



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

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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 concern emerging. The strains vary in how contagious they are, and in the severity of illness they can cause.

Please visit our website for further information and links to Government advice:

<https://privatemidwives.com/covid/>

Lockdown restrictions

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

Advice and restrictions change frequently, and as such specific guidance 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.

Symptoms¹

Please note that the 5 main symptoms of the latest Omicron variant are:

1. Runny nose
2. Sore throat
3. Sneezing
4. Headache
5. Fatigue

SYMPTOMS				
	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	✓	✓

¹ <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

The Joint Committee on Vaccination and Immunisation (JCVI) has now advised that pregnant women are more at risk of severe COVID-19 disease. They are reminding pregnant women to have their COVID-19 vaccines as soon as possible. They should not delay vaccination until after they have given birth. This is to protect them and their babies. In the UK, over 100,000 pregnant women have been vaccinated mainly with Pfizer and Moderna vaccines and they have a good safety profile. These vaccines do not contain live coronavirus and cannot infect a pregnant woman or her unborn baby in the womb. Pfizer and Moderna vaccines are the preferred vaccines.

Vaccination is strongly recommended in pregnancy, but the decision whether to have the vaccine is your choice. You may find the following resources helpful:

- [Information and decision aid on COVID-19 vaccination in pregnancy](#)
- This [monograph](#) on non-live vaccination in pregnancy
- [Information for women of childbearing age, currently pregnant, planning a pregnancy or breastfeeding](#)

COVID-19 vaccination for breast feeding women

You cannot catch COVID-19 from the vaccines and cannot pass it to your baby through your breast milk. If you’re breastfeeding, the vaccines you can have depends on your age:

- if you're 40 or over, you can have any of the COVID-19 vaccines
- if you're under 40 and do not have a health condition that increases your risk of getting seriously ill from COVID-19, it's preferable for you to have the Pfizer/BioNTech or Moderna vaccine

The Pfizer/BioNTech or Moderna vaccines are preferable in people under 40 because of an extremely rare blood clotting problem linked to the Oxford/AstraZeneca vaccine.

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](#).
4. **See further guidance on isolation and testing below**

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.² Your private midwife will remain available to accompany you for care at home or hospital. In these circumstances a partial refund may apply.³

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.

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

³ 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.

Guidance on remote/virtual appointments

Midwives should explain that:

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

If you decline to undertake lateral flow tests or do not report symptoms before your visit, we may have to cancel your care and refund your money in line with our cancellation policy.

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 face-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. From 1st April 2022, all health care professionals must be vaccinated in order to care for you.
- Our midwives are undertaking very regular lateral flow tests to ensure they minimise any risk to their clients.
- 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 **at least 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 (surgical mask, FFP3 or FFP3) 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

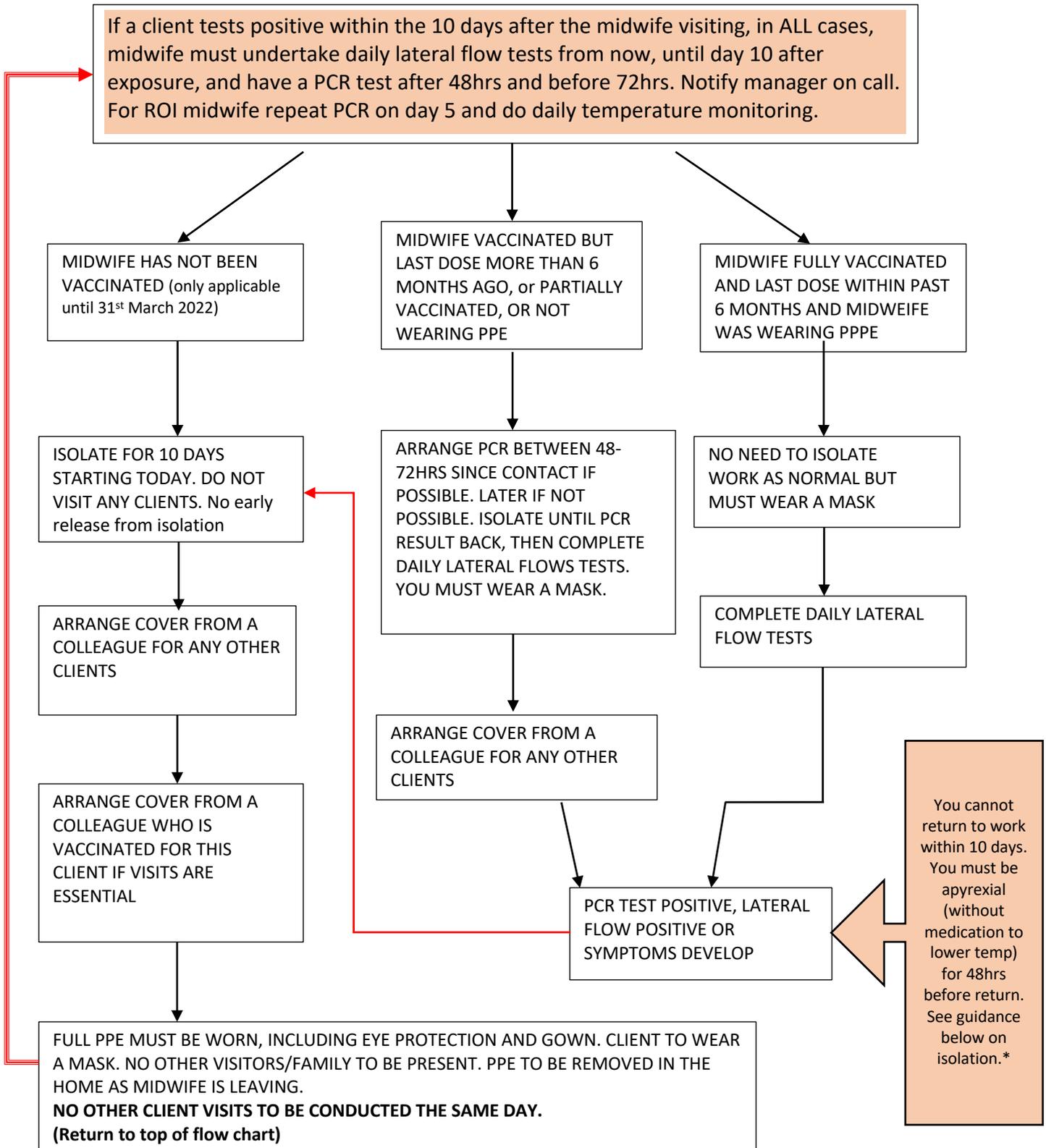
For prolonged clinical contact, for example birth care or extended breast feeding support, midwives are advised to wear PPE as follows:

