



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

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Version 11

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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 with several variants of concerns emerging. These strains are highly contagious.

## Lockdown restrictions

Maternity services have been significantly affected. Restrictions on face-to-face visits, birth partners and service restrictions are in place but a 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.

## Symptoms<sup>1</sup>

The chart compares symptoms across four conditions: Allergies, Cold, Flu, and COVID-19. The symptoms listed are Body aches, Chills, Dry cough, Fatigue, Fever, Headache, Itchy eyes, Loss of taste/smell, Nasal congestion, Nausea/vomiting/diarrhea, Runny nose, Sneezing, Sore throat, and Shortness of breath. The frequency of each symptom is indicated by a checkmark or text in the corresponding column.

	Allergies	Cold	Flu	COVID-19
Body aches		✓		sometimes
Chills		rarely	✓	sometimes
Dry cough	✓	✓	✓	✓
Fatigue	sometimes	✓	✓	✓
Fever		rarely	✓	✓
Headache	✓	rarely	✓	sometimes
Itchy eyes	✓			
Loss of taste/smell	sometimes	rarely	sometimes	✓
Nasal congestion	✓	✓	✓	rarely
Nausea/vomiting/diarrhea		sometimes	sometimes	sometimes
Runny nose	✓	✓	✓	rarely
Sneezing	✓	✓	✓	sometimes
Sore throat	sometimes	✓	✓	sometimes
Shortness of breath	sometimes	rarely	✓	✓

<sup>1</sup> <https://www.beaumont.org/health/wellness/blogs/is-it-allergies-or-covid-19>

## Impact on pregnancy

Pregnant women are in the “moderate risk” category and considered clinically vulnerable. If pregnant women become very unwell due to Covid, this is more likely to happen later in pregnancy. There is some emerging evidence that the risk of still birth may also be a little higher. Women should be vigilant with precautions, particularly after 28 weeks of pregnancy. Vertical transmission from mother to baby before birth is possible. When this happens, the baby normally recovers well. There is no evidence of Covid causing miscarriage or problems with baby’s development.

## COVID-19 vaccine in pregnancy

If you're pregnant, or think you might be, you can have the [COVID-19 vaccine](#).

It's preferable for you to have the Pfizer/BioNTech or Moderna vaccine. This is because they've been more widely used during pregnancy in other countries and have not caused any safety issues.

You can [book your COVID-19 vaccination online](#). During the booking process, you'll be asked if you're pregnant. This is to make sure you're offered an appointment for the Pfizer/BioNTech or Moderna vaccine.

## COVID-19 vaccination for breast feeding women

The JCVI [advice published on 30 December 2020](#) says there is no known risk in giving available COVID-19 vaccines to breastfeeding women.

Breastfeeding women will be offered vaccination.

Although there is lack of safety data for these specific vaccines in breastfeeding, there is no plausible mechanism by which any vaccine ingredient could pass to your baby through breast milk. You should therefore not stop breastfeeding in order to be vaccinated against COVID-19.

## Resources and FAQs

- Read the [RCOG Q&As on COVID-19 vaccines, pregnancy, fertility and breastfeeding](#)
- Read the RCOG [updated information leaflet and decision aid](#) about COVID-19 vaccination and pregnancy. This document aims to support women make a personal informed choice about whether to accept a COVID-19 vaccination in pregnancy, in discussion with a healthcare professional

## If you get symptoms of COVID-19 during pregnancy or you test positive

If you get any symptoms of COVID-19 (a high temperature, a new, continuous cough or a loss or change to your sense of smell or taste), or you have a positive lateral flow or PCR test:

1. **Stay at home (self-isolate)** – you and anyone you live with should not leave your home or have visitors. Anyone in your childcare or support bubble should also self-isolate if you've been in close contact with them since your symptoms started or during the 48 hours before they started.
2. **Book a test** – get a PCR test (test that is sent to a lab) to check if you have COVID-19 as soon as possible. Anyone you live with, and anyone in your childcare or support bubble, should also get a test if they have symptoms.
3. **Speak to your midwife or maternity team** – they will advise you what to do. You may need to rebook some of your pregnancy appointments or have them online, by phone or as a [video consultation](#).

## 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, shielding 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.

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

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. However, we have no control over their decision making and the restrictions they impose.

If the hospital refuse to let your midwife in (due to their specific situation at the time), this is outside of our control.<sup>2</sup> Your private midwife will remain available to accompany you for care at home or hospital. In these circumstances a partial refund may apply.<sup>3</sup>

## Private Midwives changes to our services

### Enquiries

If you have made an enquiry to our services, please be aware that our midwives are getting booked up very quickly. We cannot “hold a place” for you. 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 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.

