

Maternity COVID-19 Planned Care/Service Minimum Standards



This paper provides guidance on **minimum agreed standards for planned maternity care** during the state of emergency declared for the coronavirus. Services described as **Red** are to stop. Services described as **Amber** should be partially stopped or adapted to reflect latest guidance. Services described as **Green** should continue. Service described as **Blue** should start.

It is expected that Boards will adapt to local circumstances and will continue to provide the maximum amount of scheduled antenatal and postnatal maternity care, and birth options as possible in relation to local staffing and other circumstances, reducing to the minimum only as a last resort. It is also expected that Boards will return to normal service provision as quickly as possible once the state of emergency is lifted and staffing returns to normal.

Boards are encouraged to maximise the use of **near me/attend anywhere/phone technology** to deliver as much care to women in their home or near home as possible to minimise attendance at maternity units.

Best Start – Where Boards have capacity, work can continue but expect normal service and COVID-19 work to be prioritised. SG will not collect data on Best Start during the state of emergency.

UK Audits: All national clinical audit, confidential enquiries data submission should be suspended, and this includes NNAP, NMPA and PMRT. For MBRRACE-UK surveillance system, the team have asked that teams submit as much data as possible while balancing with clinical duties.


This complements the **National Clinical Guidance for Nursing and AHP Community Health Staff during COVID-19 Pandemic** 3 April 2020.

MATERNITY SERVICES

<h1>Antenatal</h1>			
#	Services	Plan during pandemic	Details/Alternatives
STOP FULL SERVICE			
1.	Antenatal group sessions	Stop	To maintain social distancing, use teleconference/webex where possible.
2.	CO monitoring	Stop	The National Centre for Smoking Cessation and Training (NCSCT) has recommended the suspension of monitoring carbon monoxide during pregnancy following concern about the risk of coronavirus transmission. Other aspects of care targeted to identify smokers and assist with cessation should still continue. [Ref RCOG Guidance]
3.	Data submission re local and national Best Start measure	Stop	SG will not seek data on implementation of Best Start, nor expect it to be collected during state of emergency.
Change Service Delivery			
3.	Parent preparation classes and similar	Change delivery method	Provide one to one Or use phone or web based technology [Currently looking to licence Solihull based online antenatal education package for use in Scotland]
4.	Visitors accompanying women to antenatal appointments, including scans.	No visitors permitted, with the following exceptions: <ul style="list-style-type: none"> • Advocate for women with autism/learning difficulties 	Visitors must not be COVID-19 positive or showing symptoms of infection. Encourage other means of inclusion – e.g. phone/video calls. [Note: Use of telephone interpreter services may be required]
5.	Routine antenatal care schedule for women with no additional medical or obstetric risk, or additional social complexity	Phase/plan altered delivery based on workforce capacity as per RCOG/RCM Guidance: Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic	A minimum of 6 antenatal visits should be maintained. Consider alternative methods for care delivery, e.g.: Near Me. Consider opportunities to 'join up' appointments (for example obstetric and screening appointments).

6.	Routine antenatal care schedule – women with complex social needs or in safeguarding cases	Risk assess and maximise support, commensurate with need as far as possible: <ul style="list-style-type: none"> • Includes support for vulnerable families; asylum seekers, substance users, homeless, additional support needs • Safeguarding work: statutory child protection meetings and home visits 	As per RCOG/RCM Guidance Midwives to work with FNP and Health visiting for joint community response. Antenatal visits and support - consider near me/telephone, but maintain contact Explore voluntary sector virtual and telephone support in addition to midwife support.
7.	Routine antenatal care schedule for women with additional medical ,or obstetric risk	Risk assess and plan antenatal care in discussion with women and reduce face to face contact as much as possible.	RCOG/RCM Guidance on maternal medicine Face to face only when hands on or equipment required Consider Near me Consider home monitoring
8.	Perinatal mental health support	Continue and adjust delivery method where necessary.	Consider using Near me for perinatal mental health. Perinatal Mental Health Network website https://www.pmhn.scot.nhs.uk/ is currently being updated with COVID advice. Ready steady baby has advice in book and online Advice will also be available on Parent Club website
Continue			
9.	Screening and scanning	Continue as normal as far as possible. Where workforce capacity issues arise, follow RCOG Guidance on prioritising scanning.	https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-25-covid19-antenatal-screening.pdf
10.	Baby Box and MATB1	Continue registration	Baby box and MATB1 registration should continue through the pandemic and women should be reassured that they will still get their baby box and Best Start Grant. Further information on Parent Club website and further info to follow.
Start			
11.	UKOSS data submission	Collect and submit required data on all woman admitted to hospital with confirmed Covid-19 infection in pregnancy	https://www.npeu.ox.ac.uk/ukoss/current-surveillance/covid-19-in-pregnancy
12.	Personal Protective Equipment	Follow HPS guidance	Link to guidance

