



Royal College of
Obstetricians &
Gynaecologists



Classification: Official

Publications approval reference: 001559

Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services

8 September 2020

1. Introduction

This framework has been designed to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services. It applies to inpatient and outpatient settings.

Reintroducing visits is challenging during a pandemic, and the priority must be the safety of all service users (including pregnant women), staff and visitors.

Please tailor your policies to your local situation and be innovative in the way you reintroduce visiting, working with Maternity Voices Partnerships, local staff representatives (including health and safety representatives) and safety champions as well as appropriate infection control and public health experts.

We will review this guidance by the end of November 2020.

2. Take a stepwise approach

We recommend a stepwise approach, following a meaningful and documented risk assessment, so you can make any necessary changes before relaxing current stringent approaches.

Information to support you to risk assess visiting policies is in the Royal College of Midwives' briefing [Reintroduction of visitors to Maternity Units across the UK during the COVID-19 pandemic](#). More general information is available from the [Health and Safety Executive](#).

Your policies on permitting access to women's partners, visitors or other supporters should be regularly reviewed, be tailored to your local context and take account of:

- current national pandemic risk and government policy
- NHS recovery phases
- local trends in SARS-CoV-2 incidence and prevalence
- physical space in the maternity service, including in waiting areas and clinic rooms
- the number of women expected to attend an outpatient scan or clinic, and the use of waiting areas which are shared with other services
- the number of women expected in an inpatient maternity unit (eg a postnatal ward)
- staffing of the maternity clinic/unit.

2.1 Mitigating the risk of transmission

While clinical services are a potential source of viral transmission between service users (including pregnant women), staff and visitors, this risk can be mitigated by:

- facilitating good hand hygiene by signposting to hand-washing stations or alcohol gel
- encouraging good respiratory hygiene through the Catch it, bin it, kill it approach (eg using a tissue to catch coughs or sneezes and immediately disposing of this in a bin)
- supporting 2-metre social distancing according to [national guidance in healthcare settings](#)
- introducing one-way systems where feasible and proactively managing the risk of queues and pinch points
- staff using personal protective equipment (PPE), [as directed by national guidance](#)
- all hospital staff and visitors wearing masks or face coverings as recommended
- implementing government advice requiring individuals with COVID-19 symptoms to not visit women admitted to hospital or accompany women to outpatient appointments
- where possible, recommending that partners, visitors or other supporters should be from the same household or social 'bubble' as the woman
- checking on arrival that partners, visitors or other supporters do not have symptoms suggestive of SARS-CoV-2 infection or other indications that require a self-isolation period (eg recent foreign travel to some countries, recent contact with an infected person), and requesting that under either circumstance, they leave the clinical premises and return home immediately
- for women admitted in a hospital or community birth centre, limiting the number of visitors, or asking the woman to nominate a limited number of named visitors who can attend for the duration of her admission
- minimising the movement of visitors and service users around the premises
- not permitting children under the age of 16 to visit or accompany women to appointments; in exceptional circumstances, this can be discussed with the midwife/person in charge who should make an individualised decision.

2.2 Reintroducing partners, visitors or other supporters to maternity inpatient services

This advice does not apply to women who are currently admitted to hospital with suspected or confirmed COVID-19. In these cases, only essential visitors (and when in labour, a single birth partner from the same household) should be permitted.

Essential visitors are supportive individuals required by women with specific communication or care needs, eg a carer or interpreter.

Birth partners are persons nominated by the woman to accompany her during labour and birth. They are not necessarily life partners, but may be other supportive persons such as relatives, friends or doulas.

Visitors and other supporters of pregnant women are other people who either visit a woman during her stay in hospital or a community birth centre, or accompany her to outpatient appointments. This may include her partner, a relative, a friend or a doula.

Your approach to reintroducing birth partners and visitors in **labour and birth settings** may include:

1. essential visitors AND a single birth partner in labour
2. essential visitors AND a maximum of two birth partners in labour (observing [national guidance on social distancing](#))
3. phased reintroduction of usual visiting policies, if different to steps 1 or 2.

