

# Private Midwives



## Coronavirus strategy document: Advice for clients and staff working with Private Midwives

Thursday 26<sup>th</sup> March 2020

Version 3

### Background

Coronavirus has many strains. Some cause a common cold whilst others cause SARS. A new strain (Covid19) developed in Wuhan, China and has now led to a global pandemic. This strain is highly contagious. Whilst most people infected will develop mild symptoms, or symptoms of flu, some will develop acute, or severe respiratory difficulties. In order to try and contain and manage the situation. Several Countries have imposed a variety of restrictions. These are changing daily, and as such specific guidance on self-isolation groups is not included here. This document aims to provide some information to Private Midwives clients and staff during this very challenging and continually changing time. However, please refer to the latest information from the Department of Health, as this is updated daily as the pandemic evolves.

## Impact for pregnancy

Vertical transmission from mother to baby before birth is possible but very unlikely. The Majority of women with Covid19 will experience a mild form of the disease. Pregnant women can be immunosuppressed, and some will develop severe illness and pneumonia. Covid19 is unlikely to have a direct adverse impact on pregnancy but the pregnancy may be affected indirectly if the mother becomes seriously unwell.

## Impact on pregnancy services

Women are advised to try to keep existing appointments, scans and check-ups unless they are symptomatic. However, the NHS is under huge pressure as a result of Covid19. This has been exaggerated by staffing issues resulting from staff isolating or being unavailable (due to travel, contact, symptoms, children off school).

Most NHS services have reduced the range of care they offer. There is a huge variation throughout the UK and Ireland. We are aware of areas where any/all of the following apply:

- Home birth services being cancelled
- Routine face to face antenatal appointments being cancelled or conducted via telephone
- Postnatal care not provided other than via phone
- Restriction on birth partners in hospital
- No birth partners in hospital
- Scans cancelled
- Partners are not allowed in for scans or appointments
- Stopping of all community visits and centralising antenatal appointments in hospital

In order to try to resolve some of the staffing issues, the NMC and GMC have issued guidance on the use of 3<sup>rd</sup> year student midwives, student nurses and 4<sup>th</sup> year medical students providing care. They have also put out a request for retired clinicians to return to practice during this period.

Pregnant women are advised to socially isolate to reduce the risk of getting Covid19, whilst also being advised to keep antenatal appointments. The balance between the care required, the resources available, the restrictions being imposed and the understandable concern of families makes for a complex situation to manage. You can find more information here:

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

Many pregnant women are understandably very anxious and do not want to attend large clinics or hospital appointments. In areas where home birth services have been withdrawn, we are hearing of women “free birthing” at home with no medical assistance at all. This puts them and their baby at considerable risk.

In Ireland the HSE have also imposed similar restrictions. Generally, maternity services in Ireland already offer restricted choices to women and in the current environment, this is further curtailed.

### Private Midwives services

We are receiving an unprecedented number of calls from women seeking reassurance, antenatal care, postnatal care and home births. We are doing all we can to assist women during this very challenging time. For women who are already booked with us, there is additional information below. If you have made an enquiry, please be aware that our midwives are getting booked up very quickly. We cannot “hold a place” for you – we are helping all the women we can whilst maintaining a safe service.

#### **We are asking all of our clients to check the temperature of themselves and anyone else in their home, before their scheduled visits with their Private Midwife.**

- If you or anyone in your home has a temperature is above 37’ or you have a cough or feel unwell, please inform your midwife before she attends. It may be that your visit is changed to a different date or it is completed via telephone or skype.
- Generally, we offer twice as many antenatal appointments compared to an NHS plan of care. This is so we can get to know you, spend time with you and answer all of your questions. Your visits also include parent education, birth planning etc. Because we work in this way, if an occasional visit needs to be conducted remotely, this is not detrimental to your pregnancy care.
- During the current Covid-19 lockdown we are advising midwives to only attend in person of essential clinical appointments and to conduct sessions for parent education and birth planning etc via skype or telephone. To make up for this reduced face to face personal time, your midwife can offer additional telephone calls, emails, skype and updates to make sure you are fully informed.
- During your appointments, your midwife will only sit close to you and touch you for the time required to examine you. During the discussion part of your care your midwife will be advised to sit at least a metre away and ideally 2 metres away.
- Occasionally your midwife may wear protective clothing during her visit with you. This does not mean she is infective. This is precautionary as some of our midwives have underlying health issues.

### Staffing

Where possible, admin staff will work from home and a reduced service will be provided from Head Office. Midwives who wish to pro-actively self-isolate or who are isolating due to contact or illness should notify the Head Office or the on-call manager at once.

#### **We are asking all clinical midwives to check their temperature every day and record this in their diary. If the midwife has a temperature (even a low grade pyrexia) she is not to undertake clinical duties.**

If we are unable to provide care due to a midwife being unavailable and no replacement being provided the client will only pay for the care they receive. They will not pay for care that has not been provided due to unavailability of staff.

### Isolation guidance for staff

If you have had contact with someone who later develops symptoms, you do not need to self-isolate unless you meet the following criteria:

#### How long to stay at home

##### If you have symptoms

If you have symptoms of coronavirus, you'll need to stay at home for 7 days.