Intrapartum

#	Services	Plan during pandemic	Details
STOP FULL SERVICE			
1.	Water birth for women diagnosed or suspected COVID -19	Stop	Due to risk of possible transmission through faecal matter
2.	In patient for low risk latent phase of labour	Stop	Manage at home as much as possible
3.	Data submission re local and national Best Start measure	Stop	SG will not seek data on implementation of Best Start, nor expect it to be collected during state of emergency.
Change Service Delivery			
4.	Induction	Redevelop service to move to outpatient induction as far as possible.	<p>Example: NHS Lothian protocol, Prioritise cervical ripening balloon to minimise of risk of hyper stimulation.</p>  <p>IOL PATHWAY COVID-19.docx</p>
5.	Visitors to maternity unit	<p>No visitors permitted, with the following exceptions:</p> <ul style="list-style-type: none"> • Birth partner at birth (including operative delivery except GA) 	<p>Visitors must not be COVID-19 positive or showing symptoms of infection. Encourage other means of inclusion – e.g. phone/video calls Prepare for discharge as quickly as possible from delivery area. Link to guidance</p>
Continue			
6.	Options for birth	Continue midwife led care in a midwifery setting for suitable women	<p>Consider scaled approach to full service provision and birthplace options based on workforce and transport pressures :</p> <p>Continually review birthplace options in light of workforce capacity. taking account of impact on need for ambulance transfer Consider role of final 6 month student midwives as second person at home birth</p> <p>SAS currently able to support home birth 999 transfers and transfer from CMU. SAS will alert Boards when this service is overly pressured.</p>

7.	Optimising physiological birth for all women	Continue	<ul style="list-style-type: none"> • Support being active and upright during labour and birth • Provide guidance about coping strategies – breathing and relaxation • Continue to create a relaxed environment eg music, lighting • Stay in the room during labour to provide support to the woman and her birth companion • Show respect and kindness <p>Exception: third stage of labour – ensure minimise risk of PPH</p>
8..	Skin to skin contact post birth	Continue	Continue to promote for at least the first hour after birth or until the first breast or formula feed have been completed.
9'	Delayed cord clamping	Continue	RCOG Guidance recommends continue.
Start			
10.	Continuous monitoring for COVID -19 suspected & diagnosed cases	As per RCOG guidance	https://www.rcog.org.uk/globalassets/documents/guidelines/2020-03-26-covid19-pregnancy-guidance.pdf
11.	UKOSS data submission	Collect and submit required data on all woman admitted to hospital with confirmed Covid-19 infection in pregnancy	https://www.npeu.ox.ac.uk/ukoss/current-surveillance/covid-19-in-pregnancy
12.	Personal Protective Equipment	Follow HPS guidance	Link to guidance

Postnatal

#	Services	Plan during pandemic	Details
STOP FULL SERVICE			
1.	Postnatal group work	Stop	Consider alternative mechanisms for new parents to build peer support networks, e.g. virtual/video call groups/third sector
2.	Data submission re local and national Best Start measure	Stop	SG will not seek data on implementation of Best Start, nor expect it to be collected during state of emergency.

