

Information for pregnant women and their families

Please note this document will be updated in line with the latest national guidelines available.

These Q&As relate to the following guidance published by the Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and Royal College of Paediatrics and Child Health, with input from the Royal College of Anaesthetists, Public Health England and Health Protection Scotland: Coronavirus (COVID-19) infection and pregnancy – guidance for healthcare professionals: Version 3 - 18 March 2020: www.rcog.org.uk/globalassets/documents/guidelines/coronavirus-COVID-19-infection-in-pregnancy-v3-20-03-18.pdf

Emerging evidence is clear that COVID-19 is having a disproportionate impact on black, Asian, and minority ethnic people (BAME). As advised by the RCM the principle of care should be a targeted approach.

Given the current evidence, all BAME women will be identified as being at increased risk of becoming unwell with COVID-19 and an appropriate plan of care will be provided throughout the pregnancy and the postnatal period (RCM 2020). There have been anecdotal reports that some women from a BAME background will not succumb to COVID-19 due to their ethnicity. This is not the case.

1. What are the symptoms of COVID-19?

The large majority of women will experience only mild or moderate cold or flu like symptoms such as a new and persistent cough, fever and shortness of breath, loss of taste/smell.

2. If I was infected, would I always have symptoms?

Not everyone that is infected will experience symptoms.

3. How do I reduce my risk of catching COVID-19?

Do

- wash your hands with soap and water often – do this for at least 20 seconds
- always wash your hands when you get home from work or into work
- use hand sanitizer gel if soap and water are not available
- cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze
- put used tissues in the bin immediately and wash your hands afterwards
- avoid close contact with people who have symptoms of coronavirus
- only travel on public transport if you need to
- work from home if you can
- avoid social activities, such as going to pubs, restaurants, theatres and cinemas

- avoid gatherings of more than two people
- use phone, online services, or apps to contact your GP surgery or other NHS services

4. **Should I take Vitamin D supplementation?**

- Vitamin D supplementation is recommended to all women during pregnancy as it can help reduce the risk of respiratory infections.
- There have been some reports that people with low levels of vitamin D are at an increased risk of serious respiratory complications if they develop coronavirus.
- However, there is not enough evidence to show that taking vitamin D prevents coronavirus infection or is an effective treatment.
- Most people living in northern hemispheres will have low levels of vitamin D and as such, we advise all pregnant women to consider taking 10 micrograms of vitamin D a day to keep your bones and muscles healthy. Vitamin D supplements are available from most pharmacies, supermarkets and other retailers.
- Women from Black, Asian and minority ethnic backgrounds, with melanin pigmented (dark) skin, may be particularly at risk of low levels of vitamin D and are advised to take a higher dose of vitamin D. Speak to your midwife or maternity team if you have any questions about vitamin D supplementation.
- Visit the [NHS UK website](#) for more information on vitamins in pregnancy and where and how you can access these.

Don't

- do not touch your eyes, nose or mouth if your hands are not clean
- do not have visitors to your home, including friends and family

5. **What is the treatment for COVID-19?**

There is no treatment at present for the virus. Your treatment will depend on the symptoms you experience.

6. **Should I go to work if I have COVID-19?**

- Women who are experiencing symptoms are advised to self-isolate. The guidance currently recommends to:-
 - Not go to school, work, NHS settings or public areas
 - Not use public transport
 - Stay at home and not allow visitors
 - Ventilate the rooms where they are by opening windows
 - Separate themselves from other members of their household as far as possible, using their own towel, crockery and utensils and eating at different times
 - Use friends, family or delivery services to run errands, but advise them to leave items outside.

7. **What effect does COVID-19 have on pregnant women?**

Pregnant women do not appear to be more severely affected than the general population if they develop the virus. As this is a new virus, how it may affect you is not yet clear. It is expected the large majority of pregnant women will experience only mild or moderate cold or flu like symptoms or, loss of taste/smell.

More severe symptoms such as pneumonia appear to be more common in older people, those with weakened immune systems or long-term conditions. There are no reported deaths of pregnant women from coronavirus at the moment.