After 7 days:

- if you do not have a high temperature, you do not need to stay at home
- if you still have a high temperature, stay at home until your temperature returns to normal

You do not need to stay at home if you just have a cough after 7 days. A cough can last for several weeks after the infection has gone.

##### If you live with someone who has symptoms

If you live with someone who has symptoms, you'll need to stay at home for 14 days from the day their symptoms started. This is because it can take 14 days for symptoms to appear.

If more than 1 person at home has symptoms, stay at home for 14 days from the day the first person started having symptoms.

If you get symptoms, stay at home for 7 days from when your symptoms start, even if it means you're at home for longer than 14 days.

If you do not get symptoms, you can stop staying at home after 14 days.

### Ambulance service

Ambulance transfer for planned home births is not a common occurrence but in some instances it is required. Occasionally, the midwife can predict that things are not going to plan and arrange a transfer with plenty of time. Sometimes it may be an emergency situation that could not be predicted. All midwives have regular training on how to deal with emergencies in the home but sometimes, additional help is needed. During this very unusual time of Covid-19 it is possible that emergency help may be delayed due to increasing pressures.

1. They will need to prioritise those sick with suspected Covid-19
2. They will need to transfer sick patients between sites to where intensive care facilities are available
3. They will also be experiencing reduced staffing due to sickness and/or isolation guidance
4. They will need to decontaminate ambulances in-between cases

As a result, availability of ambulances may be significantly affected. Women must consider this as part of their decision making when considering place of birth. We advise that a full discussion with your midwife takes place before labour and a contingency plan is agreed and documented in your notes.

Due to the current and future increased pressures on the ambulance service the midwife should discuss the following options and document the agreed plan accordingly.

- Call the ambulance service to arrange for the client to be transferred into hospital and the midwife accompanies her in the ambulance.
- Call the ambulance service to arrange for the client to be transferred into hospital and the midwife makes her own way there.
- The client's partner drives their vehicle with the midwife accompanying the client.
- The client's partner drives their vehicle with the midwife travelling separately.
- The client's partner calls and arranges for a taxi so that the midwife can stay with the client.
- The client's partner calls and arranges for a friend to drive so that the midwife can stay with the client.

As a last resort, the midwife can use her own vehicle to take the client to hospital. In this instance, she cannot administer care to the client at the same time and will not be insured to transport any gases. All other options should be explored before this choice is made as the midwife may not be insured for the journey<sup>1</sup>, or she may find she is subject to referral to the Nursing and Midwifery Council. However, these are unprecedented times and a balance need to be made of the risks to the woman / baby and the risks to the midwife. As an organisation we have a manager on call 24/7 for advice and we would suggest discussing the situation (if clinically possible) before this decision is made.

## Infection Control

During all clinical contact, staff should always adhere to strict infection control procedures. Non-clinical staff should also adopt these measures as appropriate.

- Bare below the elbows – this means no stoned rings, false nails, nail varnish, no watches, no wrist items at all. No long sleeves. We know that this virus can live on surfaces. We know that jewellery can contain crevices where it can hide. We know that effective hand washing is curtailed by long sleeves.
- Hand washing with soap and water is more effective than hand gel. Covid19 has a fatty outer layer and where-ever possible hands should be washed in hot soapy water for 2 minutes before and after each clinical contact.
- Cleaning equipment: All equipment should be wiped thoroughly. Antibacterial wipes are good for bacteria – this is a virus. Soap and water are best.
- Client contact: Non-essential visits and meetings should be cancelled. During clinical visits midwives should sit at least a metre away from clients during discussions and only get closer for essential clinical examinations.
- Hair should be tied up to avoid contamination.
- Midwives have access to gloves, gowns, aprons, visas etc – a full range of PPE

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<sup>1</sup> Midwives *may* be insured as long as you have notified their insurer that they use their car for work.

## Symptoms

### **Covid19 is typified by:**

- **Temperature above 37.8**
- **New, persistent cough**
- **Feeling unwell**

### **Common cold**

- **No pyrexia**
- **No cough**

## Birth partner restrictions

Where hospitals are restricting birth partners: - This is NOT intended to apply to your midwife as she is a Health Professional, not a birth partner. We have written to the CEO of every hospital, the Royal College of Midwives, The Chief Midwifery Officer (England) and the Nursing and Midwifery Council to ask if your private midwife can provide care within the NHS facility. This guarantees a qualified midwife for the woman and alleviates pressure on staffing. This will be judged on a case by case basis by the NHS hospital involved and will depend on their circumstances on the day.

If the hospital refuse to let your midwife in (due to their specific situation at the time), this is outside of our control. Your private midwife will remain available to accompany you for care at home or hospital. <sup>2</sup>

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<sup>2</sup> Private Midwives will be continuously reviewing and updating strategy in line with Government and DOH advice

	Client is well	Client is self- isolating as high-risk group	Client has a cold		Client is unwell, has a new cough or has a high temperature
Midwife is well					
Midwife is self-isolating as high-risk group					
Midwife has a cold					
Midwife is unwell or has a high temperature					

	Continue as normal with the infection control precautions above
	Client may be offered alternative midwife. Continue as normal with precautions above
	Monitor temp daily, postpone routine visits if possible, if visit needed midwife to wear PPE. PPE may range from gloves, apron, gown and mask depending on the clinical situation.
	Do not visit, offer telephone appointments. Advise hospital birth if in labour. Midwife cannot accompany in labour.