

Visiting in Maternity Units

Guidance for Staff

July 2021

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1. Introduction

This guidance is intended to support the local application of national guidance from Scottish Government for visiting in all our maternity units in NHSGGC during the Covid-19 pandemic.

This guidance should be read alongside the Scottish Government [Visiting Guidance for Hospitals in Scotland](#) (26 April 2021) the [minimum standard for visiting in maternity and neonatal settings during the Covid-19 pandemic](#) (13 May 2021) and the [NHSGGC Local Toolkit for Hospital Visiting Covid-19 from 19 July 2021](#). All these guidance documents are aligned with the [Covid-19 Protection Levels](#).

Whilst this guidance is primarily for maternity settings, it also applies to other settings a pregnant women may attend for a **pregnancy related matter** such as the Accident and Emergency Department or GP practice.

2. Background

During the unprecedented situation created by Covid-19, NHS services have had to adapt, altering service provision and introducing measures to reduce spread of the virus to women, families and staff. The importance of visiting within our maternity hospitals however cannot be overstated, bringing comfort to women receiving visitors and to those visiting. To accommodate visiting the health, safety and wellbeing of pregnant women and their babies and the staff in maternity and neonatal units and in the community is crucial and remains our absolute priority.

3. Minimum Standard for Visiting Maternity Units

During each of the tiers, the following visiting arrangements should be in place in accordance with national guidance and aligned with the context of the hospital visit.

3.1 Antenatal Appointments

TIER	VISITING ARRANGEMENTS
Tier 3 and 4	One supportive person to accompany to the booking scan, 20 week scan and any emergency appointments subject to local risk assessments and physical distancing
Tier 2	One supportive person to accompany to all appointments subject to local risk assessments and physical distancing
Tier 1	One supportive person to accompany to all appointments subject to local risk assessments and physical distancing And One additional visitor (adult or child) may attend subject to local risk assessments and physical distancing. Plans in place for return to person-centred visiting
Tier 0	Person-centred visiting where possible and subject to local health protection advice.

3.2 Labour and Birth

TIER	VISITING ARRANGEMENTS
Tier 3 and 4	One birth partner throughout induction, labour and birth (except during a general anaesthetic).
Tier 2 and 1	One birth partner (as essential) throughout induction, labour and birth (except during a general anaesthetic) And A second birth partner , if requested, subject to local risk assessments and physical distancing.
Tier 0	Person-centred visiting where possible and subject to local health protection advice.

3.3 In Patient Wards

TIER	VISITING ARRANGEMENTS
Tier 4	One birth partner only (as essential) with time restrictions and subject to risk assessments and physical distancing.
Tier 3	One birth partner only (as essential) with time restrictions only where required to support physical distancing.
Tier 2	One birth partner (as essential) with time restrictions only where required to support physical distancing And One designated visitor subject to local risk assessments and physical distancing.
Tier 1	One birth partner (as essential) with time restrictions only where required to support physical distancing And Two designated visitors. This is subject to local risk assessments and physical distancing and may mean separate visits by each visitor. Plans in place for return to person-centred visiting
Tier 0	Person-centred visiting where possible and subject to local health protection advice

These are minimum standards and Boards should consider whether additional visitors can be enabled throughout care, subject to local context, risk assessment and individual patient needs. Boards can consider exceptions on a case by case basis, for example on compassionate grounds to allow attendance in end of life situations.

4. Risk Assessment

In NHSGGC, the majority of our inpatient maternity accommodation is in shared rooms. Risk assessment of the accommodation across all three maternity sites at QEUH, RAH and PRM identified to maintain physical distancing, infection control and health and safety requirements the need to limit how many people can safely be present in a shared room at any one time. To manage this safely and equitably it has been agreed by the management team to progress allocated appointment times for each women and their birth partner across all five tiers and for one additional visitor in tier 2.

5. Guidance for Visiting Arrangements – Inpatient Wards

A person-centred, flexible approach to visiting should be taken where possible to ensure women have meaningful contact with their birth partner and those who matter to them in accordance with the minimum standard for visiting at each of the strategic tiers.

To assist and inform the approach to visiting in our maternity hospitals in NHSGGC during the Covid-19 pandemic and beyond we invited women in our inpatient maternity wards to complete a short survey in January 2021. The survey designed to seek women’s views on the duration of visiting for each of the covid-19 protection levels whilst ensuring we maintain appropriate physical distancing measures and the safety of women and babies in our care, their visitor and staff. One hundred and seventy-seven (177) survey templates were completed.

The following grid outlines the expressed preferences for each of the tiers whilst ensuring physical distancing measures can be maintained:

5.1 Expressed Preference for Visiting Arrangement

TIER	EXPRESSED PREFERENCE FOR VISITING ARRANGEMENT
Tier 4	4 hour visit for birth partner
Tier 3	2 visits each day, maximum of 2.5 hours each visits for the birth partner Or one visit each day, maximum of 5 hours for the birth partner
Tier 2,	two visits each day, maximum of 2.5 hours each visits with the visits split between the birth partner and the one additional visitor (chosen by the woman) or exclusive to either the birth partner or additional visitor (one person visiting at any time) Or one visit each day, maximum of 5 hours each visit – the women decides if this is the birth partner or their additional one visitor
Tier 1	<ul style="list-style-type: none">• Each woman has the opportunity for three visits each day (split as follows):<ul style="list-style-type: none">○ the birth partner visits independently (maximum 2.5 hours), and○ two additional visitors can visit together if from the same household (maximum 2.5 hours) or

