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Coronavirus infection and pregnancy

Information for pregnant women and their families

These Q&As relate to the [Coronavirus \(COVID-19\) infection and pregnancy – guidance for healthcare professionals: Version 6 – 3 April 2020](#) and [Occupational health advice for employers and pregnant women during the COVID-19 pandemic: Version 2.1 – 30 March 2020](#) published by the Royal College of Obstetricians and Gynaecologists, Royal College of Midwives and Royal College of Paediatrics and Child Health, with input from the Royal College of Anaesthetists, the Obstetric Anaesthetists' Association, Public Health England and Health Protection Scotland.

Read our [news stories](#) relating to this guidance.

[General information and advice for all pregnant women during the coronavirus pandemic](#)

[Advice for all pregnant women on attending antenatal care during the coronavirus pandemic](#)

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General information and advice for all pregnant women during the coronavirus pandemic

Q. What effect does coronavirus have on pregnant women?

Generally, pregnant women do not appear to be more likely to be seriously unwell than other healthy adults if they develop the new coronavirus. It is expected the large majority of pregnant women will experience only mild or moderate cold/flu like symptoms.

More severe symptoms such as pneumonia, seem to be appear to be more common in older people, those with weakened immune systems or long-term conditions. As yet, there is no evidence that pregnant women who get this infection are more at risk of serious complications than any other healthy individuals.

If you think you may have symptoms of COVID-19 you should use the NHS 111 online service for information, or NHS 24 if in Scotland. If you develop more severe symptoms or your recovery is delayed, this may be a sign that you are developing a more significant chest infection that requires specialised care. Our advice remains that if you feel your symptoms are worsening or if you are not getting better you should contact your maternity care team or use the NHS 111 online service / NHS 24 for further information and advice.

Q. What effect will coronavirus have on my baby if I am diagnosed with the infection?

As this is a very new virus we are just beginning to learn about it. There is no evidence to suggest an increased risk of miscarriage.

Emerging evidence suggests that transmission from mother to baby during pregnancy or birth (vertical transmission) is probable. There has been a report of a single case in which this appears likely, but reassuringly the baby was discharged from hospital and is well. In all previously reported cases, infection was found at least 30 hours after birth. It is important to emphasise that in all reported cases of newborn babies developing coronavirus very soon after birth, the baby was well.

Given current evidence, it is considered unlikely that if you have the virus it would cause problems with the baby's development, and none have been observed currently.

Some babies born to women with symptoms of coronavirus in China have been born prematurely. It is unclear whether coronavirus caused early labour, or whether it was recommended that the baby was born early in order to preserve the mother's health.

The UK is conducting near-real-time surveillance (observation) of all women who develop COVID-19 during pregnancy and their newborn babies, through well-established systems already used by all maternity units. We will update our information if and as soon as there is any change in the evidence.

Q. What can I do to reduce my risk of catching coronavirus?

The most important thing to do is to follow [government guidance](#). For pregnant women and the rest of their households, this includes:

- Regular hand washing
- Use a tissue when you or anyone in your family coughs or sneezes, discard this and wash your hands
- Avoid contact with someone who is displaying symptoms of coronavirus. These symptoms include high temperature and/or new and continuous cough
- Avoid non-essential use of public transport when possible
- Work from home, where possible.
- Avoid large and small gatherings in public spaces, noting that pubs, restaurants, leisure centres and similar venues are currently shut as infections spread easily in closed spaces where people gather together.
- Avoid gatherings with friends and family. Keep in touch using remote technology such as phone, internet, and social media
- Use telephone or online services to contact your GP or other essential services
-

Q. Why are pregnant women in a vulnerable group?

Pregnant women were placed in a vulnerable group by the Chief Medical Officer on 16th March. This means you have been advised to reduce social contact through social distancing measures.

Based on the evidence we have so far, pregnant women are still no more likely to contract coronavirus than the general population. What we do know is that pregnancy in a small proportion of women can alter how your body handles severe viral infections. This is something that midwives and obstetricians have known for many years and are used to dealing with. As yet, there is no evidence that pregnant women who get coronavirus are more at risk of serious complications than any other healthy individuals.

