



Royal College of
General Practitioners

Postnatal Maternal and Infant Care During the COVID-19 Pandemic

A guide for General Practice (Version 6)

Maternal postnatal checks and infant examinations at 6-8-weeks and routine childhood vaccinations should continue as high priority services during the COVID-19 pandemic.¹

It is critical not to overlook serious issues for mother and infant, and to protect against the resurgence of other vaccine-preventable disease.² This advisory guide is intended to help General Practitioners who deliver these services taking into account the evolving COVID-19 situation and associated [RCGP Guidance on Workload Prioritisation](#).

This guideline uses the terms 'woman' and 'mother'. Appropriate clinical care and respect should be given to all people who have given birth, even if they may not identify as women or mothers.³ Many family arrangements exist, and postnatal care should be tailored accordingly.

Maternal Postnatal and Infant Checks During the COVID-19 Pandemic


- **The Consultation:** GPs may be able to cover much of the maternal check via remote consultation either by phone or video. If there are outstanding issues after this, or if the GP or patient have reason to choose it, a face to face appointment should be arranged.⁴ This can be offered at the same visit as the infant vaccination appointment.^{4,5} The updated NICE Postnatal care guideline (April 2021) specifies that a GP should conduct the maternal assessment at 6-8 weeks.³
- **Clinical Management:** Ensure the Maternity discharge summary for mother and infant is reviewed to inform the consultation. Consider the risk/benefit during the pandemic of tests and investigations ordered¹ and send prescriptions via remote prescribing where possible.⁴ Ensure appropriate referrals are made if there are concerns. See [NICE Guideline NG194](#) for recent updates to clinical guidance.³
- **Baby Loss:** A postnatal check should also be offered to mothers who have experienced stillbirth or neonatal death³ and handled with appropriate sensitivity. Ask about the father/co-parent/partner and how they are coping. [The National Bereavement Care Pathway](#) addresses changes during COVID-19. [Sands](#) can offer support.
- **Signposting:** Online patient information can be sent via text messaging services or email. Emphasise that GP and Health Visiting Teams are still contactable, despite any continued alterations to routine services.
- **Regular Reporting:** The infant first immunisations and NIPE check should not be delayed because of the pandemic.⁵ A record of infants whose checks are missed should be kept in order to assist with catch-up as soon as possible.⁶ Regular reports could be run on recent births to keep this under review. Consider this also for maternal postnatal checks.




For face to face appointments

- **Triage:** Ask about COVID-19 symptoms before a face to face appointment takes place.^{4, 7}
- **Infection Control:** Clinicians should wear PPE for face to face appointments as per the PHE 'Medium Risk COVID-19 Pathway' in view of the possibility of asymptomatic infection.^{1, 7} Mothers should wear a face covering as per Government guidance.^{4, 7} [Face coverings should NOT be used for infants.](#)

Clinical Considerations for the Maternal Postnatal Check During the COVID-19 Pandemic


