin immediately.
- If you are asked to wear any additional personal protective equipment (PPE) in addition to a mask or face covering during the labour or birth, please follow the instructions carefully and take it off before you leave the clinical area.
- If you are accompanying a woman to her birth in an operating theatre, please be aware that operating theatre staff will be wearing PPE and it may be more difficult for them to communicate with you:
    - A staff member will be allocated to support you; please carefully follow their instructions and approach them if you have any questions.
    - To enable the clinical staff to do their job, it is very important that you do not move around the operating theatre as you risk de-sterilising sterile areas.
    - The maternity team will do everything they can to enable you to be present for the birth. However, if there is a particular safety concern, they may ask that you are not present in the operating theatre. If this is the case, the team should discuss this with you and explain their reasons unless it is an emergency.
- We understand this is a stressful and anxious time for pregnant women, birth partners and their families and we thank you for your cooperation during this time.
- Please be assured that the maternity team will do all they can to provide information, guidance and support to you and the woman giving birth.

COVID-19 testing

Q. Will I be tested for COVID-19?

The offer of testing is now open to anyone in the UK (including pregnant women) with COVID-19 symptoms. You should visit the NHS website. Some areas are now offering testing to anyone including those who do not have any symptoms of COVID-19. You can find out here whether this is available in your area.

To minimise the spread of COVID-19 in hospitals, you may be offered a test, regardless of whether you

have COVID-19 symptoms or not.

Guidance from the National Institute for Health and Care Excellence (NICE) recommends that individuals admitted for elective (planned) procedures should be offered testing prior to admission, following a period of self-isolation.

If you have a planned caesarean birth or induction of labour, you may be asked to follow a period of self-isolation and offered a test for COVID-19 prior to admission. You may also be asked to self-isolate and offered a test prior to a home birth. Your maternity team will discuss this with you.

The ability for widespread testing in a hospital trust will depend upon the availability of testing kits, testing capacity in the local laboratory and availability of staff to administer the tests. This is likely to vary across the UK and local adaptations will be required according to local capacity and infection prevalence.

Q. How does the COVID-19 test work?

Pregnant women are tested in the same way as anyone else. Currently, the test involves swabs being taken from your mouth and nose. You may also be asked to cough up sputum, which is a mixture of saliva and mucus.

If you have symptoms suggestive of COVID-19 and you are awaiting test results whilst in hospital, you may be treated as potentially infectious until the result is returned.

If you have symptoms of COVID-19 but have recently received a negative test result, your maternity team may still use caution when caring for you. Sometimes, the virus doesn't show on the test results if you have been tested not long after you have become infected. You may be offered another test in a few days.

Q. What is an antibody test – will I have this?

You may also have heard about antibody testing for COVID-19. This is a blood test that can show whether you have previously come into contact with the virus or not. It does this by detecting antibodies, which your body produces if you have had COVID-19. This is called an immune response.

At present, this type of test is only being offered to NHS staff and some individuals across the UK. It is hoped the results of these tests will help us to understand how immunity to COVID-19 works as we do not yet know how the antibodies develop and how long immunity lasts. Therefore, we do not currently recommend that results from antibody tests are offered when caring for pregnant women.

Q. Will my birth partner be tested for COVID-19?

Following the roll out of lateral flow testing, a rapid form of COVID-19 testing, in many hospitals, it is possible that your birth partner may also be offered testing for COVID-19 when you attend a scan or appointment, or are admitted to hospital. Your maternity team will be able to advise you further.

Q. What if I decline testing for COVID-19?

If you decline testing for COVID-19 prior to attending hospital for urgent or planned maternity care (including labour and birth), your care will be the same as any woman who is admitted to hospital and who does not yet have a test result.

If you have symptoms suggestive of COVID-19 your care will be the same as for any woman who potentially has COVID-19.

If you do not have symptoms you will be treated as other asymptomatic women who do not yet have a test result. For most units, this will mean that you are presumed to not have COVID-19.

