



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

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Version 13

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Background

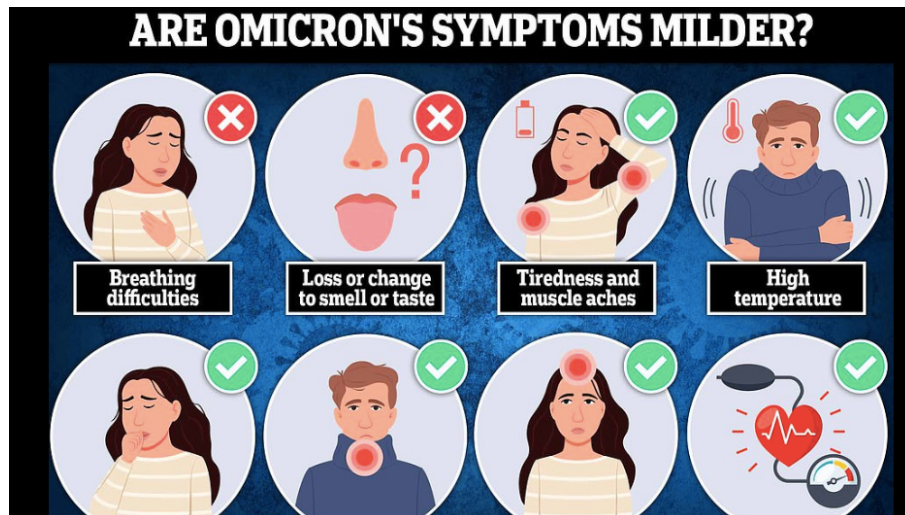
Coronavirus has many strains. Some cause a common cold whilst others cause SARS. A new strain (Covid19) has now led to a global pandemic with several variants of concern emerging. The strains vary in how contagious they are, and in the severity of illness they can cause. It is likely that new variants will continue to emerge and the symptoms, severity and transmissibility will vary.

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

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

Symptoms

Recognising Coronavirus (COVID-19) Symptoms				NHS	
Symptoms	Covid-19 <small>Symptoms range from mild to severe</small>	Flu <small>Rapid onset of symptoms</small>	Cold <small>Gradual onset of symptoms</small>		
 Fever (37.8C or above)	Common	Common	Rare		
 Fatigue	Sometimes	Common	Sometimes		
 Cough	Common (usually dry)	Common (usually dry)	Mild		
 Sneezing	No	No	Common		
 Aches and pains	Sometimes	Common	Common		
 Runny or stuffy nose	Rare	Sometimes	Common		
 Sore throat	Sometimes	Sometimes	Common		
 Diarrhea	Rare	Sometimes (for children)	No		
 Headaches	Sometimes	Common	Rare		
 Shortness of breath	Sometimes	No	No		
 Loss of taste or smell	Common	No	Sometimes		



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 vary from area to area. 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.

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 (or you have 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 your midwife will not offer face to face care.

1. **We advise you stay at home (self-isolate)**

Whilst isolation is not mandatory, it is advised that you stay home and limit your contact with other people.

2. **Speak to your midwife or maternity team**

They will review your individual circumstances and 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](#). You may be advised to take new medication to reduce the chance of blood clots. Each person is unique, and a plan will be discussed

with you. There is a flow chart at the end of this document which shows current RCOG management guidance.

From 24 February, the Government will:

- a. Remove the legal requirement to self-isolate following a positive test. Adults and children who test positive will continue to be advised to stay at home and avoid contact with other people. After 5 days, they may choose to take a Lateral Flow Device (LFD) followed by another the next day - if both are negative, and they do not have a temperature, they can safely return to their normal routine. Those who test positive should avoid contact with anyone in an at risk group, including if they live in the same household. There will be specific guidance for staff in particularly vulnerable services, such as adult social care, healthcare, and prisons and places of detention.
- b. No longer ask fully vaccinated close contacts and those under the age of 18 to test daily for 7 days, and remove the legal requirement for close contacts who are not fully vaccinated to self-isolate. Guidance will set out the precautions that those who live in the same household as someone who has COVID-19, or who have stayed overnight in the same household, are advised to take to reduce risk to other people. Other contacts of people with COVID-19 will be advised to take extra care in following general guidance for the public on safer behaviours.