- **Maternity and Birth Experience:** Women may have experienced changes to the provision of Maternity and Health Visiting care, reduced access to community services and, for some, changes to birth plans due to COVID-19. Efforts have been made to safely restore best practice Maternity care since the first wave, but unexpected stresses, isolation and trauma relating to the pandemic restrictions may still have occurred.⁸
 - **Maternal Mental Health and Wellbeing:** COVID-19 has increased anxiety generally in the population and pregnant women and new parents may be under added stress due to social isolation, decreased social support, bereavements, financial stresses, changes to healthcare services and limitations on their usual coping strategies.^{8, 9} The risks for pregnant women with pre-existing mental health problems will be higher still. The GP can acknowledge the unusual circumstances, and use open questions to enquire about anxiety, mood and traumatic experiences. Mental health concerns or disclosure should prompt early enquiry and follow up using appropriate consultation methods (telephone/video/face to face) according to the patient's needs.¹⁰ The [Maternal Mental Health Alliance](#) is hosting online self-care and support resources which can be signposted to where appropriate. IAPT and Perinatal Mental Health Specialist services continue to operate, although contact may be offered remotely. Psychosis and other perinatal mental health 'red flags' should be acted upon urgently as usual.⁹
 - **Family Health:** Ask about the father/co-parent/partner and how other children are coping with the new baby in view of the pandemic. Offer an appointment to other family members if appropriate.
 - **Domestic Abuse:** Consider routine enquiry about safety and [domestic abuse](#). The risk of domestic abuse is higher in the perinatal period and this has *additionally* escalated during the pandemic.⁸
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- **Maternal Physical Health:** Offering the maternal check remotely may add an extra barrier to women discussing sensitive issues such as perineal problems or pelvic floor dysfunction. Continue to ask about these issues, including wound healing, and urinary or faecal incontinence. Offer advice on pelvic floor exercises (e.g. the NHS [Squeezy](#) app or [POGP](#)), and offer future review if issues are not resolving. If perineal wound breakdown is identified a same-day referral to secondary care should be made.³
- **Obstetric Medical Problems:** Following Gestational Diabetes, HbA1c checks can be arranged between 3-6 months postnatal during the pandemic period.¹¹ Women with any cause for elevated blood pressure in pregnancy may have been given a validated cuff for home BP measurements after delivery. They require review of BP and any BP medication (and urine dipstick for proteinuria if indicated) at the maternal postnatal check.¹¹
- **Infant Feeding:** Online and telephone [breastfeeding support](#) is available e.g. the [National Breastfeeding Helpline](#). Infant feeding resources and answers to COVID-19 FAQs have been developed by the [UNICEF UK Baby Friendly Initiative](#). Information for prescribers regarding the use of drugs during breastfeeding can be accessed from [UKDILAS](#) (the UK Drugs in Lactation Advisory Service) which continues to operate.
- **VTE Risk:** Self isolation or shielding and the associated relative immobility may *further* increase the risk of VTE in the immediate postnatal period for women who need to stay at home.¹¹
- **Contraception:** Postpartum contraception may have been started by Maternity services and can be reviewed.¹² Where this has not happened, the GP should discuss contraceptive needs. The FSRH considers post-pregnancy contraception (including LARCs) an essential service to continue irrespective of COVID-19 restrictions.¹³ If LARC provision cannot be sustained local commissioners should be notified for support.¹³ Combined Hormonal Contraception (CHC) users should be made aware of the increased risk of venous thrombosis with CHC as [standard](#). See below for information regarding CHC and the COVID-19 vaccine.
- **Vitamin D Supplementation:** Routine daily supplementation with 10mcg [Vitamin D](#) is advised for all pregnant and breastfeeding women, regardless of the COVID-19 pandemic. Vitamin D supplementation is particularly important for women with darker skin, those whose clothes cover most of their skin outdoors *and* [for all those getting little sun exposure](#) (e.g. during a 'stay at home' order).
- **Cervical Screening:** Cervical screening should be offered if this is due postnatally. Guidance has been updated and all smears (including routine, low-risk cases) are now categorised as high priority services.¹

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- **Future Health and Pregnancy:** Follow up may be required to optimise pre-existing medical and mental health issues, or for referrals if routine services are not operating (e.g. healthy weight, smoking cessation).

Clinical Considerations for the 6-8 Week Infant Examination During the COVID-19 Pandemic

- **Newborn Screening:** Newborn examinations, blood spot and hearing screening should occur as standard.⁶
 - **Growth:** Measurements of weight and head circumference at around 8 weeks are part of the infant physical examination and should be plotted on the growth chart.³ This is important if faltering growth is suspected.¹⁴ Current provision for weight checks will be area dependent.
 - **Issues of Concern:** Cardiac problems and concerns about the hips, eyes, genitalia and hernias as well as prolonged jaundice, feeding problems and faltering growth should be acted upon urgently as standard. Use of a tongue depressor to examine the palate in an infant is not considered an AGP.¹⁵
 - **Vitamin D Supplementation:** Breastfed babies from birth to 1 year of age require 8.5-10mcg daily of [Vitamin D](#). Formula fed babies do not require additional Vitamin D if taking >500ml of formula per day. Direct parents to their Pharmacy for supplements. Local arrangements should be in place for families eligible for Healthy Start Vitamins.
 - **Infant Mental Health:** This appointment enables enquiry into and observation of parent-infant relationships and responsive caregiving (essential to infant mental health and development). Anxiety due to COVID-19 may have impacted some parents' ability to attune to their infants' needs or caused concern that their baby is not getting adequate stimulation. The GP can reassure that these needs can be met through caregiving, talking, singing and play. Where available specialist parent-infant or infant mental health teams can provide consultation and support for families who are struggling. This resource from [LEAP](#) may be helpful to families.
 - **Safe Sleep/Sudden Infant Death:** Emphasise the importance of babies sleeping on their back in a clear, flat sleep space in the same room as their parent(s). Ask about parental smoking; if identified inform of the avoidable risk to baby's life and offer cessation support. [The Lullaby Trust](#) provides information on safe sleep, the importance of smoke-free homes and [infant care during the COVID-19 pandemic](#).
 - **Non-Accidental Injury/Safeguarding:** The risk of child abuse is highest in the first year of life.¹⁶ Social distancing restrictions and reduced support may increase this
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risk, so the clinician should remain vigilant. The [ICON](#) programme has a COVID-19 campaign to support parents to cope with crying.