Postnatal care

Q. After my baby's birth, is there any increased risk to me or my baby?

There is no evidence that women who have recently had a baby and are otherwise well are at increased risk of contracting COVID-19 or of becoming seriously unwell.

A recently pregnant woman's immune system is regarded as normal unless she has other forms of infection or underlying illness. You should however remain well-nourished with a balanced diet, take mild exercise and ensure social distancing guidance is followed.

Children, including newborn babies, do not appear to be at high risk of becoming seriously unwell with the virus.

However, close observation of hygiene, including washing hands regularly, is important amongst all members of your household and they should be careful when holding your baby if they have symptoms suggestive of any illness.

Anyone from outside your household who enters your home should pay stringent attention to hygiene precautions and follow social distancing guidance.

The government has also published guidance on meeting people outside your household.

It is important that your baby is feeding well and gaining weight and if you have any concerns, please contact your midwife. Even if there are no restrictions in place, we would caution against large family gatherings to celebrate your baby's arrival.

Do not put off seeking medical advice if you have concerns about your baby's health during the pandemic. Seek medical advice if your baby has a fever, lethargy, irritability, poor feeding or any other symptoms you may have concerns about.

The NHS has produced a leaflet on COVID-19 and information for newborn babies.

Q. How many postnatal appointments will I have?

Your postnatal care will be individualised to meet your needs and those of your baby. You should have at least three postnatal appointments with your local continuity team or community midwife. These will take place once you have been discharged from the maternity unit or the day of your homebirth: on your first full day at home, then on day 5 and day 10.

These appointments may be a mixture of in-person care at home or in a clinic, and telephone consultations where this is appropriate. After your postnatal appointment on day 10, your care will be transferred to your local health visiting team. You will be given information about this.

In early June 2020, the NHS provided guidance to all maternity teams that your first postnatal appointment should be in-person visit at home following birth. This will be day 1 (if you gave birth to your baby at home) or the first day following discharge from the maternity unit (if you gave birth to your baby away from home in hospital or a midwifery-led unit). This is an important visit to check that you and your baby are well and support you in these first few days. The Royal College of Midwives has produced a useful infographic on preparing for a home visit from your midwife. Your baby will also receive an in-person assessment at day 5 for the newborn heel-prick test.

Postnatal contraception

Q. Why is it important to think about contraception during pregnancy and immediately after my baby is born?

Your fertility can return rapidly after birth, including if you choose to breastfeed. Starting contraception soon after birth allows you to make family planning choices. Planning the timing of a further pregnancy is important since research has shown that a short time interval between pregnancies (less than 12 months) can increase the chance of a complication occurring in the next pregnancy, including having a small baby or an early birth (preterm birth).

During the COVID-19 pandemic, access to contraception in sexual health services ('family planning clinics') and in GP practices has been significantly reduced. Your midwife or doctor should discuss your contraceptive choices for the postnatal period both during your pregnancy and following the birth of your baby.

Q. What methods of contraception are suitable after my baby is born?

Most methods of contraception except combined hormonal contraception can be started safely by most women immediately after birth, whether you choose to breastfeed or not. Your midwife or doctor will discuss options with you and help you make an informed choice about what would be suitable for you. There are several forms of contraception that are very effective and last for several years without you having to take a tablet each day – these are known as long acting reversible contraception or 'LARC' methods and include devices that are placed in your womb (the copper intrauterine device [IUD] and the levonorgestrel-releasing intrauterine system [IUS]) and a rod that is placed under the skin in your upper arm (the contraceptive implant).

Other methods include a pill that contains a hormone (called a progestogen) that needs to be taken each day, an injection that is given every 3 months and condoms. Your midwife or doctor can give you more information about each of these contraceptive methods.

If you are very keen to use the combined hormonal contraceptive pill ('the pill') your midwife or doctor will discuss the benefits and risks and make sure this is a safe method for you.

