

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

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.

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.
- **Clinical Management:** Order only essential tests/investigations¹ (considering risk/benefit during the pandemic) 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](#) and [Sands](#) address bereavement care and support during COVID-19.
- **Signposting:** Online patient information can be sent via text messaging services or email. Ensure parents know that the GP and Health Visiting Teams are still contactable, despite alterations to routine services.
- **Record Keeping:** A record of infants whose checks are missed should be kept in order to assist with catch-up as soon as possible.⁴ 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 viral transmission risk to all parties, 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 take part in the consultation using remote methods if the mother wishes and gives consent.
- **Infection Control:** Clinicians should wear PPE for face to face appointments as per 'possible or confirmed COVID-19 cases' in view of the possibility of asymptomatic infection.^{1,5}

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

- **Maternity and Birth Experience:** Women are likely to 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. These and changes to birth partner policies, hospital visitor restrictions and maternity staff wearing PPE, may have introduced unexpected stresses and trauma.
- **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. 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, signposting to resources and online support for self-care 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.⁶
- **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](#). Calls to helplines have significantly increased during lockdown and women are at higher risk in the perinatal period.

- **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 urinary or faecal incontinence. Offer advice on pelvic floor exercises, 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.⁷ 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 provider.⁸
- **Infant Feeding:** Online and telephone [breastfeeding support](#) is available. 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](#).⁹ 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:** Social distancing and the associated relative immobility may further increase the risk of VTE in the immediate postnatal period for all women.⁷
- **Contraception:** Post-partum contraception may have been started by Maternity services, and this can be reviewed.¹⁰ Where this has not happened, the GP should discuss contraceptive needs. Choices in General Practice may be limited during the pandemic (dependant on workload capabilities at practices).¹ The FRS has guidance on [postnatal contraception](#).¹⁰
- **Vitamin D Supplementation:** All pregnant and breastfeeding women are advised to take [Vitamin D](#) 10mcg daily. This 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. [due to the previous 'stay at home order'](#)).
- **Cervical Screening:** Routine cervical screening can be deferred until after the pandemic. Women with a history of high-risk smears, treatment to the cervix and more frequent smear recall will need their smears that are due arranged as standard.¹
- **Planning for Future Pregnancy:** Pre-existing medical issues may require follow up for further optimisation.

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.⁴
- **Growth:** A recent weight is part of the 6-8-week physical examination¹¹ and is important if faltering growth is suspected.¹² 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.¹³
- **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 as local arrangements should be in place for families eligible for Healthy Start Vitamins.
- **Non-Accidental Injury/Safeguarding:** The risk of child abuse is highest in the first year of life. Social distancing and reduced support may increase this risk, so the clinician should remain vigilant. The [ICON](#) programme has a campaign developed for the COVID-19 pandemic 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.¹⁴ (Note: NHS 111 Online does not offer advice for the under 5s).

Childhood Vaccinations during the COVID-19 Pandemic

- Childhood vaccinations remain extremely important during the COVID-19 pandemic and beyond.² Facilitate catch-up for any missed vaccinations as soon as possible.
- Ensure that parents are informed that routine childhood vaccinations can cause transient fever; an expected reaction which does not require household isolation. 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 a foetal growth surveillance check arranged by Obstetrics 2 weeks after recovery.¹⁵ There is no evidence currently that SARS-CoV-2 is teratogenic. Vertical transmission of the virus is probable, although the proportion of pregnancies affected and the significance to the neonate has yet to be determined.¹⁵
- Neonatal Physicians will be responsible for the care of an infant born to a mother with suspected/confirmed COVID-19 at the time of delivery. Unless the infant requires neonatal care, it can stay with its mother after birth.¹³
- Breastmilk is not thought to transmit SARS-CoV-2.¹⁵ A mother with suspected/confirmed active COVID-19 may breastfeed or bottle feed a healthy infant, but should be advised regarding strict hygiene and should consider wearing a fluid-resistant surgical mask while handling the baby.¹⁵
- COVID-19 confers an *additional* hypercoagulable state on top of the already increased risk for maternal VTE. Pregnant or postnatal women with confirmed COVID-19 may be discharged with thromboprophylaxis.¹⁵

Lead Author: Dr Louise Santhanam (GP)

With thanks for review and comments to: Dr Judy Shakespeare (Retired GP), Miss Sunita Sharma (Consultant Obstetrician), Dr Victoria Tzortziou Brown (GP, Joint Honorary Secretary RCGP), Dr Stephanie de Giorgio (GP Lead for GP Perinatal Spotlight Programme, NHSE), Dr Clare Macdonald (GP), Dr Rosemary Marsh (GP Specialist Trainee) and Dr Carrie Ladd (GP Lead for GP Perinatal Spotlight Programme, NHSE).

Published 03/06/2020, Review date 03/07/2020

References: 1. RCGP: Managing General Practice during a pandemic- RCGP Guidance on workload prioritisation during COVID-19 (10/04/2020) Version 8, 2. PHE: Statement from JCVI on Immunisation Prioritisation (17/04/2020), 3. NHS England and NHS Improvement: Guidance and Standard Operating Procedures- General Practice in the Context of Coronavirus (COVID-19) Version 3 (29/05/2020), 4. NHS England: Newborn and Infant Physical Examinations Screening Programmes Technical Guidance During the Coronavirus (COVID-19) Pandemic (2020), 5. PHE: COVID-19- Infection Prevention and Control (IPC) (Last Updated 21/05/2020), 6. RCPsych: COVID-19- Working with Vulnerable People (Section on Pregnant Women and those in the Perinatal Period), 7. RCOG: Guidelines for Maternal Medicine Services in the Evolving Coronavirus (COVID-19) pandemic- Information for Healthcare Professionals (13/05/2020) Version 2.2, 8. RCOG: Self-monitoring of blood pressure in pregnancy – Information for Healthcare Professionals (30/03/2020) Version 1, 9. Unicef UK Baby Friendly Initiative: Coronavirus (COVID-19) Resources and Guidance to Support You, 10. FSRH: COVID-19 Resources and Information for SRH Professionals Postpartum Contraception (08/04/2020), 11. NICE CG37: Postnatal care up to 8 weeks after birth- Section 1.4 (Updated 01/02/2015), 12. NICE NG75: Faltering growth- recognition and management of faltering growth in children- Section 1.2 (27/09/17), 13. RCPCH: COVID-19- Guidance for Neonatal Settings (Modified 12/05/2020), 14. RCPCH: Delayed Access to Care for Children During COVID-19 Our Role as Paediatricians - Position Statement (03/04/2020), 15. RCOG: Coronavirus (COVID-19) Infection and Pregnancy- Information for Healthcare Professionals (Updated 13/05/2020) Version 9.