- **The Unwell Infant:** Parents should be encouraged to contact their GP or phone 111 out of hours with medical concerns or attend A&E/dial 999 if an infant is seriously unwell. (Note: NHS 111 Online does not offer advice for the under 5s). The RCPCH has developed [posters](#) to guide parents of babies. Consider using the [Baby Check scoring system](#) to supplement the clinical assessment of babies for possible illness, particularly as part of a remote assessment and as a communication aid in conversations with parents to help them describe the baby's condition.³

Vaccinations During the COVID-19 Pandemic

- The routine childhood immunisation programme should be maintained to prevent a resurgence of vaccine preventable disease.^{1, 2}
- Facilitate catch-up for any missed childhood vaccinations as soon as possible.⁵
- Ensure parents are informed that routine infant vaccinations can cause mild transient fever (for up to 48 hours); an expected reaction which does not require household isolation.⁵ Inform parents to seek advice if the fever is prolonged or if there are other symptoms of concern after vaccination.
- Women may have been vaccinated against COVID-19 in pregnancy (see [The Green Book Chapter 14a](#) for the latest information).¹⁷ Breastfeeding women may be offered any suitable COVID-19 vaccine.¹⁷ There is no known risk associated with being given a non-live vaccine whilst breastfeeding.¹⁷
- There is currently no evidence that pregnant women, those in the postpartum period, or women on the contraceptive pill are at higher risk of thrombosis/thrombocytopenia after the AstraZeneca vaccine.¹⁷ The [FSRH does not recommend stopping CHC](#) to have the COVID-19 vaccination.

Postnatal and Infant Care following Maternal or Infant COVID-19 as Inpatients- Information for the GP

- Pregnant women hospitalised with COVID-19 will have foetal growth surveillance arranged by Obstetrics 2 weeks after recovery.⁸ Vertical transmission of the virus is thought to be uncommon, and the risk is not affected by mode of birth, method of feeding, or whether the mother and infant stay together.⁸ Symptomatic maternal
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COVID-19 is associated with an increased risk of iatrogenic preterm birth, however overall outcomes for infants born to women with COVID-19 are positive.⁸


- Mothers and their infants should be cared for together after birth, unless maternal or neonatal care requirements prevent this.^{8, 15}
- COVID-19 is not a contraindication to breastfeeding.⁸ A mother with suspected/confirmed active COVID-19 can choose to breastfeed or bottle-feed a healthy infant herself, but should be advised regarding strict hygiene and consider wearing a fluid-resistant surgical mask while feeding or caring for the baby.⁸
- In the UK women of Black, Asian or Minority Ethnic background (BAME) are known to be at greater risk of adverse outcomes in the perinatal period.¹⁸ BAME pregnant women are also at higher risk of severe illness with COVID-19, so clinicians should have a lower threshold to review symptoms and escalate care.⁸ Other risk factors for severe complications of COVID-19 in the perinatal period include: overweight/obesity, pre-existing co-morbidity, maternal age >35 years and socioeconomic deprivation.⁸
- COVID-19 confers an *additional* hypercoagulable state on top of the already increased risk for maternal VTE. RCOG guidance details thromboprophylaxis regimens for perinatal COVID-19/suspected COVID-19.⁸

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