- Midwives should wear a surgical mask, FFP2 or FFP3 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
- Eye protection is advised
- Midwives should protect their clothing with either a plastic apron or a disposable gown
- Gloves should always be worn for birth care
- 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.⁴

⁴ 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.



*Client isolation

If you have tested positive on a lateral flow device or PCR test, you should isolate for 10 days and undertake daily lateral flow tests from day 5 to day 10. Notify your midwife. Visits will not take place in this time. If you go into labour in this time you will need to attend hospital.

If you have 2 consecutive negative lateral flow tests on days six and seven of isolation (or later) you can leave isolation and care can recommence.

*Staff isolation

If you have tested positive on a lateral flow device or PCR test, you should isolate for 10 days from the date of the test and undertake daily lateral flow tests from day 5 to day 10. Notify your manager. Clinical work must be reassigned in this time. If you have been isolating as a precaution due to a contact, your 10 day clock restarts from when you test positive or develop symptoms.

If you have 2 consecutive negative lateral flow tests on days six and seven of isolation (or later) you can leave isolation and care can recommence.

Retesting - clients

Clients who have tested positive on a PCR test, do not need to complete lateral flow tests for a further 90 days as false positive results can be found. However, we ask you to replace the lateral flow test with temperature monitoring. If new symptoms develop, you should repeat the lateral flow test and isolate until the result is back.

Retesting – staff

Staff who have a positive PCR who then have a negative lateral flow and return to work, should continue lateral flow tests at least twice weekly. If the test is positive, PCR should be obtained and you should isolate until the results are back.

If you do not obtain a negative lateral flow test after 10 days isolation, you should arrange a repeat PCR test. If this is positive you cannot return to work.

Partners and family members of clients

In all cases, the birthing partner and client are treated as one family unit. If the birthing partner has been present at appointments, please follow the flow chart above.

If the partner has tested positive and the client goes in to labour, and lateral flow test for the client is negative, the midwife may attend in full PPE and provide care if the birth partner is not in the same room.

Partners and family members of staff

If a staff member has a family member who tests positive, they should try to minimise contact with them. Daily lateral flow tests must be completed for 10 days starting now. A PCR test should be completed 48-72hrs after becoming aware. Staff who are fully vaccinated with negative lateral flow tests can still work but must wear a mask. Partially vaccinated, symptomatic staff or those with a positive lateral flow or pyrexia must not work and must follow the flow chart above.

Ambulance service and home birth transfers

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 journey⁵, 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.

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

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.

- 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. From 1st April 2022 all health care professionals in England must be fully vaccinated, meaning they must have their first does by 3rd Feb 2022. This is a Department of Health decision and outside our control. Any staff member who has not had their first vaccine by 3rd Feb 2022 will be notified of their employment ending on 31st March 2022.

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

Can you be exempt from this strategy?

The short answer is NO.

This policy covers all Private Midwives staff and clients. Our approach has kept our clients and staff safe since the pandemic began. Our services have continued throughout. We appreciate that our approach may be more rigorous than that adopted by other organisations. We are taking this situation very seriously.

Whilst we are respectful of individual views, clients are asked not to contact us with other research they have read, anti-vax materials, anti-testing materials or policies from other organisations that are less restrictive.

This strategy applies to all. It keeps our staff safe, our clients safe, the other clients of the midwife safe, and our organisation safe. If you are not willing to comply with this strategy, please do not book our services.