

# QUESTIONS ABOUT THE COVID-19 PANDEMIC THAT WORRY PREGNANT WOMEN

These are the websites that we used – please check the links for the latest information on these topics:

**GOV** [bit.ly/GOVstayaalert](https://bit.ly/GOVstayaalert)

**RCOG** [bit.ly/RCOGcoronavirus-pregnancy](https://bit.ly/RCOGcoronavirus-pregnancy)

**NHS** [bit.ly/NHScoronavirus-pregnancy](https://bit.ly/NHScoronavirus-pregnancy)



## Why am I clinically vulnerable?

Pregnant women are classed as clinically vulnerable as a precaution. Pregnancy can alter how your body handles severe viral infections which can be worse in pregnant women. However, current evidence suggests that pregnant women who develop coronavirus are at no greater risk of becoming seriously unwell than other healthy adults, but a few have needed hospital treatment.

**RCOG**



## What will happen at the birth?

There may be some changes to what usually happens where you plan to give birth, because of coronavirus to keep you safe. Ask your midwife or maternity team for more information.

You will be able to have a birth partner during labour and the birth if they do not have symptoms of coronavirus. There may be limits on how long they can stay after the birth. If your birth partner has symptoms, they will not be able to come with you. You might want to have a backup birth partner just in case. **NHS**



## What is my risk?

Most women who have become severely ill with coronavirus were in their 3rd trimester of pregnancy, emphasising the importance of social distancing from 28 weeks of pregnancy. **RCOG**

Pregnant women from black, Asian and minority ethnic (BAME) backgrounds are more likely than other women to be admitted to hospital for coronavirus; those over the age of 35; who are overweight or obese; or who have pre-existing medical problems, such as high blood pressure, heart disease and diabetes, also appear to be at higher risk of developing severe illness. Those at high risk may need to shield – please discuss this with your midwife. **RCOG NHS GOV**



## Should I go to work?

Pregnant women who can work from home should do so.

If you are in your 1st or 2nd trimester (less than 28 weeks' pregnant), with no underlying health conditions, you should practise social distancing.

Your employer should do a risk assessment involving occupational health, to decide whether women under 28 weeks' pregnant can continue working in public-facing roles. Pregnant women can only continue working where the risk assessment supports this.

If you are in your 3rd trimester (more than 28 weeks' pregnant), or have an underlying health condition – such as heart or lung disease – you should work from home where possible, avoid contact with anyone with symptoms of coronavirus, and significantly reduce unnecessary social contact. **RCOG**



## What about my antenatal care?

You will still have regular face-to-face antenatal appointments and routine scans while you're pregnant. There may be some changes including: midwife appointments being online, by phone or by video call; going on your own to a scan; being asked to wear a face covering in hospital or clinic; some appointments being cancelled or rescheduled. Even if you are at high risk you should attend your appointments. It might help if you write down any questions you have, to make the best use of your shorter antenatal appointments. **NHS**

It's very important that if you have any concerns about yourself or your pregnancy at any time, please contact your midwife, GP or local early pregnancy unit straight away to discuss them.

**RCOG**



## Exercise and going shopping?

It is important for your physical and mental health that you continue to take exercise and unless you are recommended to shield, you can leave the house, observing current guidance on social distancing. Perhaps find less busy times to go out, ask others to go shopping if possible, and wash your hands thoroughly when you come home.

**RCOG**



## Are there any antenatal classes?

There is some provision in places for video antenatal classes. Ask your midwife or look at local sources of information for availability.



## Seeing family and friends?

It can be lonely to self-isolate and everyone's family situation is different, but you should avoid large gatherings. Perhaps talk to your midwife for ideas about how to keep in touch with supportive family and friends who can help you now and after your baby is born. **RCOG**

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