If you are pregnant you are more vulnerable to getting infections than a woman who is not pregnant. If you have an underlying condition, such as asthma or diabetes, you may be more unwell if you catch COVID-19. If you have an underlying health condition and are concerned, please contact your midwife.

8. What effect will COVID-19 have on my baby if I am diagnosed with the infection?

As this is a new virus we are just beginning to learn about it. There is no evidence to suggest an increased risk of miscarriage. There is also currently no evidence that the virus can pass to your developing baby while you are pregnant (this is called vertical transmission). It is therefore considered unlikely that if you have the virus it will cause abnormalities in your baby.

Some babies born to women with symptoms of COVID-19 in China have been born prematurely. It is unclear whether the virus caused this or the doctors made the decision for the baby to be born early because the woman was unwell. As we learn about the risk of pre-term birth and COVID-19, we will update this information.

9. What is the travel advice if I am pregnant?

If you are in the UK, you should follow the advice given by the [Foreign and Commonwealth Office](#) which is being regularly updated in line with the evolving situation.

10. What should I do if I think I may have COVID-19 or been exposed?

If you are pregnant and you have either:-

- a high temperature
- a new, continuous cough
- loss of taste/smell

Contact your relevant maternity unit:-

- Barnet Hospital:- 020 8216 4408
- Royal Free Hospital:- 020 7794 0500 extension 33850/33849

You should stay at home for 7 days. Do not go to a GP surgery, pharmacy or hospital. Visit NHS 111 online for more advice (www.111.nhs.uk/COVID-19). You do not need to call NHS 111 to tell them you are staying at home.

You should contact the maternity unit looking after your pregnancy to inform them that you have symptoms suggestive of COVID-19, particularly if you have any routine appointments in the next 7 days.

You should call maternity triage if:-

- you feel you cannot cope with your symptoms at home
- your condition gets worse
- your symptoms do not get better after 7 days

- If you have concerns about the wellbeing of yourself or your unborn baby during your self-isolation period, contact your midwife, or out-of-hours, your maternity team. They will provide further advice, including whether you need to attend hospital.

11. How will I be tested for COVID-19?

The process for diagnosing coronavirus infection is changing rapidly. At the current time, only people with severe symptoms who require overnight admission to hospital will be tested.

If you do require a test, you will be tested in the same way as anyone being tested, regardless of the fact that you are pregnant. Currently, the test involves swabs being taken from your mouth and nose. You may also be asked to cough up sputum, a mixture of saliva and mucous.

12. What should I do if I test positive for COVID-19?

If you test positive for coronavirus, you should contact your midwife or antenatal team to make them aware of your diagnosis. If you have no symptoms, or mild symptoms, you will be advised to recover at home. If you have more severe symptoms, you might be treated in a hospital setting.

13. Why would I be asked to self-isolate?

You may be advised to self-isolate because:-

- You have symptoms of COVID-19, such as a high temperature or new, continuous cough
- You have tested positive for COVID-19 and you've been advised to recover at home
- If someone in your household is experiencing COVID-19 symptoms or has tested positive for the virus

14. What should I do if I'm asked to self-isolate?

Pregnant women who have been advised to self-isolate should stay indoors and avoid contact with others for 7 days. The [government's guidance on self-isolation](#) currently recommends people should:-

- Not go to school, work, NHS settings or public areas
- Not use public transport
- Stay at home and not allow visitors
- Ventilate the rooms where they are by opening a window
- Separate themselves from other members of their household as far as possible, using their own towels, crockery and utensils and eating at different times
- Use friends, family or delivery services to run errands, but advise them to leave items outside.

You may wish to consider online fitness routines to keep active, such as pregnancy yoga or Pilates.

15. Can I still attend my antenatal appointments if I am in self-isolation?

You should contact your midwife or antenatal clinic to inform them that you are currently in self-isolation for suspected/confirmed COVID-19, or because someone in your household has a suspected/confirmed case and request advice on attending routine antenatal appointments.

It is likely that routine antenatal appointments will be delayed until isolation ends. If your midwife or doctor advises that your appointment cannot wait, the necessary arrangements will be made for you to be seen. For example, you may be asked to attend at a different time, or in a different clinic, to protect other patients. You will be asked to attend by yourself.

