

## **Appendix 1: COVID 19 – FAQs for Employees who are Pregnant**

### **Can COVID-19 cause problems for a pregnancy?**

We do not know at this time if COVID-19 would cause problems during pregnancy or affect the health of the baby after birth. Generally, pregnant women do not appear more likely to be severely unwell than other healthy adults if they develop the new coronavirus. It is expected the large majority of pregnant women will experience only mild or moderate cold/flu like symptoms.

If you think you may have symptoms of COVID-19 you should contact your maternity care team or Healthline for further information and advice.

### **Can COVID-19 be passed from a pregnant woman to the fetus or newborn?**

We still do not know if a pregnant woman with COVID-19 can pass the virus that causes COVID-19 to her fetus or baby during pregnancy or birthing. No infants born to mothers with COVID-19 have tested positive for the COVID-19 virus. In these cases, which are a small number, the virus was not found in samples of amniotic fluid or breast milk.

### **How can I protect myself and others from COVID-19 during pregnancy?**

We understand that you will feel worried. Take the opportunity to rest, eat well and maintain your interests and hobbies, where possible. Your baby has the best protection it will ever have i.e. you, so caring for yourself is important. We want to reassure you that the risk to you and to your baby is extremely small. The medical system and dedicated staff are well-trained, world-class, committed and equipped to care for you.

We recommend you follow the guidelines including:

- Regular hand washing with soap and water or alcohol-based hand sanitizer;
- Cover your cough (using your elbow is a good technique);
- Avoid people who are sick;
- Work from home where possible;
- Practice social distancing in your community and in workplace meetings and gathering with colleagues;
- Get the seasonal flu vaccine. This will protect you and your baby from the seasonal flu, but not from coronavirus.

### **What is the advice if I am a healthcare worker and under 28 weeks' pregnant?**

Latest guidance recommends that pregnant women under 28 weeks' gestation (in the first and second trimester of pregnancy) with no underlying health conditions should not work in areas at high risk of COVID19 exposure (Work Zone Category 1 as defined by the National Guidance for Vulnerable Workers). Women under 28 weeks gestation can continue to work in Category 2 work zones (patient facing clinical areas) provided they wear appropriate PPE. When working in Category 3 (non-clinical) work zones, they should follow the guidance on social distancing in the same way as the general population. Within the work environment, we recommend social distancing precautions in work meetings and other gatherings.

### **What is the advice if I am a healthcare worker and over 28 weeks' pregnant?**

Pregnant women from 28 weeks' gestation (in the third trimester of pregnancy), and pregnant women with significant underlying health conditions, such as significant lung or heart disease, may experience more severe symptoms of the virus and are therefore advised to take a more precautionary approach. It is recommended that these women work from home or are placed on leave if their role cannot be performed from home.

### **What is the advice if I have an underlying health condition or a complicated pregnancy?**

If you are in your third trimester (more than 28 weeks pregnant), or have an underlying health condition – such as significant heart or lung disease – you should avoid direct patient contact. You should work from home where possible, avoid contact with anyone with symptoms of coronavirus, and significantly reduce unnecessary social contact.

We encourage you to discuss your individual circumstances with your manager and your local Occupational Health team to seek opportunities to work flexibly in a different capacity and to avoid working directly with patients.

### **Should I attend my antenatal appointments?**

Attending antenatal and postnatal care when you are pregnant and have a new baby is really important to ensure the wellbeing of you and your baby. If you are well, you should attend your antenatal care as normal. If you have symptoms of possible coronavirus infection, you should contact your community midwife to postpone routine visits until after the isolation period is over. You should also explore whether your appointment can be done virtually with your health care provider.

### **Who can I talk to if I have concerns about my pregnancy?**

If you have any concerns, you will still be able to contact your maternity team but please note they may take longer to get back to you. 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.

- If you have symptoms suggestive of coronavirus contact your maternity services and they will arrange the right place and time to come for your visits. Under those circumstances you should not attend a routine clinic.
- You will be asked to keep the number of people with you at appointments to a minimum. This will include being asked to not bring children with you to maternity appointments.
- There may be a need to reduce the number of antenatal visits. This will be communicated with you.

### **As a pregnant healthcare worker, should I be caring for patients with suspected or confirmed COVID-19?**

You should avoid, where possible, caring for patients with suspected or confirmed coronavirus infection. If this is not possible, you should use personal protective equipment (PPE) and ensure a thorough risk assessment is undertaken.

Speak to your line manager or contact your local Occupational Health and safety team if you have any concerns.

### **What are some of the risks of COVID-19 if I'm pregnant?**

For women who are trying to conceive, or who are in early pregnancy, there is no evidence to suggest an increased risk of miscarriage with COVID-19. There is also no evidence that the virus can pass to your developing baby while you are pregnant (this is called vertical transmission) or that the virus will cause abnormalities in your baby.

### **Should I still attend my routine appointments?**

Routine antenatal investigations, ultrasounds, maternal and fetal assessments should continue as before, taking precaution to maintain social distancing in the community, waiting rooms or other health centre environs. While it will not influence response to COVID-19 infection, routine whooping cough and influenza vaccination should continue to be administered in pregnancy.

### **Will it be safe to birth my baby in hospital?**

The safest place to birth your baby is in a hospital, where you have access to highly trained staff and emergency facilities, if they are required. It is important to emphasise that a woman's experience of labour and vaginal birth or caesarean section, should not be significantly impacted.

### **Is it safe for me to breastfeed my baby or express milk?**

Women who wish to breastfeed their babies should be encouraged and supported to do so. At the moment there is no evidence that the virus is carried in breast milk and, therefore, the well-recognised benefits of breastfeeding outweigh any potential risks of transmission of COVID-19 through breast milk.

If you have coronavirus and you are caring for your baby, you will be encouraged to breastfeed as normal taking care to:

- Wash your hands properly before touching your baby or any breastfeeding equipment like pumps or bottles.
- Wear a facemask if you are breastfeeding your baby.
- If your baby is being bottlefed the person bottlefeeding should wear a facemask.
- Ask your midwife or other staff to show you how to clean the pump after each use.