

VISITING IN MATERNITY AND NEONATAL SETTINGS DURING COVID 19 PANDEMIC FROM 2 NOVEMBER 2020 – MINIMUM STANDARDS

This guidance is intended to support maternity units in developing local guidance for visiting in maternity settings. It supplements and must be read alongside [“Visiting Guidance for Hospitals in Scotland.”](#) This guidance aligns with the corresponding levels in [“Scotland’s Strategic Framework”](#).

The health, safety and wellbeing of pregnant women and their babies and the staff in maternity and neonatal units and in the community is crucial and remains our absolute priority.

A birth partner supporting a women during hospital visits is categorised as an **essential visitor** and is permitted at all of the five COVID levels.

Whilst this guidance is primarily for maternity and neonatal settings, it also applies to other settings a pregnant women may attend for a **pregnancy related matter** such as the Accident and Emergency Department or GP practice.

Parents/primary care givers are partners in neonatal care, and as such should never be considered as visitors to neonatal units and are also considered essential.

In addition, in line with national visiting guidance, a carer or interpreter – or someone else fulfilling a similar necessary function – should not be considered as a visitor.

Key Principles

- Visitors (including those categorised as ‘essential’) **must not** have symptoms of COVID-19 and **must not** attend if they are self-isolating for suspected or confirmed COVID-19 or have recently returned from a country requiring quarantine.
- Before visiting the visitor should contact the clinical area to discuss appropriate arrangements and timings to support maintaining physical distance. This would include a discussion should the person be exempt from wearing a face covering.
- Visitors should wear face coverings or any other PPE as indicated by the clinical team and must adhere to strict hand and respiratory hygiene by using alcohol based hand rub on entering and leaving the ward/department or following any patient contact, 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 washing performed immediately afterwards.

- All visitors should consult their local Health Board's guidance and [Transport Scotland guidance](#) for advice on how to travel safely to hospital.
- All appointments and visits as detailed in the table are subject to local risk assessments and physical distancing.

Minimum Standards for visiting guidance for maternity and neonatal units in in line with the Visiting Guidance and Strategic Framework:

Protection Level	Zero	One	Two	Three	Four
Antenatal Appointments	<p>One supportive person to accompany to all appointments subject to local risk assessments and physical distancing</p> <p>And One additional visitor (adult or child) may attend subject to local risk assessments and physical distancing.</p>	<p>One supportive person to accompany to all appointments subject to local risk assessments and physical distancing</p> <p>And One additional visitor (adult or child) may attend subject to local risk assessments and physical distancing.</p>	<p>One supportive person to accompany to all appointments subject to local risk assessments and physical distancing</p>	<p>One supportive person to accompany to the booking scan, 20 week scan and any emergency appointments subject to local risk assessments and physical distancing</p>	<p>One supportive person to accompany to the booking scan, 20 week scan and any emergency appointments subject to local risk assessments and physical distancing</p>
Labour and Birth	<p>One birth partner (as essential) throughout induction, labour and birth (except during a general anaesthetic)</p> <p>And A second birth partner, if requested, subject to local risk assessments and physical distancing.</p>	<p>One birth partner (as essential) throughout induction, labour and birth (except during a general anaesthetic)</p> <p>And A second birth partner, if requested, subject to local risk assessments and physical distancing.</p>	<p>One birth partner (as essential) throughout induction, labour and birth (except during a general anaesthetic)</p> <p>And A second birth partner, if requested, subject to local risk assessments and physical distancing.</p>	<p>One birth partner throughout induction, labour and birth (except during a general anaesthetic).</p>	<p>One birth partner throughout induction, labour and birth (except during a general anaesthetic).</p>

In patient wards	<p>One birth partner (as essential) with time restrictions only where required to support physical distancing</p> <p>And Two designated visitors. This is subject to local risk assessments and physical distancing and may require separate visits by each visitor.</p>	<p>One birth partner (as essential) with time restrictions only where required to support physical distancing</p> <p>And Two designated visitors. This is subject to local risk assessments and physical distancing and may mean separate visits by each visitor</p>	<p>One birth partner (as essential) with time restrictions only where required to support physical distancing</p> <p>And One designated visitor subject to local risk assessments and physical distancing.</p>	<p>One birth partner only (as essential) with time restrictions only where required to support physical distancing.</p>	<p>One birth partner only (as essential) with time restrictions and subject to risk assessments and physical distancing.</p>
Neonatal Care	<p>Both parents</p> <p>And Two additional designated visitor. This is subject to local risk assessments and physical distancing and may require separate visits by each visitor.</p>	<p>Both parents</p> <p>And Two additional designated visitor. This is subject to local risk assessments and physical distancing and may require separate visits by each visitor</p>	<p>Both parents</p> <p>And One additional designated visitor subject to local risk assessments and physical distancing.</p>	<p>Both parents subject to local risk assessments and physical distancing.</p>	<p>Both parents subject to local risk assessments and physical distancing.</p>
Visitors Should:	<ul style="list-style-type: none"> • Maintain physical distancing of 2 metres wherever possible. • Always wear face coverings. PPE equivalent to that worn by staff should be worn where appropriate (e.g. if visiting a COVID-Red area or as a birth partner for a COVID Positive woman). • Have access to and use hand hygiene facilities. • Respond to any screening or pre-visiting questionnaires promptly and honestly. • Not visit other patients or areas of hospital unless of part of care for patient – e.g attending scan, parent accompanying child. • Follow local guidance. 				