16. How will my care be managed after I've recovered from COVID-19?

If you are confirmed to have COVID-19, as a precautionary approach, an ultrasound scan will be arranged 14 days after your recovery, to check that your baby is well. This 14 day period may be reduced as more information on how infected people are in recovery becomes available.

If you have recovered from COVID-19 and tested negative for the virus before you go into labour, where and how you give birth will not be affected by your previous illness.

17. What do I do if I feel unwell or I'm worried about my baby during self-isolation?

Pregnant women are advised not to attend maternity triage units or A&E unless in need of urgent pregnancy or medical care.

If you have concerns about your wellbeing or of your unborn baby during your self-isolation period, please contact your midwife, or out-of-hours, your maternity team. They will provide further advice, including whether you need to attend hospital.

Maternity unit contact numbers:-

- Barnet Hospital:- 020 8216 4408
- Royal Free Hospital:- 020 7794 0500 extension 33850/33849

If attendance at the maternity unit or hospital is advised, pregnant women are requested to travel by private transport, or arrange hospital transport, and alert the maternity triage reception once on the premises, prior to entering the hospital.

18. Will being in self-isolation for suspected or confirmed COVID-19 affect where I give birth?

As a precautionary approach, pregnant women with suspected or confirmed COVID-19 when they go into labour, are being advised to attend an obstetric unit for birth, where the baby can be monitored using continuous electronic fetal monitoring, and your oxygen levels can be monitored hourly.

The continuous fetal monitoring is to check how your baby is coping with labour. As continuous fetal monitoring can only take place in an obstetric unit, where doctors and midwives are present, it is not currently recommended that you give birth at home or in a midwife led unit, where only midwives would be present.

If you have recovered from the virus and tested negative before you go into labour, where and how you give birth will not be affected by your previous illness.

We will keep this advice continually updated as new evidence emerges.

19. Will being in self-isolation for suspected or confirmed COVID-19 affect how I give birth?

There is currently no evidence to suggest you cannot give birth vaginally or that you would be safer having a caesarean birth if you have suspected or confirmed coronavirus, so your birth plan should be followed as closely as possible based on your wishes.

However, if your respiratory condition (breathing) suggested that urgent delivery would be needed, a caesarean birth may be recommended.

There is no evidence that women with suspected or confirmed coronavirus cannot have an epidural or a spinal block. Your maternity team will discuss all the options with you in early labour to ensure you are aware of the pain relief options available to you.

20. What happens if I go into labour during my self-isolation period?

If you go into labour, you should call your maternity unit for advice, and inform them that you have suspected or confirmed coronavirus infection.

If you have mild symptoms, you will be encouraged to remain at home (self-isolating) in early labour, as per standard practice.

Your maternity team have been advised on ways to ensure you and your baby receive safe, quality care, respecting your birth plan as closely as possible.

When you and your maternity team decide you need to attend the maternity unit, general recommendations about hospital attendance will apply:-cO

- You will be advised to attend hospital via private transport where possible, or call 111/999 for advice as appropriate.
- You will be met at the maternity unit entrance at Barnet Hospital or main entrance of the Royal Free Hospital (next to the sculpture). You and your birth partner will be provided with a surgical face mask, which will need to stay on until you are isolated in a suitable room.
- One person can stay with you throughout, such as your birth partner. This needs to be the same person throughout. In order to limit the risk to you and your baby, we are stopping visitors at this time.
- Please do not attend with anyone who has symptoms as they will be asked to go home.

21. Can I pass COVID-19 to my baby?

As this is a new virus, there is limited evidence about managing women with COVID-19 who have just given birth. At this time, there are no reports of women diagnosed with COVID-19 during the third trimester of pregnancy having passed the virus to their babies while in the womb.

22. Will I be able to stay with my baby/give skin-to-skin if I have suspected or confirmed COVID-19?

Yes, if that is your choice. Provided your baby is well and doesn't require care in the neonatal unit, you will be kept together after you have given birth.

