

VISITING IN MATERNITY AND NEONATAL SETTINGS DURING COVID 19 PANDEMIC – MINIMUM STANDARDS

This guidance is intended to support maternity and neonatal units in developing local guidance for visiting in these settings. It supplements the [“Visiting Guidance for Hospitals in Scotland”](#), and provides further clarifications for clinical staff on its application.

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. The JCVI have advised that pregnant women should now be considered as a **clinical risk group (and part of priority group 6** within the vaccination programme).

A birth partner supporting a women during hospital visits continues to be categorised as an **essential visitor**. 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. The introduction of essential visits should be **only** for time-limited management of an active outbreak. Additional family members visiting and providing support can change to meet the needs of patient or family. Visiting should not be restricted because of increased hospital activity or staffing challenges. In such circumstances family support is more important than ever.

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 within the community such as a GP practice.

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

- All visitors, including children who are able, should take an LFD test and have received a negative result ahead of every visit. Ward staff are not being asked to verify negative results on a visitor’s arrival, but should explain these new expectations alongside the existing protections to every visitor in advance.
- Visitors (unless categorised as ‘essential’, such as a birth partner) **must not** have symptoms of COVID-19 and **must not** attend if they are self-isolating for suspected or confirmed COVID-19.
- 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.
- The individual views and needs of each patient and, in the case of someone with incapacity, the views of the Power of Attorney or Guardian, should be central to the decision about who provides support.
- Individual healthcare professionals and clinical teams should feel empowered to make the right decision to meet the needs of the individual patient and their family in any given circumstance. If in doubt, the default position should be to err on the side of compassion and facilitate family contact.
- 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:

Care Setting	visiting with no current active outbreak on ward	visiting in the event of an active outbreak management scenario
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 adult facilitating child visit) may attend subject to local risk assessments and physical distancing.</p> <p>Plans in place for return to person-centred visiting.</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>Plans in place for return to person-centred visiting.</p>	<p>One birth partner throughout induction, labour and birth (except during a general anaesthetic).</p>

Inpatient Wards	<p>One birth partner (as essential).</p> <p>And One additional visitor (adult or adult facilitating child visit). This is subject to local risk assessments and physical distancing and may mean separate visits by each visitor.</p> <p>Plans in place for return to person-centred visiting.</p>	One birth partner only (as essential) and subject to risk assessments and physical distancing.
Neonatal Care	<p>Both parents.</p> <p>And Any additional visitor attending, alongside either parent, is subject to local risk assessments and physical distancing and may require separate visits by each visitor.</p> <p>Plans in place for return to person-centred visiting.</p> <p>For long-stay patients, siblings are permitted to visit, subject to local risk assessment.</p>	Both parents subject to local risk assessments and physical distancing.

Visitors Should:	<ul style="list-style-type: none"> • Maintain physical distancing of 2 metres wherever possible. • Take an LFD test. • Always wear face coverings (including children over the age of 5) 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.

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| | <ul style="list-style-type: none">• 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.• Clinicians are supported to use their judgement to ensure a flexible and compassionate approach in the context of essential visits where there is no negative lateral flow test |
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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.

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 [Young Patient's Family Fund](#).

- Every effort should be made to accommodate visits by siblings particularly where a baby is expected to remain in neonatal care long-term.

Questions & Answers

Q. Can a birth partner still accompany a woman if they refuse to take a LFD?

A. Yes. Clinicians are supported to use their judgement to ensure a flexible and compassionate approach in the context of essential visits where there is no negative lateral flow test.

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 and has a negative LFD (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. Yes, subject to risk assessment. 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. Particular attention should be paid to their movements through the hospital for example using shared toilets and canteens, so arrangements would need to be made for access to these and any access via public corridors.

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

A. Yes. 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. Particular attention should be paid to their movements through the hospital for example using shared toilets and canteens, so arrangements would need to be made for access to these and any access via public corridors.

Q. Can children attend appointments?

A. In some cases, the family member providing support may need to be accompanied, for example a child visiting a parent or sibling, or a frail elderly person who cannot attend the hospital independently. The presence of the additional person should be facilitated and should not prevent a visit taking place. All visitors, including children who are able, should carry out an LFD test before every visit and must not visit if the test is positive but should self-isolate immediately and organise a PCR test via the [NHS Inform website](#). They should not visit if they are feeling unwell, even if the test is negative.

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 to meet the needs of the patient or family if required. This can include different visitors at different times of the day subject to local risk assessments and physical distancing.