**For Comms with Primary Care 20.03.2020**

**Coronavirus infection and pregnancy**

The latest guidelines from the Royal College of Obstetricians and Gynaecologists (RCOG) on COVID-19 infection in pregnancy is that the large majority of women will experience only mild to moderate flu like symptoms and that there is currently no evidence of increased risk of miscarriage.  Two cases of possible vertical transmission (transmission from mother to baby antenatally or intrapartum) have been reported, but it remains unclear whether transmission was prior to or soon after birth. Expert opinion is that the fetus is unlikely to be exposed during pregnancy and that transmission is therefore most likely to be as a neonate.

The guidance can be found here:

<https://www.rcog.org.uk/globalassets/documents/guidelines/coronavirus-covid-19-infection-in-pregnancy-v3-20-03-18.pdf>

Be aware that this guidance is a live document and is updated frequently so please check.

**What should we do about ante-natal appointments?**

Care for pregnant and postnatal women is an essential service and should be planned for along with other essential services. Women should be advised to attend routine antenatal care unless they meet current stay at home guidance for individuals and households of individuals with symptoms of new continuous cough or fever.

Pregnant women have been advised to reduce social contact by the government based on the theoretical risks to pregnancy posed by COVID-19. Antenatal and postnatal care is based on years of evidence to keep mothers and babies safe in pregnancy and birth. The majority of antenatal and postnatal care should therefore be regarded as essential care and women should be encouraged to attend, even whilst minimising contact with others.

It is important that pregnant women are still able to access their ante-natal appointments.  However pregnant women who fall into the high-risk category should not be invited into the surgery if at all possible.

RCOG recommend that, where practical, appointments should be conducted on the telephone or using videoconferencing, provided there is a reasonable expectation that maternal observations or tests are not required. However, as most antenatal community midwifery appointments will involve tests, e.g. urine, blood pressure, fundal height measurement it is highly unlikely that these can be shifted away from direct contact. It is very important therefore that practices work with their Community Midwives to put in place arrangements for antenatal appointments with a view to ensuring the flow of patients through the practice is planned to keep waiting down. We appreciate that at this time it can be difficult to make contact with individual Midwives or to contact the service via the Maternity Advice Line, as such for Practices that fall within the CHFT footprint you can contact Michelle Jones, Midwifery Matron - Community & Birth Centres - Michelle.Jones2@cht.nhs.uk or Linda Hill, Clinical Midwifery Manager - Linda.Hill@cht.nhs.uk to discuss antenatal clinic arrangements.

Pregnant women with pre-booked appointments will be contacted and screened by their Community Midwife to check that they have not developed acute respiratory symptoms since the appointment was made. It would also really help the Community Midwives if surgeries had capacity themselves to ring pregnant women the day before their appointment. Please advise Linda or Michelle if this is possible.

**Pertussis Vaccinations**

We are advising primary care to continue with pertussis vaccinations for pregnant women due to the seriousness of the condition and how quickly it can spread.  It is important that the measures that are in place for COVID-19 do not inadvertently lead to increases in other highly contagious and serious diseases. The arrangements for the vaccinations can be discussed between the GP practice staff and Community Midwives, for example what opportunities there might be for women to have the vaccine while attending their antenatal appointment.

RCOG have also prepared information for pregnant women and their families, drawn from this guidance, this can be found here:

<https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

**Advice for health professionals to share with pregnant women (taken from RCOG guidance 18.03.2020):**

As a pregnant woman the news that you were placed in a ‘vulnerable group’ by the chief medical officer on Monday 16 March may have caused you concern. We would like to reiterate that the evidence we have so far is that pregnant women are still no more likely to contract the infection than the general population. What we do know is that pregnancy in a small proportion of women can alter how your body handles severe viral infections. This is something that midwives and obstetricians have known for many years and are used to dealing with. What has driven the decisions made by officials is the need to restrict spread of illness because if the number of infections were to rise sharply the number of severely infected women could rise and this could put the lives of some pregnant women in danger.

Our general advice is that:

• If you get infected with COVID-19 you are still most likely to have no symptoms or a mild illness from which you will make a full recovery

• If you develop more severe symptoms or your recovery is delayed this may be a sign that you are developing a more significant chest infection that requires enhanced care, and our advice remains that if you feel your symptoms are worsening or if you are not getting better you should contact your maternity care team or NHS 111 straight away for further information and advice.

• If you are well at the moment and have no complications in any past pregnancies the following practical advice may be helpful

o If you have a routine scan or visit due in the coming days please contact your maternity unit for advice and to agree a plan. You will still need to attend for a visit but the appointment may change due to staffing requirements.

 o If you are between appointments, please wait to hear from your maternity team

• If you are attending more regularly in pregnancy, then your maternity team will be in touch with plans

• Whatever your personal situation please consider the following: o If you have any concerns you will be able to contact your maternity team as usual but please note they may take longer to get back to you

o If you have an urgent problem related to your pregnancy but not related to Coronavirus, get in touch using the same emergency contact details you already have. Please do not contact this number unless you have an urgent problem

o If you have symptoms of Coronavirus, contact your maternity service and they will arrange the right place and time to come for your visits. You should not attend a routine clinic.

o You will be asked to keep the number of people with you to a minimum. This will include to being asked to not bring children with you to maternity appointments.

o There may be a need to reduce the number of antenatal visits you have. This will be communicated with you. Do not reduce your number of visits without agreeing first with your maternity team.

At this time it is particularly important that you help your maternity team take care of you. If you have had an appointment cancelled or delayed, and are not sure of your next contact with your maternity team, please let them know by using the contact numbers provided to you at booking.

All pregnant women should follow the Government guidance available here:

1) For all vulnerable people including pregnant women <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>

2) For individuals and households of individuals with symptoms of new continuous cough or fever

<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-households-with-possible-coronavirus-covid-19-infection>