

Private Midwives



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

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Version 6

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Background

Coronavirus has many strains. Some cause a common cold whilst others cause SARS. A new strain (Covid19) has now led to a global pandemic. This strain is highly contagious. Whilst most people infected will develop mild symptoms, some will develop acute, or severe respiratory difficulties. In order to try and contain and manage the situation.

Lockdown restrictions

Several Countries have imposed a variety of restrictions. In October 2020 the Government in England introduced a tiered system of lockdown measures, whilst Scotland, Wales, Ireland and ROI all have different approaches.

Maternity services have been significantly affected. Restrictions on face to face visits, birth partners and service restrictions are in place but again vary between hospitals and are subject to change at very short notice.

Advice and restrictions 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 regularly and as the pandemic evolves.

All midwives are essential workers and will be issued with a letter to verify this. This letter should be readily available to share with anyone who challenges them.

Symptoms



Impact on pregnancy

Vertical transmission from mother to baby before birth is possible but unlikely. Some cases have been recorded but the data is not robust as this is a new disease. 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

Antenatal and postnatal care are very important. It is a mechanism to monitor the physical and emotional well-being of mother and baby and detect early, any possible complications. Women are advised to try to keep existing appointments, scans and check-ups unless they are symptomatic.

The NHS/HSE is under huge pressure as a result of Covid19. This had been exaggerated by staffing issues resulting from staff isolating or being unavailable (due to travel, contact, symptoms, children off school). We are also aware that many pregnant women do not want to attend hospitals as they are concerned about the risk of infection.

Most NHS services have reduced the range of care they offer. There is a huge variation throughout the UK and Ireland and this is subject to continual change. 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
- No postnatal visiting

Pregnant women were removed from the “extremely vulnerable” risk group and so are no longer being advised to socially isolate to reduce the risk of getting Covid19. Pregnant Women with underlying health conditions however (such as diabetes) are still advised to self-isolate as they remain in a high-risk group. All pregnant women are 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/>

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.

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. We cannot make decisions on behalf of the hospital but we will do our very best to ensure your wishes are respected.

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. ¹

Private Midwives changes to our services

Enquiries

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. 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. A place may be available for you when you first enquire, but when you confirm a few days later that you want to go ahead, that midwife may no longer be available.

Previously we offered a face to face, free consultation with your midwife before you decided if you wanted to book with us. We fully appreciate how important this relationship is and we want you to feel confident and comfortable with your midwife. However, in the current situation – we can only offer telephone or virtual (skype, zoom etc) meetings for clients who have not yet booked our services. All face to face appointments before booking are cancelled. This is to protect you and our midwives – we need to keep them healthy for the women who have booked their care and so we want to limit their exposure as much as we can.

If you later decide that your midwife is not the right person for you, then let us know and we will do all we can to change to another.

Booked clients

Generally, we offer twice as many antenatal appointments and a lot more postnatal appointments compared to an NHS/HSE plan of care. This is so we can get to know you, spend

¹ Private Midwives will be continuously reviewing and updating strategy in line with Government and DOH advice

time with you and answer all of your questions. Your visits also include parent education, birth planning etc. Because we work in this way, some of your appointments can safely be conducted remotely. However, if you prefer your midwife to visit in person, she will do so.

As a guide:

- Typically, we offer antenatal appointments every 4 weeks until 28 weeks of pregnancy, then 2 weekly until 36 weeks of pregnancy, then weekly until baby arrives. We believe that around 1/3 of these appointments could be conducted as virtual consultations, without having an adverse impact on your care.
- If you book a smaller package of care (for example the Sapphire) where care starts at 34 weeks of pregnancy, we still advise all appointments are face to face.
- For postnatal care we would recommend 3 appointments in week one and one virtual. In week two appointments can be mixed depending on your individual circumstances. If you have booked intensive breast feeding, we will still visit daily. If you or baby need care, we will visit.

Interruption to your care due to your midwife being unwell

If we are unable to provide care due to a midwife being unavailable and no replacement being provided. you will only pay for the care you have received.