Q. Can I get a device inserted in to my womb before I go home after my baby is born?

In many hospitals there are doctors and midwives who are trained to insert a device during a caesarean birth, after a vaginal birth or any time up to 48 hours after the birth of your baby. At present, not all maternity staff are trained in these techniques and in some maternity units these devices are not currently available – your midwife or doctor should discuss your contraceptive choices for the postnatal period both during your pregnancy and following the birth of your baby and explain what methods are available in your maternity unit.

Q. Can I get an implant inserted in to my arm before I go home after my baby is born?

In many hospitals there are doctors and midwives who are trained to insert contraceptive implants immediately after you have given birth and before you go home. If the implant is inserted in the first 3 weeks after your baby is born, this should provide you with effective contraception. At present, not all maternity staff are trained in these techniques and in some maternity units the contraceptive implant is not

currently available – your midwife or doctor should discuss your contraceptive choices for the postnatal period both during your pregnancy and following the birth of your baby and explain what methods are available in your maternity unit.

Advice for pregnant women with suspected or confirmed COVID-19 infection

Q. What should I do if I think I may have COVID-19 or have been exposed to it?

If you are pregnant and you have a high temperature or a new, continuous cough or a loss or change to your sense of smell or taste, you should stay at home for 10 days.

The offer of testing is now open to anyone in the UK (including pregnant women), with COVID-19 symptoms. Further information on getting a COVID-19 test is available from the government website. Do not go to a GP surgery, pharmacy or hospital without contacting them on the telephone first.

You should contact your maternity unit to inform them that you have symptoms suggestive of COVID-19, particularly if you have any appointments in the next 10 days.

Please also be alert to the other possible causes of fever in pregnancy. In particular, these include urine infections (cystitis) and waters breaking. If you have any burning or discomfort when passing urine, or any unusual vaginal discharge, or have any concerns about your baby's movements, contact your maternity care provider as early as possible, who will be able to provide further advice.

If you are infected with COVID-19 you are still most likely to have no symptoms or a mild illness from which you will make a full recovery.

If you feel your symptoms are worsening or if you are not getting better, this may be a sign that you are developing a more severe infection that requires specialised care.

You should contact your maternity care team, your GP, or use the NHS 111 online service/NHS 24 in Scotland for further information and advice. In an emergency, call 999.

This advice is important for all pregnant women, but particularly if you are at higher risk of becoming seriously unwell and being admitted to hospital. This includes women who are in their third trimester, from a Black, Asian or minority ethnic background, over the age of 35, overweight or obese, or have a pre-existing medical problem, such as high blood pressure or diabetes.

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

Q. What should I do if I test positive for COVID-19?

If you test positive for COVID-19 outside of a hospital setting, you should contact your midwife or maternity 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 hospital.

Q. 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 COVID-19, such as a high temperature or new, continuous cough, or loss or change in your sense of smell or taste
- You have tested positive for COVID-19 and you've been advised to recover at home
- You have a planned caesarean birth or induction of labour and you have been asked to self-isolate prior to your admission to hospital
- You have a home birth planned and have been asked to self-isolate prior to your due date
- You have been informed by NHS Test and Trace to self-isolate Consider replacing COVID-19 with COVID-19

Q. What should I do if I'm asked to self-isolate because I have symptoms or confirmed COVID-19?

Pregnant women who have been advised to self-isolate should stay indoors and avoid contact with others for 10 days. If you live with other people, they should all stay at home for at least 10 days, to avoid spreading the infection.

Follow the NHS guidance on when and how to self-isolate.

You may wish to consider online fitness routines to keep active, such as pregnancy yoga or Pilates. Keeping mobile and hydrated, even if you are self-isolating, is important to reduce the risk of blood clots in pregnancy. Find out more about exercise in pregnancy.

All pregnant women are recommended to take 10 micrograms of vitamin D supplementation daily. This is especially important if you are self-isolating as you may not be getting enough vitamin D from sunlight. Vitamin D supplements are available from most pharmacies and supermarkets, and for eligible families through the NHS Healthy Start scheme

Q. 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 suspected/confirmed COVID-19 and ask for advice on going to any 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.