There are some reports from China which suggest women with confirmed COVID-19 have been advised to separate from their baby for 14 days. However, this may have potential negative effects on feeding and bonding.

A discussion about the risks and benefits should take place between you, your family and the doctors caring for your baby (neonatologists) to individualise care for your baby.

This guidance may change as knowledge evolves.

23. Will I be able to breastfeed my baby if I have suspected or confirmed COVID-19?

Yes. At the moment there is no evidence that the virus can be carried in breast milk, so it's felt that the well-recognised benefits of breastfeeding outweigh any potential risks of transmission of COVID-19 through breast milk.

The main risk of breastfeeding is close contact between you and your baby, as you may share infective airborne droplets, leading to the baby being infected.

A discussion about the risks and benefits of breastfeeding should take place between you, your family and your maternity team.

This guidance may change as knowledge evolves.

If you choose to breastfeed your baby, the following precautions are recommended:-

- Wash your hands before touching your baby, breast pump or bottles
- Try and avoid coughing or sneezing on your baby while feeding at the breast;
- Consider wearing a face mask while breastfeeding, if available
- Follow recommendations for pump cleaning after each use
- Consider asking someone who is well to feed expressed breast milk to your baby.

If you choose to feed your baby with formula or expressed milk, it is recommended that you follow strict adherence to sterilisation guidelines supplied by the manufacturer (you can find these inside the box). If you are expressing breast milk in hospital, a dedicated breast pump should be used.

24. What is the advice if I am a healthcare worker and pregnant?

We understand that it must be an anxious time if you work in healthcare and you are pregnant. To the best of our knowledge, pregnant healthcare professionals are no more personally susceptible to the virus or its complications than their non-pregnant colleagues.

However, being infected with COVID-19 may pose some risks to your unborn baby. There is a possible risk of fetal growth restriction or of premature birth if you become seriously unwell.

You should discuss your individual circumstances with your local occupational health department.

25. Can having COVID-19 affect where I give birth?

As a precaution, if a pregnant woman is suspected of having, or has confirmed COVID-19, they are being advised to attend the obstetric unit (in hospital) to give birth. This is because your baby can be monitored using electronic fetal monitoring and your oxygen levels can also be monitored.

26. Can having COVID-19 affect how I give birth?

There isn't any evidence at the moment to show that you cannot give birth vaginally or that a caesarean birth is safer if you have suspected or confirmed COVID-19. Your birth plan should still be followed as closely as possible, however if your breathing suggests that an urgent delivery is needed, you may be recommended to have a caesarean.

Because the virus can sometimes be found in faeces, it is not recommended for people with suspected COVID-19 to have a water birth. It may also be more difficult for healthcare staff to take any necessary protective measures.

There is no evidence that women with suspected or confirmed COVID-19 cannot have an epidural or a spinal block. There is also no evidence that Entonox cannot be used in labour.

If you have symptoms of COVID-19, maternity staff will take all appropriate precautions to reduce risks of infection to themselves and others, including hand hygiene, and appropriate use of protective clothing like gloves, gown and medical mask.

27. What do I need to do now?

All pregnant women should follow Public Health England (PHE) advice:

- [Guidance on social distancing](#) for all vulnerable people including pregnant women
- [Guidance for individuals and households with possible coronavirus infection](#)

Where to get more information

For the latest COVID-19 advice please visit: www.nhs.uk. If you think you may have COVID-19, please do not go to a GP surgery, pharmacy or hospital. Please contact your relevant maternity unit to find out what to do next:

- Barnet Hospital: 020 8216 4408
- Royal Free Hospital: 020 7794 0500 extension 33850/33849

Please also refer to our Royal Free maternity service page for more guidance and useful links to parenthood education material, as well as our video on the services we offer and where you can have your baby at the Royal Free London:

www.royalfree.nhs.uk/services/services-a-z/maternity-services

You can also find the latest information about our maternity services during the COVID-19 outbreak on our website here: www.royalfree.nhs.uk/services/services-a-z/maternity-services/COVID-19-coronavirus-information-for-maternity-service-users

© Royal Free London NHS Foundation Trust
V4: Issued by RFL maternity services
07/08/2020