

Postnatal Maternal and Infant Care during the COVID-19 Pandemic: A guide for General Practice (Version 3)

Maternal postnatal checks, the 6-8-week infant examination 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 during the pandemic, taking into account the second COVID-19 wave in the UK and the evolved [RCGP Guidance on Workload Prioritisation](#).

Maternal Postnatal and Infant Checks During the COVID-19 Pandemic

- **The Consultation:** GPs can cover much of the maternal check via remote consultation either by phone or video. If there are outstanding issues after this, a face to face appointment could be offered at the same visit to the practice as the infant vaccination appointment.^{3,4}
- **Clinical Management:** Consider the risk/benefit during the pandemic of tests and investigations ordered¹ and send prescriptions via remote prescribing where possible.³
- **Baby Loss:** A postnatal check should be offered to mothers who have experienced stillbirth or neonatal death and handled with appropriate sensitivity. Ask about the father/partner and how they are coping. [The National Bereavement Care Pathway](#) addresses bereavement care 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:** A record of infants whose checks are missed should be kept in order to assist with catch-up as soon as possible.⁵ 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:** Screen any patient to exclude COVID-19 symptoms before a face to face appointment takes place.³
- **Attendees:** To reduce risk to all parties, wherever possible fathers/partners/other household members should not accompany the mother and infant into the practice. Inform patients of this in advance. Other members of the family may join the consultation via remote methods if the mother requests.
- **Infection Control:** Clinicians should wear PPE for face to face appointments as per the PHE 'Medium Risk Care Pathway' in view of the possibility of asymptomatic infection.^{1,6} Mothers should wear a face covering as per Government guidance.⁶ [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 and trauma relating to the pandemic restrictions may still have occurred.⁷
- **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.^{7,8} 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.⁹ 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 are still available for moderate/severe cases, although contact may be offered remotely. Psychosis and other perinatal mental health 'red flags' should be acted upon urgently as usual.⁸
- **Family Health:** Ask about the father/partner and how other children are coping with the new baby in view of the need for social distancing. 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.⁷
- **Maternal Health Post Delivery:** 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), and offer future review if issues are not resolving.
- **Obstetric Medical Problems:** Following Gestational Diabetes, HbA1c checks can be arranged between 3-6 months postnatal during the pandemic period.¹⁰ Women with any cause for elevated blood pressure in pregnancy should have been encouraged to check home BP after delivery and may have been given a validated BP cuff by their Maternity care provider.¹¹
- **Infant Feeding:** Online and telephone [breastfeeding support](#) is available, such as the [National Breastfeeding Helpline](#). Information on maximising breast milk, expressing, breast pump hygiene and access to infant formula during the pandemic has been collated 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.¹⁰
- **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
- **Vitamin D Supplementation:** Routine 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). The RCOG gives specific dosing recommendations for [women at higher risk of Vitamin D deficiency](#) (see p6 of the paper).
- **Cervical Screening:** Routine cervical screening should be offered if this is due postnatally. Where normal services cannot be sustained; priority should be given to women with a history of high-risk smears, treatment to the cervix and more frequent smear recall.¹
- **Planning for Future Pregnancy:** Pre-existing medical and mental health issues may require follow up for optimisation or 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 screening and hearing screening should be continuing as standard.⁵
- **Growth:** A recent weight is part of the 6-8-week physical examination¹⁴ and is important if faltering growth is suspected.¹⁵ 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.¹⁶
- **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. Some localities have specialist parent-infant or infant mental health teams who can provide consultation and support for families who are struggling. This resource from [LEAP](#) may be helpful to families.

- **Non-Accidental Injury/Safeguarding:** The risk of child abuse is highest in the first year of life. Social distancing restrictions and reduced support may increase this 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. The RCPCH has developed a [poster](#) to guide parents.¹⁷ (Note: NHS 111 Online does not offer advice for the under 5s).

Childhood Vaccinations during the COVID-19 Pandemic

- The routine immunisation programme should be maintained to prevent a resurgence of vaccine preventable disease.² PHE/NHS Guidance has been issued to support GP Practices during COVID-19.⁴
- Facilitate catch-up for any missed vaccinations as soon as possible.⁴
- Ensure parents are informed that routine infant vaccinations can cause transient fever (for up to 48 hours); an expected reaction which does not require household isolation.⁴ Inform parents to seek advice if the fever is prolonged or if there are other symptoms of concern after 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.⁷ 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.⁷ Outcomes from studies of infants born to women with COVID-19 are generally reassuring.⁷
- Mothers and their infants are cared for together after birth, unless maternal or neonatal care requirements prevent this.^{7, 16}
- COVID-19 is not a contraindication to breastfeeding.⁷ 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.⁷
- 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 It is now known that 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.⁷ 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.⁷
- COVID-19 confers an *additional* hypercoagulable state on top of the already increased risk for maternal VTE. Pregnant and postnatal women hospitalised with confirmed COVID-19 are prescribed continuing thromboprophylaxis for at least 10 days following discharge (continued for longer durations if there is significant ongoing morbidity).⁷

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