

# Coronavirus (COVID-19): maternity and neonatal settings visiting guidance

13 July 2020

## Version History

Version	Date	Summary of changes
V1.0	13/07/2020	

## Introduction

This note is intended to support maternity units in developing local guidance for visiting within maternity services including acute and community settings and family homes. The purpose of this guidance is to support a staged approach to the reintroduction of visiting over and above essential visits in a safe and planned way from 13 July as announced by the Cabinet Secretary on 30 June 2020. It **MUST** be read alongside [“Guidance for hospitals on safely phasing in the reintroduction of visitors”](#).

The health, safety and wellbeing of pregnant women and their babies and the staff providing maternity and neonatal care remains our absolute priority.

Clinical staff should continue to follow national [PPE guidance](#) for the provision of care in all settings.

## General Procedure

- before visiting the visitor should contact the clinical area to discuss appropriate arrangements and timings to support maintaining physical distance
- members of the public visiting a maternity unit, including to attend an appointment, are asked to wear a face covering of the same kind that are now mandatory on public transport and in shops, where it's not always possible to maintain a 2 metre distance from other people
- they must also adhere to strict hand and respiratory hygiene by washing their hands with soap and water, or using alcohol hand gel, prior to entering and leaving the ward and covering the nose and mouth with a disposable tissue when sneezing, coughing, wiping or blowing the nose. These should be disposed of immediately in the bin and hand hygiene performed immediately afterwards
- physical distancing should be maintained during visits and visitors should not visit other patients or other clinical areas during their visit
- if visitors are unwell or have any symptoms of coronavirus they should not be permitted to visit
- all visitors should consult local guidance and can also refer to [national guidance](#)

## **Antenatal and Postnatal Appointments**

- women can identify one supportive person to accompany them to antenatal or postnatal appointments and scans, provided that person is not ill or showing any symptoms of coronavirus
- no children are permitted to accompany women to appointments and scans
- where women require additional support, for example of a carer, advocate or translator, or in the case of a minor, a parent, this person can be in addition to the supportive person
- for antenatal and postnatal home visits, where anyone in the family home does not live in the same household they must observe indoor physical distancing in line with the general guidance

## **During labour and birth**

- women in labour can be accompanied by a birth partner (as an essential visitor) and a second birth partner if requested, in an obstetric, alongside or freestanding midwifery unit, subject to the need to maintain physical distancing wherever possible, and this will not always be practical, especially in older facilities
- where women elect for homebirth, labour can be accompanied by a birth partner and a second birth partner if requested. Where birth partners do not live in the same household, they must observe indoor physical distancing in line with the general guidance.
- a partner can accompany a women when she is being induced if it is possible to maintain a reasonable level of physical distancing from other patients. Home induction should be considered where possible
- where a women requires an operative birth, partners should be accommodated, except when a general anaesthetic is needed
- where women in labour require support, for example of a carer, advocate or translator, or in the case of a minor, a parent, this person should not be counted as a visitor

## **Antenatal and postnatal Ward**

- women can identify one designated visitor who will be able to visit them whilst in hospital, on the antenatal and postnatal ward. This is in addition to one birth partner (as an essential visitor)
- how this works in practice will depend on the setting locally (e.g. multi-occupancy ward or single room) and risk assessments should be carried out to inform local policy

- visiting times should not be set for postnatal visits so as to reduce concentrating groups of people into one area at the same time
- it may be necessary to time limit individual visits to support physical distancing in multi-occupancy wards

### **Neonatal Care**

- parents are partners in neonatal care, and as such are not seen as visitors to neonatal units. One visitor in addition to parents is permitted to visit a baby in neonatal care, provided that person does not have symptoms of coronavirus
- where possible, parents should continue to have maximum access to their baby in neonatal care, subject to the need to maintain physical distancing in neonatal units wherever possible,. Where this may not be possible we expect the needs of parents to see their baby to take precedence, supported by local risk assessment
- parents should continue to have access to local facilities, recognising the need to maintain physical distancing within these facilities

**Stage 3:** (commences approximately in line with Phase 4 of 'Scotland's Route Map' with community prevalence at the required level)

- boards should introduce a phased local return to person-centred visiting policy based on local risk assessment
- we recommend this process should be completed over approximately 4 weeks or less
- social distancing guidance may change for this phase
- local restrictions may need to be reintroduced in response to specific geographical outbreaks
- strict adherence to hand hygiene guidance will be required
- visits to other patients in hospital will be permitted
- Anyone with COVID-19 symptoms, no matter how mild will not be permitted to visit
- the date for moving to Stage 3 of the visiting guidance to be confirmed