



Protecting yourself appropriately during the coronavirus pandemic

Universal precautions

Maternity staff are well used to caring for women and their families following control of infection guidance. Referred to as universal precautions, this includes wearing gloves and an apron for dealing with bodily fluids and donning goggles during birth and when undertaking artificial rupture of membranes. It is more important than ever that every midwife, MSW and student midwife continues to use these standard universal precautions.

Common sense approach

For the whole population there is also clear guidance about how we can all help limit the spread of this infection. Regular handwashing with soap and water is the most important of these, avoiding touching our faces, wiping down surfaces, equipment and shared documents such as notes, and keeping at least two metres from people wherever possible: all of these measures will protect midwives and MSWs as well as the women in your care.

Doing things differently

We are all adapting to new ways of doing our jobs to minimise unnecessary contact. In maternity this may include restricting visitors into antenatal and postnatal areas. Services are already making effective use of technology, like using Skype or Facetime for consultations or as a way of having partners present at scans and other appointments. Some services are now combining examinations and assessments to reduce the number of times you need to come into physical contact with the woman, while others are coaching birth partners to support women physically – through massage, comforting touch and supporting the woman to take up different positions. It's important to remember that you can still provide support and reassurance from the two-metre distance by using comforting words and eye contact. You can also reduce physical contact by maintaining a two-metre distance from the woman and her birth partner during labour except when undertaking a necessary examination or assessment of fetal or maternal wellbeing.

Appropriate protection for droplet-borne infections

There will still be circumstances in which midwives and MSWs will come into physical contact and close proximity with women and their families. Covid is a droplet-borne infection which means that unless the droplets from an infected person enter your eyes, mouth, nose or airways there is little risk during maternity care of infection passing between a care giver and a woman. This includes her partner or other family members when undertaking a home visit. Nevertheless, safeguards are in place, primarily through the use of appropriate PPE. These are to protect both staff and women

- a. The Health & Safety at Work Act (H&SAWA) 1974 puts a legal duty on employers to conduct risk
- b. assessments based on both the environment in which a worker operates and the tasks they undertake. They also have a duty to tell you about the risks and the preventative measures they are taking. These risk assessments are to determine whether PPE is required and what that PPE should consist of. There is therefore no single answer to the question what PPE is right for you. It will depend on where

you work and what you do. Whatever the circumstances, though, your employer has a responsibility to assess the risks and mitigate them.

- c. Specific guidance for healthcare workers has now been updated and reissued. It is based on the best available current evidence, and may be updated as our knowledge and understanding of the virus grows. This guidance makes specific reference to maternity staff and the situations you will work in. The new guidance does not supersede or override the H&SAWA or employers' duties as outlined above. The new guidance is written to cover known and suspected COVID positive patients, including pregnant women at home, in community clinics and in hospitals. It sets out the different elements of care, the different levels of risk and the protection required. Maternity care is specifically identified within this. You will see that the labour ward is recognised and there is improved clarity for PPE in the second and third stages of labour. Operating theatres are also presented as high risk areas in which PPE recommendations have been upgraded. The RCM supports this guidance and calls for all maternity units to adopt this guidance in full.
- d. The new guidance does not specifically address the care of otherwise asymptomatic women where COVID status is unknown. However, this is when the minimum levels of PPE in the acute setting apply. The guidance also gives every healthcare professional the autonomy to risk assess for themselves and make appropriate provision. Midwives already make professional judgements about their own safety and the safety of the women they care for and they should continue to use the same decision-making process flexibly. The RCM would recommend that for community midwives entering women's homes where it is impossible to conduct a risk assessment prior to entry, the basic requirements of gloves, apron and mask should be adopted.

Reassuring the women in your care

We do not believe that it is helpful for staff or for women to adopt blanket universal full PPE in all circumstances. This will give false reassurance to maternity staff and women and may carry its own risks. For example, universal wearing of masks means you touch your face much more often, whilst wearing gloves won't keep you safe if you touch your face after coming into contact with COVID droplets. Instead, the RCM recognises that there is no simple definitive guidance that will apply to all maternity situations. There is a spectrum of less to more risky maternity interventions/contacts and there is a spectrum of PPE to correspond to these.

Ensuring adequate supplies

The new guidance is about providing an evidence-based approach to when, why and what PPE should be used. We share members' concerns about the availability of appropriate PPE. We have been reassured that more is on the way and that supply chain issues are being addressed. We have also continued to press for the immediate extension of testing of health staff so that midwives and MSWs can be reassured about their own health status. We will be monitoring this carefully and will hold the Government to account.