3	Visitors in postnatal ward or to postnatal appointments.	No visitors permitted, with the following exceptions: Advocate for patients with autism/learning difficulties	Visitors must not be COVID-19 positive or showing symptoms of infection. Encourage other means of inclusion – e.g. phone/video calls
4.	Overnight stay in maternity unit for birth partners	Stop [With exceptions on an individual basis for very vulnerable or learning disabled patients where single room occupancy might be possible]	Prioritise plans for discharge home as early as possible
Change Service Delivery			
5..	Parent education, infant feeding support <u>groups</u> and similar	Change to one to one or use of technology based support	Consider alternative mechanisms to provide support for new parents e.g. virtual/video call support/third sector
6..	Postnatal care – low risk women with no birth complications	Plan altered service delivery based on workforce capacity as per RCOG/RCM Guidance: Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic	Continually review service delivery based on workforce capacity Consider other methods for delivery, e.g.: Near Me. Consider role of final 6 months student midwives in postnatal care
7.	Postnatal care –women with intrapartum complications or other complications of pregnancy	Risk assessment to indicate minimum postnatal care schedule:.	Women to be visited at home where possible and visit schedule based on individual risk assessment Consider use of near me, phone or video call support where possible.
8.	Postnatal care – women with complex social needs or in safeguarding cases	Risk assessment to indicate minimum postnatal care schedule:	Women to be visited at home where possible and visit schedule based on individual risk assessment. Link with Health Visitor/FNP/Social work and manage visits across services as appropriate based on clinical and social risk considerations
9..	Babies with additional care needs	Risk assess babies suitable for transitional care and identify what can be provided home setting	Consider use of near me, phone or video call support and use of neonatal outreach services to provide care at home where possible.
Continue			
11.	Immediate postnatal support for	Ensure all mothers are offered support for breastfeeding and safe formula feeding	Ensure support with 2nd feed and use of breastfeeding assessment tool to identify any problems/ peer support. Additional information on breastfeeding provided on NHS Inform .

	breastfeeding/formula feeding		
12.	Audiology – hearing screening	Continue	Referral pathways may be disrupted, however where necessary referral should be made and risks assessed, and parents and Health Visitor/GP provided with information Ensure robust follow up mechanisms in place if disrupted.
13.	Routine Examination of the Newborn	Ensure continues to be undertaken by qualified staff and appropriate referrals made	Referral pathways may be disrupted, however referral should be made and risks assessed, and parents and Health Visitor/GP provided with information. Ensure follow up mechanism in place if disrupted.
14.	Newborn bloodspot screening	Continue	Continue offer of New born Bloodspot Screening
15.	Handover to Health Visitor	Continue	Handover discussions prioritised for: Vulnerable/high risk families, Safeguarding work and All new birth visits.
16	Postnatal contraception advice and provision	Continue to provide postnatal contraception before discharge as sexual health and general practice services significantly reduced during pandemic	Follow guidance from FSRH (Faculty of Sexual and Reproductive health) https://www.fsrh.org/home/
17.	Perinatal mental health support	Continue	Perinatal Mental Health Network website https://www.pmhn.scot.nhs.uk/ Is currently being updated. Near me for perinatal mental health and landing page for third sector support in development .
Start			
18.	UKOSS data submission	Collect and submit required data on all woman admitted to hospital with confirmed Covid-19 infection in pregnancy.	https://www.npeu.ox.ac.uk/ukoss/current-surveillance/covid-19-in-pregnancy
19.	Personal Protective Equipment	Follow HPS guidance	Link to guidance

Useful Links:

[RCOG occupational health guidance for employers and pregnant women during COVID-19 pandemic](#)

[RCOG Self monitoring of Blood Pressure during pregnancy - guide](#)

[RCOG Guidance for maternal medicine during covid-19 pandemic](#)

[RCOG Guidance for fetal medicine units during COVID-19 pandemic](#)