For **antenatal or postnatal inpatient settings**, you may include:

1. essential visitors only
2. essential visitors AND one other designated/nominated visitor observing national guidance on social distancing (where one designated visitor becomes unwell and cannot attend, another may be nominated in their place)
3. essential visitors AND up to two designated/nominated visitors at the same time, observing national guidance on social distancing
4. phased reintroduction of usual visiting policies, if different to steps 1 to 3.

Restricting the time allowed for a single visit, offering morning or afternoon visiting sessions for adjacent bed spaces, or operating a visit booking system are some approaches that will maintain social distance between visitors.

You may need to tailor your approach across services if one section of the service (eg birthing units) has ample physical space but others (eg postnatal wards) do not.

All visitors and birth partners must comply with the appropriate measures in Section 2.1.

NHS trusts are also advised to keep a list of hospital visitors' names and contact details, to aid the NHS Test and Trace teams if contact tracing is indicated.

Sample guidance for visitors to inpatient services is in the RCM's briefing [Re-introduction of visitors to Maternity Units across the UK during the COVID-19 pandemic](#).

2.3 Reintroducing supporters of pregnant women to maternity outpatient services

We recommend a similar stepwise approach for reintroducing accompanying adults, including planned birthing partners, to maternity outpatient services and ultrasound appointments:

1. Essential visitors only: eg supportive individuals for women with specific communication or care needs AND single adults attending where a woman requires familiar support for consultations which may cause her distress.
2. One adult invited to accompany the woman to specific appointments [where social distancing](#) can be achieved, such as antenatal, screening ultrasound scans, early pregnancy, antenatal or postnatal complications, birth planning, unscheduled attendances to maternity triage. This may apply where space in the waiting area is limited and it is not feasible to ask accompanying adults to wait outside.
3. One adult invited to accompany the woman for any appointments [where social distancing](#) can be achieved.
4. Phased reintroduction of usual visiting policies, if different from step 3.

The measures in 2.1 to mitigate the risk of transmission also apply to adults accompanying women to maternity outpatient services in community and hospital settings.

Women should be encouraged to attend their appointment on time and to wait outside the hospital if they arrive early.

If it isn't feasible for partners or other individuals to accompany the woman in the waiting area, consider whether it is practical for them to wait outside the hospital/clinic (or in their car). They can be called into the clinical area when the clinician is ready to begin the appointment. Take account of whether it is acceptable for the accompanying adults to enter the room later than the woman, or whether it is possible to organise services in a way that enables this (including a possible impact on the length of the appointment), and whether this will lead to overcrowding and prevent social distancing in the external waiting areas.

2.4 Pausing or reversing the reintroduction of visitors to maternity services

Pausing the reintroduction of visitors, or reversal back to more stringent restrictions, may be warranted in response to the local or national transmission risk, or if a recent increase in the number of visitors was unsafe.

The decision-making process for pausing or reversal should be clearly recorded. Discuss your reasons with local Maternity Voices Partnerships, Maternity Services Liaison Committees and staff-side representatives. Consider sharing why you've made the decision, to help assure women and visitors that the leadership team has considered all reasonable approaches and adjustments but finds the practice unsafe.

Annex A – extract from guidance on visiting healthcare inpatient settings

NHS England and NHS Improvement published [Visiting healthcare inpatient settings during the COVID-19 pandemic](#) on 5 June 2020. It supersedes previous guidance and applies to all inpatient hospital services, including inpatient antenatal, intrapartum and postnatal services.

- Visitors should contact the clinical area before visiting, to make appropriate arrangements.
- Visitors should be informed in advance of what to expect during the visit and given practical advice about social distancing, wearing protective equipment (including a face covering) and regular handwashing.
- Potential visitors with symptoms suggestive of COVID-19 are required to stay at home, arrange a test and where appropriate, self-isolate in line with national guidance.
- Women currently admitted to hospital should be supported in having a visit from at least one close family member, or person important to her. In specific circumstances where social distancing is possible, a second visitor may be permitted; this includes a second birth partner for women in labour.
- Individuals who attend to support a woman's needs, eg with communication or health and social care needs, should not be counted as visitors.