The provision of FREE lateral flow tests for asymptomatic people will end on 1st April 2022.

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.¹ Your private midwife will remain available to accompany you for care at home or hospital. In these circumstances a partial refund may apply.²

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.

We fully appreciate how important the relationship with your midwife 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. 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 are at your home and are face to face, typically lasting over an hour. They 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
- It may be unsafe if relevant information is not shared with other healthcare providers involved in their care.

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

² 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.

- 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, or has tested positive, please notify your midwife before your appointment. Your midwife may cancel routine face-to-face appointments or replace them with virtual appointments.
- If you, or anyone in your household have symptoms, or have tested positive and you do not inform your midwife beforehand, your care with us will be cancelled.

Risk Assessment TWO: during your appointment

- Please limit the people in the house at the time of your appointment. This is to protect you, and our midwives. Children are particularly susceptible to carrying asymptomatic covid, so we ask that where possible, they are not present during appointments. Your birthing partner is very welcome but extended family pose additional risks and if possible, this should be avoided.
- 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.
- If the weather permits, please open a door or window to aid ventilation

Staff taking precautions

- Almost all our midwives have now been vaccinated. However, we cannot discuss vaccination status with you as this is confidential information. If you wish to be assured of your midwife's vaccination status, please ask her directly.
- Whilst they remain available, our midwives are undertaking frequent lateral flow tests to ensure they minimise any risk to their clients. Currently we recommend at least weekly tests.
- 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. Depending on your circumstances, your visit will be rearranged, completed by a different midwife, or completed virtually.
- If you, or your midwife are self-isolating, your face-to-face visit may be replaced by a virtual visit. Whilst isolation is no longer a legal requirement, we believe it is a sensible precaution to protect our staff and clients.
- 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 –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.
- Cleaning equipment:
 - 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 will be worn

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 unless you can be sure the pools have been professionally cleaned between use.

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. We aim to treat each situation individually and so our guidance has scope for clients and midwives to agree what they are comfortable with. However, the primary aim is to encourage safe behaviour and protect people.

PPE for all clinical contact

- Midwives are strongly advised to wear face coverings (surgical mask, FFP2 or FFP3) at all times during 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
- In some circumstances, after individual risk assessment (which must be fully documented in the clinical case notes) and discussion with the client, it may be that a mutual agreement is reached to not wear masks. Examples may include clients who lip read for example. This should not be in routine situations but is an option for some relevant circumstances.

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 are advised to follow the advice above. In addition:

- 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.³
- Midwives have discretion to wear additional PPE if they believe it to be necessary. A full range of options will be provided.

Staff isolation

If you have tested positive or suspect you may have Covid, you should isolate for at least 7 days from the date of the test. Clinical work must be reassigned in this time. Please discuss your individual circumstances with the organisational Covid Lead (Sharon) or on call manager.

Partners and family members of staff

Staff who live with someone who is symptomatic or has tested positive should ideally isolate for 7 days. Please discuss your individual case with the organisation Covid lead or on call manager.

Ambulance service and home birth transfers

Ambulance transfer for planned home births is not a common occurrence but, in some instances, it is required. Availability of ambulances may be significantly affected during Covid peaks. 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

³ Please refer to uniform policy for further guidance on infection control, uniform, decontamination and preventing cross infection.

midwife may not be insured for the journey⁴, 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.

- All staff complete weekly lateral flow tests on a Sunday (whilst they remain available)
- No staff to use communal canteen
- Movement outside the Private Midwives office to be minimised
- Desk sharing eliminated
- Any staff exposed to potential infection, to work from home or take leave
- Covid organisational risk assessment in place