	<ul style="list-style-type: none"> ○ If the additional visitors are not from the same household and physical distancing cannot be maintained, they must visit separately (maximum 1 hour each)
Tier 0	Person-centred visiting where possible and subject to local health protection advice

6. Key Principles for Visiting

6.1 General Principles

1. A **birth partner** supporting a woman during hospital visits is categorised as an **essential visitor** and is permitted at all of the five Covid-19 levels.
2. In line with national visiting guidance, a **carer or interpreter** – or someone else fulfilling a similar necessary function – **should not be considered as a visitor**.
3. Midwives should discuss visiting with women **at the earliest opportunity** and discussion should include options for an **alternative essential visitor** should the primary birth partner have symptoms of Covid-19, be in self-isolation for suspected or confirmed Covid-19, or have recently returned from a country requiring quarantine at the time of appointments or labour.
4. Local risk assessments should be in place to support visiting arrangements and physical distancing.

6.2 Other Key Principles

1. Visitors (including those categorised as ‘essential’) **must not** have symptoms of COVID-19 and **must not** attend if they are self-isolating for suspected or confirmed COVID-19 or have recently returned from a country requiring quarantine.
2. Before visiting, the visitor should contact the clinical area to discuss appropriate arrangements and timings to support maintaining physical distance. This should include a discussion should the person be exempt from wearing a face covering.
3. Visitors should wear face coverings or any other PPE as indicated by the clinical team and must adhere to strict hand and respiratory hygiene by using alcohol based hand rub on entering and leaving the ward/department or following any patient contact, covering the nose and mouth with a disposable tissue when sneezing, coughing, wiping or blowing the nose. These should be disposed of immediately in the bin and hand washing performed immediately afterwards.
4. All visitors should consult their local Health Board’s guidance and [Transport Scotland guidance](#) for advice on how to travel safely to hospital.

7. Children Visiting

Children can attend as additional visitors, in in-patient wards when in levels 0-2 or during antenatal/scan appointments in levels 0 and 1, subject to any local restrictions that may apply.

However a person centred approach should be made for a child or young person to be able to visit their loved one in hospital safely during any level – for example at end-of-life, when the mother is a long-stay inpatient or has suffered a life-changing or traumatic event.

8. Trace and protect information requirements

It is very important for the health and wellbeing of women, babies and staff that people **do not visit** if they are feeling unwell in any way or have symptoms of Covid-19.

1. **On the first visit, all visitors** should be asked to provide their contact details. This is to assist Public Health colleagues, for **Trace and Protect** purposes should they need to contact the visitor.
2. **On all visits, all visitors** should be asked the following questions and the trace and protect template completed:
 - Are you feeling unwell?
 - Do you have new/continuous cough?
 - Have you had any sickness or diarrhoea within the last 48 hours?
 - Have you noticed a change in your temperature?
 - Have you noticed a change in your normal sense of taste or smell?
 - Are you self-isolating because you have been in contact with anyone suspected as having, or has tested positive for COVID-19, in the past 14 days?

People should **not be allowed to visit** if you do not pass this safety check.

A child accompanied by an adult will not need to have their details stored for test and protect as long as the details of the accompanying adult are obtained and it is noted that a child was with them.

Where a child or young person is a young carer over 12 they do not have to be accompanied by an adult, and this should not be a barrier to visiting. In these circumstances test and protect details will need to be obtained and stored as for an adult visitor.

9. Security Arrangements

Security arrangements are in place at the entrance to most of our hospital. People chosen to visit should be advised, security staff will stop them at the entrance to inquire where they are going and the safety measures required before entering the building.

All visitors should be asked to take the stairs to the ward or department where possible. This is to avoid lift areas becoming over-crowded.

10.FAQ's

Q:
Should a woman who is Covid-19 suspected or positive be allowed a birth partner as an essential visitor during childbirth?

A:
Yes. If a women has suspected or confirmed COVID-19, a birth partner who is not self-isolating (see question below) may attend and should be provided with the appropriate PPE equivalent to that worn by staff, during childbirth and should be advised to self-isolate following the birth.

Q:
Can a birth partner who has tested positive, have symptoms or been told to self-isolate support the woman in labour?

A:
No. Women should be asked to identify an alternative birth partner should their partner test positive or if they have been asked to self-isolate. This should be considered as part of birth planning.

Q:
Can a birth partner stay with a woman who tests positive upon admission?

A:
If the birth partner is part of the same household as the woman they should be asked to return home and self-isolate and the alternative birth partner can attend as long as they are not from the same household and should therefore be self-isolating. They will be asked to wear the appropriate PPE equivalent to the PPE worn by staff and as detailed in the infection protection and control recommendations.

Q:
Can birth partners/visitors travel across Health Board/Council Area boundaries between different COVID-19 levels to support a women who is in labour/during childbirth?

A:
Yes. Birth partners as essential visitors at every level can travel cross boundary to support a women in labour or for scan or emergency appointments. However, designated visitors must abide by either the restrictions for the level where they live or the hospital they are visiting whichever is higher.

Q:
Can children attend appointments?

A:
Yes. Children can attend as additional visitors, in in-patient wards or appointments, in levels where that is permitted (levels 0 to 2), subject to any local restrictions that may apply.

Q:
Can a women who has suffered a previous loss have one supportive person to accompany her to all appointments?

A:
Yes, every effort should be made to ensure that women who have previously suffered a loss have one supportive person accompany her to all appointments and scans subject to local risk assessments and physical distancing.

Q:
Can a designated visitor change?

A:
Yes. In line with the national guidance a designated visitor can be changed if required.