Q. What do I do if I feel unwell or I am worried about my baby during self-isolation?

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

If you are advised to go to the maternity unit or hospital, you will be asked to travel by private transport, or arranged hospital transport and to alert the maternity unit reception once on site before going into the hospital. You will be required to wear a mask or face covering.

Q. Will being in self-isolation for suspected or confirmed COVID-19 affect where I give birth?

As a precautionary approach, when pregnant women with suspected or confirmed COVID-19 go into labour, they are being advised to go to an obstetric unit for birth where the baby can be monitored using continuous electronic fetal monitoring and their 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 there would not be a doctor present and where this monitoring would not be possible.

Women who test positive for COVID-19 who don't have any symptoms (known as being asymptomatic) should have a discussion with their doctor or midwife about where they would like to give birth. There are uncertainties about the need for continuous fetal monitoring for women who are asymptomatic.

Maternity units everywhere are working around the clock to manage additional pressures and facilitate women's choices to the best of their abilities.

There is currently no evidence to suggest that you cannot give birth vaginally or that you would be safer having a caesarean birth if you have suspected or confirmed COVID-19, so your birth choices should be respected and followed as closely as possible.

However, if you are unwell and your team feel that this suggests that your baby needs to be born urgently, a caesarean birth may be recommended.

If you have confirmed COVID-19 or are experiencing symptoms of COVID-19 (a cough, fever, or feeling unwell), labour and birth in a birthing pool is not recommended as the monitoring of vital signs and administration of therapy is more challenging in water.

There is no evidence that women with suspected or confirmed COVID-19 cannot have an epidural or a spinal block. In an early 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.

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

If you go into labour during self-isolation, you should call your maternity unit for advice, and inform them that you have suspected or confirmed COVID-19 infection.

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

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

When you and your maternity team decide that 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 may be provided with a face mask, which you will need to wear until you are isolated in a suitable room

Q. Could I pass COVID-19 to my baby?

Current evidence suggests that if transmission from a woman to her baby during pregnancy or birth (vertical transmission) does occur, it is uncommon. Whether or not a newborn baby gets COVID-19 is not affected by mode of birth, feeding choice or whether the woman and baby stay together. It is important to emphasise that in most reported cases of newborn babies developing COVID-19 very soon after birth, the babies were well.

A small number of babies have been diagnosed with COVID-19 shortly after birth but it is not certain whether transmission was before or soon after birth. Your maternity team will maintain strict infection

control measures at the time of your birth and closely monitor your baby.

Q. Will my baby be tested for COVID-19?

If you have confirmed or suspected COVID-19 when the baby is born, doctors who specialise in the care of newborn babies (neonatologists) will examine your baby and advise you about their care, including whether your baby needs to be tested.

Q. Will I be able to stay with my baby/give skin-to-skin contact if I have suspected or confirmed COVID-19?

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.

In some other countries, women with confirmed COVID-19 have been advised to separate from their baby for 14 days. However, this may have 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.

Q. How can I feed my baby if I have suspected or confirmed COVID-19?

If you have suspected or confirmed COVID-19, a discussion about the benefits and risks of infant feeding, including breastfeeding should take place between you, your family and your maternity team.

There is no strong evidence to show that the virus can be carried or passed on in breastmilk. The well-recognised benefits of breastfeeding and the protection it offers to babies outweigh any potential risks of the transmission of COVID-19 through breastmilk. Provided your baby is well and does not require care in the neonatal unit, you will stay together after you have given birth, so skin-to-skin contact and breastfeeding can be initiated and supported if you choose.

The main risk of feeding is close contact between you and your baby, as if you cough or sneeze, this could contain droplets which are infected with the virus, leading to infection of the baby after birth.

If you choose to feed your baby with formula or expressed milk, it is recommended that you follow strict adherence to sterilisation guidelines.