Vaccination for staff

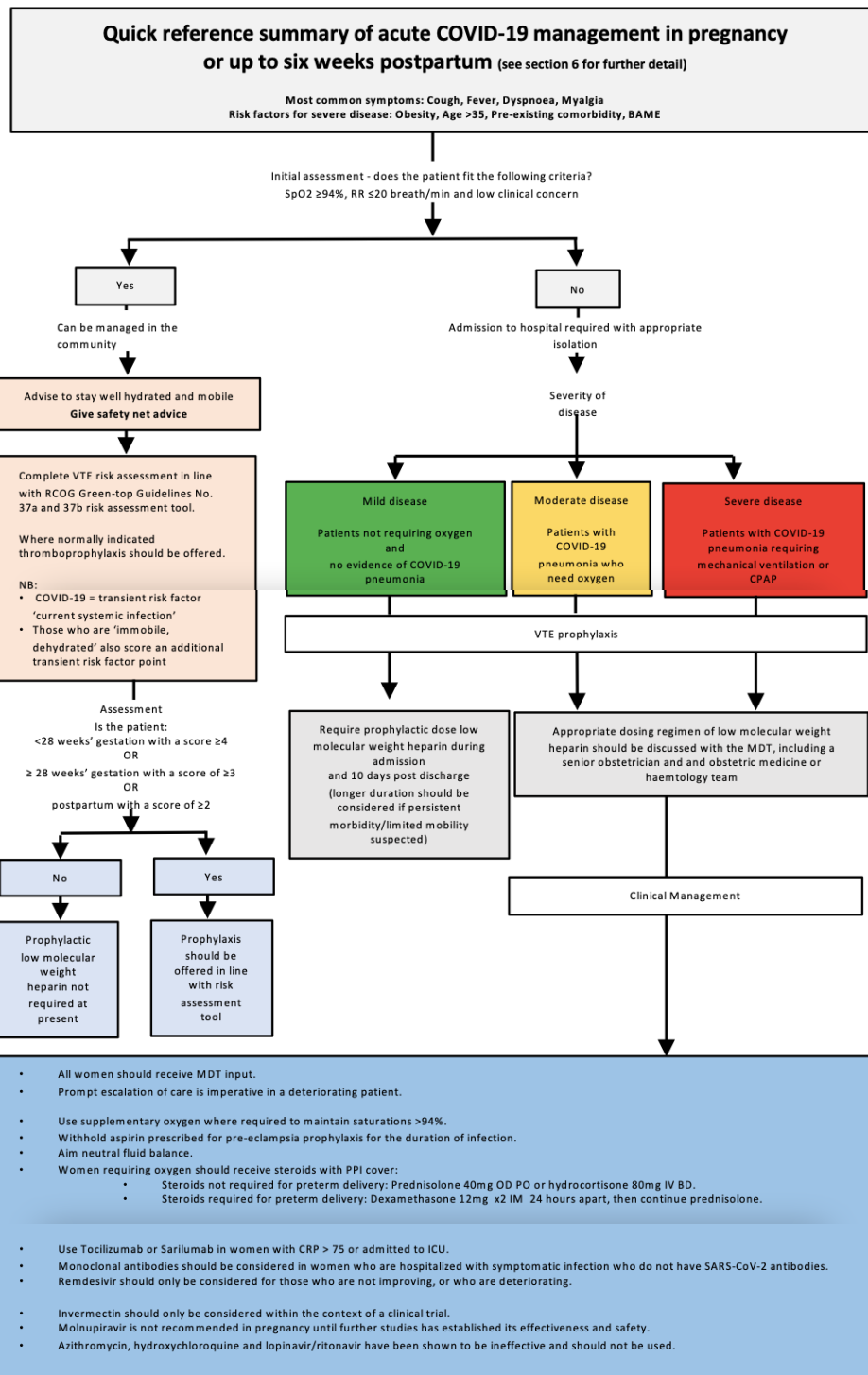
A number of Covid-19 vaccines are now available. Private Midwives does not have the ability to offer vaccinations to staff or clients. Vaccination centres are set up in regions throughout the UK. Whilst we encourage staff to be vaccinated, we respect their individual autonomy to make their own decisions.

Raising concerns and further questions

- 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

⁴ Midwives *may* be insured as long as they have notified their insurer that they use their car for work.



<https://www.rcog.org.uk/globalassets/documents/guidelines/2022-01-11-coronavirus-covid-19-infection-in-pregnancy-v14.3.pdf>