NHS Boards should:	<ul style="list-style-type: none"> • Use risk assessments to consider how many visitors can be accommodated in a clinical area at any one time, depending on the setting (e.g. single room, multiple occupancy ward) and clinical requirements locally. • Consider how to stagger visiting to maximise safe numbers whilst maintaining physical distancing and avoiding crowding in communal areas. • Work towards consistency in approach to minimise the impact on families who experience transfer, and also to ensure an equitable experience of maternity and neonatal care during COVID-19 in Scotland. <p>These are minimum standards and Boards should consider whether additional visitors can be enabled throughout care, subject to local context, risk assessment and individual patient needs. Boards can consider exceptions on a case by case basis, for example on compassionate grounds to allow attendance in end of life situations.</p>
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In maternity care:

- Midwives should discuss visiting with women at the earliest opportunity and discussion should include options for an alternative essential visitor should the primary birth partner have symptoms of COVID-19, be in self-isolation for suspected or confirmed COVID-19, or have recently returned from a country requiring quarantine at the time of appointments or labour.

In neonatal Care

- Both parents/primary care givers must be supported to have maximum access to their baby together, across all protection levels, subject to the need to maintain physical distancing in neonatal units. This includes supporting both parents to be present to care for their baby if they are critically ill or receiving end of life care.
- Where space makes maintaining physical distancing challenging, we expect neonatal units to undertake and document risk assessments, including an assessment of the impact on babies and families if access is limited, to maximise all possible opportunities for parents to be with their babies. This includes supporting both parents to be present to care for their baby if they are critically ill or receiving end of life care, where access for parents is limited in any way, this decision must be documented and reviewed by the unit management team at least weekly, with a view to improving access as soon as possible.
- Parents should continue to have access to local facilities such as parent accommodation, parent rooms and kitchens, recognising the need to maintain physical distancing within them.

- Parents should be offered opportunities to remove face masks when it is safe to do so, to encourage bonding and support skin-to-skin and kangaroo care.
- Parents who do not have access to a private car, can claim reimbursement for one return taxi journey between their home and hospital, each day, in levels two to four through the [Neonatal Expenses Fund](#).

Questions & Answers

Q. Should a woman who is Covid-19 suspected or positive be allowed a birth partner as an essential visitor during childbirth?

A. Yes. If a woman has suspected or confirmed COVID-19, a birth partner who is not self-isolating (see question below) may attend and should be provided with the appropriate PPE equivalent to that worn by staff, during childbirth and should be advised to self-isolate following the birth.

Q. Can a birth partner who has tested positive, have symptoms or been told to self-isolate support the woman in labour?

A. No. Women should be asked to identify an alternative birth partner should their partner test positive or if they have been asked to self-isolate. This should be considered as part of birth planning.

Q. Can a birth partner stay with a woman who tests positive upon admission?

A. If the birth partner is part of the same household as the woman they should be asked to return home and self-isolate and the alternative birth partner can attend as long as they are not from the same household and should therefore be self-isolating. They will be asked to wear the appropriate PPE equivalent to the PPE worn by staff and as detailed in the [infection protection and control recommendations](#).

Q. Can birth partners/visitors travel across Health Board/Council Area boundaries between different COVID-19 levels to support a woman who is in labour/during childbirth?

A. Yes. Birth partners as essential visitors at every level can travel cross boundary to support a woman in labour or for scan or emergency appointments. However, designated visitors must abide by either the restrictions for the level where they live or the hospital they are visiting **whichever is higher**.

e.g. Visitor lives in a level 2 area and wants to visit a hospital in a level 3 area – level 3 restrictions apply.

e.g. Visitor lives in a level 4 area and wants to visit a hospital in a level 2 area – level 4 restrictions apply.

Q: Can children attend appointments?

A. Yes. Children can attend as additional visitors, in in-patient wards or appointments, in levels where that is permitted (levels 0 to 2), subject to any local restrictions that may apply.

Q: Can a women who has suffered a previous loss have one supportive person to accompany her to all appointments?

A. Yes, every effort should be made to ensure that women who have previously suffered a loss have one supportive person accompany her to all appointments and scans subject to local risk assessments and physical distancing.

Q. Can a designated visitor change?

A. Yes. In line with the [national guidance](#), a designated visitor can be changed if required.