Changes to booking T&Cs

As many women are booking very late in pregnancy it is essential that your booking contract is returned before care is provided. At this unprecedented time with such a huge demand for our services, we ask that you return your care contract within 48hrs and pay your deposit. If you do not, we will send one reminder. After a further 24hrs we will cancel your contract and offer the place with your midwife to another client. Once your contract and deposit are received, we will notify your midwife that she can commence care and arrange to visit you.

You will only pay for care you have received. If your midwife is not allowed to accompany you to hospital, you may be entitled to a partial refund. Please bear in mind that the payment for the midwives on call period, the Statutory Clinical Indemnity Insurance and payment for any care at home will be retained. We want to be as fair as we can to you and the midwife.

Risk Assessment and mitigation

We have developed plans that aim to keep you and your midwife as safe as possible. We ask all clients to work with us, to maintain a safe environment for all.

Risk Assessment ONE

➤ **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 above 37.5° or you have any of the above symptoms, please inform your midwife at once. Your face to face visit may be replaced by a virtual visit. Government advice on care and isolation will be followed.

- These temperatures must be recorded in your clinical notes. There is a page at the back of the green notes called “mothers page” (page 23). Please use this to record the date and the temperature of everyone who lives in your house. You must do this before each appointment with your midwife.
- If you, or anyone in your household has any of the symptoms listed above, please notify your midwife **before the visit**. Your face to face visit may be replaced by a virtual visit. Government advice on care and isolation will be followed.

Risk Assessment TWO

➤ **On arrival at your house and during the appointment, the midwife will conduct an on-going risk assessment.**

- If at any time a member of the house is persistently coughing, unwell or has a High temperature, she will immediately leave unless this puts you or your baby at risk.
- 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.

Risk Assessment THREE

➤ **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 37.5°) she is not to undertake clinical duties.
- If a midwife has any symptoms, she will not visit you.
- If you, or your midwife are self-isolating, your face to face visit may be replaced by a virtual visit. Government advice on care and isolation will be followed.

Isolation guidance for staff

If you or anyone you have had contact with has symptoms you can get tested the same day at a test centre with results getting back to you within 48 hours. If your nearest test centre is too far away you can go to the Government website at [www.gov.uk>get-coronavirus-test](http://www.gov.uk/get-coronavirus-test) and request a test. It will arrive the next day and you can post it in a designated post box in your area. The website will tell you where these are based on your postcode.

When to self isolate

Self-isolate immediately if:

- you have any **symptoms of coronavirus** (a high temperature, a new, continuous cough or a loss or change to your sense of smell or taste)

- you've tested positive for coronavirus – this means you have coronavirus
- you live with someone who has symptoms or tested positive
- someone in your support bubble has symptoms or tested positive
- [you're told to self-isolate by NHS Test and Trace or the NHS COVID-19 app](#)
- you arrive in the UK from a country with a high coronavirus risk – see [GOV.UK: how to self-isolate when you travel to the UK](#)

How to self isolate

You must not leave your home if you're self-isolating.

- ✗ do not go to work, school or public places – work from home if you can
- ✗ do not go on public transport or use taxis
- ✗ do not go out to get food and medicine – order it online or by phone, or ask someone to bring it to your home
- ✗ do not have visitors in your home, including friends and family – except for people providing essential care
- ✗ do not go out to exercise – exercise at home or in your garden, if you have one

Infection Control

During all clinical contact, staff should always adhere to strict infection control procedures. We advise pregnant women and new mothers to follow this advice also.

- 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 (and other harmful pathogens) 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 wherever possible hands should be washed in hot soapy water for 2 minutes before and after each clinical contact. Hand gel <70% alcohol is ineffective for covid.
- Cleaning equipment:
 - All equipment should be washed thoroughly each day with hot soapy water.
 - In-between visits, equipment can be cleaned with anti-bacterial wipes and/or spray. All midwives will be offered Milton sterilising tablets to make up in to a spray to clean equipment in-between visits.
 - Mothers should clean all baby changing mats frequently with soapy water.
- Hair should be tied up to avoid contamination.
- PPE guidance is provided below

- Midwives are advised against accepting refreshments in the clients home. They should take their own snacks/drinks with them to home births / long appointments and replace their mask as soon as possible. This is to minimise exposure and also enable them to keep face coverings in place.