### Guidance on remote/virtual appointments

Midwives should explain that:

- Virtual appointments are not as robust as a clinical assessment face to face

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

<sup>3</sup> Any refund must take account of the time your midwife has been in call, any attendance or care at home in labour and the statutory insurance premium we have to pay for all midwives. However, we will be as fair and reasonable as we can and negotiate with you. Please refer to our refund schedule for further details.

- It may be unsafe if relevant information is not shared with other healthcare providers involved in their care.
- Private Midwives cannot prescribe medication
- Undertake an adequate clinical assessment and access medical records or verify important information by examination or testing where necessary.
- Give patients information about all the options available to them, including declining treatment, in a way they can understand.
- Make appropriate arrangements for after care and, unless the patient objects, share all relevant information with colleagues and other health and social care providers involved in their care to support ongoing monitoring and treatment.
- Keep notes: make a full record of the conversation in the same way as you would for a face-to-face appointment and put this in the client notes on the next visit. A copy may be emailed to the client.

#### [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](#)

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.

## 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: before your appointment

- If you, or anyone in your household has any of the symptoms listed above, please obtain a PCR test. Your midwife will cancel routine face-to-face appointments until the results are back.
- If you have been advised to isolate, 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.
- **We are asking our clients (and their partners if they will be present during the appointment) to complete a lateral flow test prior to your appointment. Your midwife is also completing twice weekly tests.** Kits are freely available from chemists or online via one of the two websites:

<https://www.nhs.uk/conditions/coronavirus-covid-19/testing/regular-rapid-coronavirus-tests-if-you-do-not-have-symptoms/>

<https://www.gov.uk/order-coronavirus-rapid-lateral-flow-tests>

### Risk Assessment TWO: during your appointment

- If at any time a member of the house is persistently coughing, unwell or has a High temperature, your midwife 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.
- We provide all clients with a safe-covering and ask, if possible that you wear a face-covering during close contact with your midwife for antenatal and postnatal care. We do not ask you to wear this during labour.
- Please try to limit the people in your household during the appointment. Your birthing partner is very welcome but extended family pose additional risks and if possible, this should be avoided.

## Staff taking precautions

- Most of our midwives have now been vaccinated. Some have chosen not to be vaccinated and we respect their choice. If vaccination status is important to you, please tell us when you enquire.
- 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.
- Midwives are asked to self-test twice a week with a lateral flow test.
- Midwives will wear appropriate PPE when visiting you.

## Infection Control

During all clinical contact, staff should always adhere to strict infection control procedures.

- 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, false nails and jewellery.
- 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 less than 70% alcohol is ineffective for Covid19. Hand gel >70% will be provided to all midwives for use in-between hand washing.
- 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 into 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 client's 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 birth 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. This must only be in exceptional circumstances and the reason should be documented in the clinical notes.

### PPE for all clinical contact

- Midwives should wear face coverings at all times during clinical duties, irrespective of the environment
- Midwives should wash their hands thoroughly and dry them on a paper towel, or their own towel – before and after all clinical contact

### PPE for prolonged contact

For prolonged clinical contact, for example birth care or extended breast feeding support, midwives are advised to wear PPE as follows:

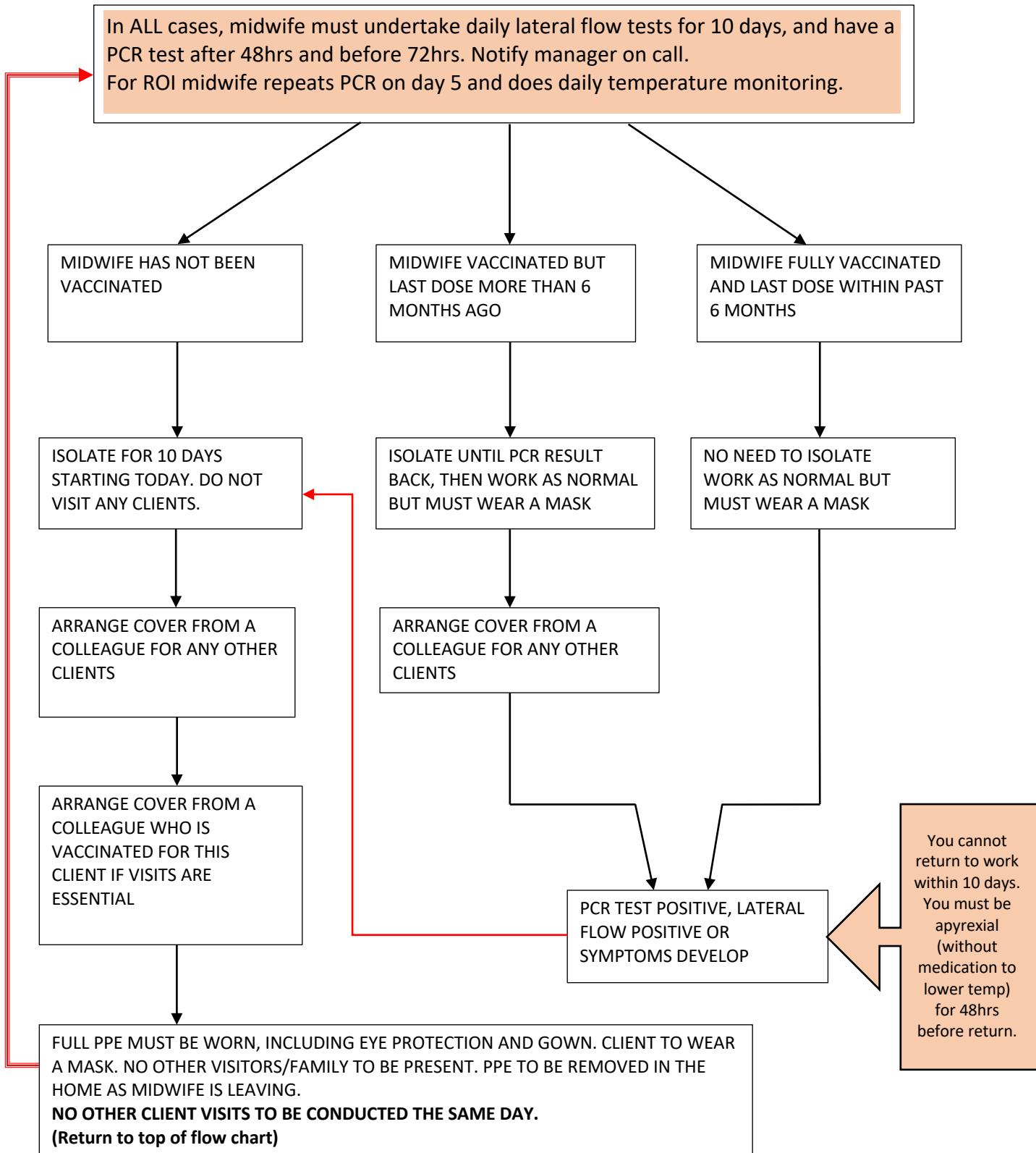
- Midwives should wear a surgical mask at all times during prolonged clinical duties
- Midwives should wash their hands thoroughly and dry them on a paper towel, or their own towel – before and after all clinical contact
- For prolonged contact midwives should also wear eye protection
- Midwives should protect their clothing with either a plastic apron or a disposable gown
- Gloves should always be worn for birth care
- Eye protection is advised
- Midwives are advised to wear scrubs for births and remove them before leaving the clients home to minimise the risk of cross infection. If alternative clothes are worn these should ideally be changed before leaving the home.<sup>4</sup>

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<sup>4</sup> Please refer to uniform policy for further guidance on infection control, uniform, decontamination and preventing cross infection.

## What happens if a client tests positive, has confirmed covid 19 or symptoms of covid 19 and the midwife has already visited?

If you have any suspicion you may have covid, please notify your midwife before she visits you. Alternative arrangements will be made. If you develop symptoms soon after a visit, or are confirmed to have covid via a lateral flow or PCR test, please notify your midwife at once.



## 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. 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>5</sup>, 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. 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.

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<sup>5</sup> Midwives *may* be insured as long as they have notified their insurer that they use their car for work.

- All staff complete twice weekly lateral flow tests
- No staff to use communal canteen
- Movement outside the Private Midwives office to be minimised
- Desk sharing eliminated
- All desks disinfected daily
- Midwives discouraged from calling in to head office
- Any staff exposed to potential infection, to work from home
- Covid organisational 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.

## Vaccination for staff

A number of Covid-19 vaccines are now available. Private Midwives does not have the ability to offer vaccinations to staff or clients. Vaccination centres are set up in regions throughout the UK. Staff will be provided with an essential worker letter which they can use to try and access the vaccine in line with the vaccination programme.

## Changes for ROI

We do appreciate that in Ireland, the situation is slightly different and lateral flow tests are not readily available.

- Midwives will be supplied with lateral flow tests to complete once a week.
- Clients are asked to take their temperature before any visits.
- If symptomatic please complete a PCR test.

## 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 or organisation 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. This may include termination of employment.
  - Clients will be sent a feedback survey which includes questions about the midwives compliance with this policy
- 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](mailto:info@privatemidwives.com)