However you choose to feed 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 or from a bottle
- Consider wearing a mask or face covering while feeding
- Follow recommendations for pump/bottle cleaning after each use
- Consider asking someone who is well to feed your expressed breast milk or formula milk to your baby

If you are expressing breast milk in hospital, a dedicated breast pump should be used. Further information on infant feeding during the COVID-19 pandemic is available from UNICEF.

Occupational health guidance for pregnant women who work in a public-facing role

Q. 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.

Restrictions on meeting people from outside your household safely have changed since the early days of the pandemic and are now set either by national or regional rules. However, the UK Government has maintained the precautionary measure of classing pregnant women as clinically vulnerable. The advice remains that pregnant women who can work from home should continue to do so. You can find the latest guidance here.

The government has now published Coronavirus(COVID-19): advice for pregnant employees.

Employers have a responsibility to protect the health and safety of pregnant women who are working. This responsibility is laid out in the Management of Health and Safety at Work Regulations 1999 or the Management of Health and Safety at Work Regulations (Northern Ireland) 2000. Under these regulations, employers are required to carry out risk assessments. If there are risks, your employer must take reasonable action to remove the risks by altering your working conditions or hours of work; by providing suitable alternative work on the same terms and conditions; or by suspending you on full pay (if there is no suitable alternative work).

Information contained in the RCOG/RCM Guidance on Coronavirus (COVID-19) in pregnancy should be used as the basis for a risk assessment. The most relevant sections for use in a risk assessment are sections 1.5, 1.6 and 1.7. Your employer should advise you how and where you can safely work, after they conduct their risk assessment of your workplace and your individual situation. As well as considering information in the RCOG/RCM Guidance on Coronavirus (COVID-19) in pregnancy, the remaining factors involved in reaching a decision about your safety at work must be evaluated in an individualised risk assessment, conducted by your employer, that is individual to you and your employment setting. Employers are guided on this by sector-specific advice published on the UK government Working safely during Coronavirus (COVID-19) and NHS Employers websites. The RCOG is not able to comment or advise on these aspects as it is outside our area of expertise.

If you are unable to work from home, you can work in a public-facing role provided your employer conducts the risk assessment and is able to make appropriate arrangements to sufficiently minimise your exposure to the virus.

If you have concerns about your risk assessment and the resulting recommendations, you should speak to your employer in the first instance. If you are still not satisfied, consider contacting your trade union representative or, if you do not have a trade union representative, Maternity Action has published lots of helpful information here. Maternity Action has also published FAQs around rights and benefits during pregnancy and maternity leave which you may find helpful.

Q. Why does the RCOG not provide detailed occupational health advice?

Earlier in the pandemic, the RCOG provided occupational health advice. This has now been archived.

The government has now published Coronavirus (COVID-19): advice for pregnant employees. This guidance notes that information contained in the RCOG/RCM Guidance on Coronavirus in pregnancy should be used as the basis for a risk assessment.

Evaluating safety at work for an individual requires knowledge of both the individual's health and their job. Therefore, while the clinical information we have published still stands, the risk assessments and the resulting conclusions in relation to safety at work will differ by country, region and between employment sectors. A single recommendation is no longer appropriate and therefore, it has been necessary to archive our occupational health guidance for pregnant women.

Q. What is the advice if I am pregnant and my partner is a key worker in a public-facing role?

The government has maintained guidance for people living with a clinically vulnerable person (which includes pregnant women as a precaution) and for people living with an extremely clinically vulnerable person (which includes pregnant women with pre-existing serious underlying health conditions identified within the government guidance).

Particular sensible advice includes frequent hand-washing, showering when you re-enter the house and washing the clothes you travelled in. Some useful advice for healthcare workers on general precautions to prevent infection is available in the Nursing Standard article, COVID-19: the steps to take when your shift ends to stay safe at home. While this hygiene article is aimed at healthcare workers, it may also be useful to anyone in a public-facing role. Because every work environment will have different requirements, your employer should advise you on best practice for hygiene within your specific role and in line with any sector-specific guidance on working safely provided by the UK government.

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