Birthing pools

Private Midwives always recommend that birthing pools are single patient use. Sharing pools or hiring pool (even with a new liner) is never recommended. In this time of heightened risk, where the virus has been shown to live on some hard surfaces for up to 4 weeks, when the possibility of cross infection is so high, we strongly advise that only new pools are used. These can be bought direct from the manufacturer or via Private Midwives.

PPE requirements

We do recognise that pregnancy care and birth are intimate events and PPE can be intrusive. However, we want to keep you and your midwife as safe as possible. The charts below are strongly recommended guidance but we accept that on occasion, there may be some changes.

- Midwives should not accept any refreshments in clients homes and should sit 2M apart when possible. They can take their own refreshments but must replace their mask as soon as possible.
- Midwives should wear face coverings at all times during clinical duties, irrespective of the environment
- Clients may be asked to wear face coverings during antenatal and postnatal appointments for the period of close proximity when examinations are taking place
- Clients will NOT be asked to wear face coverings during birth
- Free face coverings will be made available to all clients on request

Antenatal and postnatal care	Client is well	Client has a cold. Does not have a temperature. Does not have a cough.	Client (or someone in their house) is unwell, has a new cough or has a high temperature
Midwife is well			
Midwife has a cold. Does not have a temperature. Does not have a cough.			
Midwife is unwell or has a high temperature	Offer replacement midwife if available	Offer replacement midwife if available	

Care during labour and birth	Client is well	Client has a cold. Does not have a temperature. Does not have a cough.	Client (or someone in their house) is unwell, has a new cough or has a high temperature
Midwife is well			

Midwife has a cold. Does not have a temperature. Does not have a cough.			
Midwife is unwell or has a high temperature	Do NOT attend. Offer replacement midwife if available	DO NOT attend. Offer replacement midwife if available	

	Complete the risk assessments above. Plan care in accordance with the guidance above, taking in to account individual circumstances. Midwife to wear level 1 PPE. Client may be asked to wear face covering during examination.
	Do not visit, offer telephone appointments. Advise hospital birth if in labour. Midwife cannot accompany in labour. Follow isolation guidance above.
	Midwife to wear level 2 PPE

Level 1 PPE Plastic apron, non-sterile gloves, eye protection (optional), face covering

Level 2 PPE Plastic apron, gown, gloves, gauntlets (optional), eye protection, surgical mask or FFP2 mask

Ambulance service

Due to the pandemic and the associated restrictions, many of our clients are now choosing a home birth. Homebirths are generally safe, positive experiences and most women who labour at home find it easier, quicker and with less complications and interventions. However occasionally a transfer to hospital may be needed.

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 a location 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 journey², or she may find she is subject to referral to the Nursing and Midwifery Council. However, these are unprecedented times and a balance needs 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.

Changes to the Head Office team functions

Our Head Office is based in the North West of England and is currently in a level 3 lockdown area. We are a very small team, and it is vital we all stay healthy to maintain the services we offer. A number of changes have been implemented to keep all staff as safe as possible.

- All staff to wear face coverings when on the site, indoors and outdoors
- No staff to use communal canteen
- Movement outside the Private Midwives office to be minimised
- Postal services relocated to outside the office
- Desk sharing eliminated
- All desks disinfected daily
- Office numbers closely monitored to minimise clusters
- Midwives discouraged from calling in to head office
- Some home working introduced when this is practical
- Any staff exposed to potential infection, to work from home
- Covid risk assessment in place

We know that home working impacts on our ability to communicate well with each other as a team. We apologise to our clients for any disruption caused by home working.

² Midwives *may* be insured as long as they have notified their insurer that they use their car for work.

Raising concerns and further questions

- If the midwife is concerned that the client has not followed the guidance above and she has visited when there are people within the household who are clearly unwell, she should notify the Director of Midwifery at once.
 - Isolation precautions will be instigated
 - Care for the client will be cancelled with immediate effect
- If the client is concerned that the midwife has put her at risk by not complying with this guidance, she should notify Head Office at once.
 - Immediate and appropriate action will be taken
- As an organisation we have a dedicated covid lead (Sharon) who is available for advice and support if needed. Midwives can contact her via usual channels. Clients should go via Head Office.

Head Office: 08003800570 info@privatemidwives.com