What has driven the decisions made by officials to place pregnant women in the vulnerable category is caution. We know that some viral infections are worse in pregnant women. At the moment, there's no evidence that this is the case for coronavirus infection, but the amount of evidence available is still quite limited.

Q. I am pregnant, what do I need to do?

As a precaution, you should follow government advice about social distancing; stay away from public places and avoid anyone who has symptoms suggestive of coronavirus.

If you are in your third trimester (more than 28 weeks pregnant) you should be particularly attentive to social distancing and minimising any contact with others.

All pregnant women should follow the PHE advice:

- [Guidance on social distancing](#) for all vulnerable people including pregnant women
- [Guidance for individuals and households with possible coronavirus infection](#)

On 24 March, additional ‘[shielding](#)’ measures were announced for people defined on medical grounds to be at very high risk of severe illness from coronavirus, this includes pregnant women with significant heart disease (congenital or acquired). If you are pregnant and have significant heart disease, it is strongly recommended that you follow these shielding measures to keep yourself safe.

Q. What is the travel advice if I am pregnant?

If you are in the UK, you should follow the advice given by the [Foreign and Commonwealth Office](#), which is being regularly updated in line with the evolving situation.

All individuals, including pregnant women, should ensure they have adequate insurance arrangements prior to travel. You should also check that your travel insurance will provide cover for birth and care of your newborn baby if you give birth while abroad.

Advice for all pregnant women on attending antenatal care during the coronavirus pandemic

Q. Should I attend my antenatal and postnatal appointments?

Yes. It is really important that you continue to attend your scheduled routine care when you are well.

Maternity care is essential, and has been developed over many years to reduce complications in mothers and babies. There is a potential risk of harm to you and your baby if you don't attend your appointments, even in the context of coronavirus.

If you are well, you should be able to attend your antenatal care as normal. If you have symptoms of possible coronavirus infection, you should contact your community midwife to postpone routine visits until after the isolation period is over.

At this time, it is particularly important that you help your maternity team take care of you. If you have had an appointment cancelled or delayed, and are not sure of your next contact with your maternity team, please let them know by using the contact numbers given to you at booking.

The following practical advice may be helpful:

- If you have a routine scan, appointment or visit due in the coming days, please contact your maternity unit for advice and a plan. You will still need to attend but the appointment may change due to staffing requirements.
- Some appointments may be conducted on the telephone or using videoconferencing, provided there

- is a reasonable expectation that observations, such as blood pressure or other tests are not needed.
- The recommendation that your bump will be measured from around 26 weeks of pregnancy should be observed by your maternity team unless you are in the recommended 14 day self isolation period.
- If you are between appointments, please wait to hear from your maternity team.
- If you are attending more regularly in pregnancy, then your maternity team will be in touch with plans.
- If you miss an appointment and haven't heard from your maternity team, please contact them to rearrange the appointment.

Whatever your personal situation please consider the following:

- If you have any concerns, you will still be able to contact your maternity team but please note they may take longer to get back to you
- If you have an urgent problem related to your pregnancy but not related to coronavirus, get in touch using the same emergency contact details you already have. Please do not contact this number unless you have an urgent problem
- If you have symptoms suggestive of coronavirus contact your maternity services and they will arrange the right place and time to come for your visits. You should not attend a routine clinic.
- You will be asked to keep the number of people with you at appointments to a minimum. This will include being asked to not bring children with you to maternity appointments and on occasions your maternity unit may request that you attend your antenatal appointments alone to aid infection control and help keep staff safe from transmission.
- There may be a need to reduce the number of antenatal visits. You will be told if this is necessary. Do not reduce your number of visits without agreeing first with your maternity team.

Q. What should I do if I develop a fever or temperature, or both, when I am pregnant?

If you develop a temperature or a cough, or both, in pregnancy, you can use the NHS 111 or NHS 24 website to obtain advice about isolation, which you should follow in line with current regulations. However, please also be alert to the other possible causes of fever in pregnancy. In particular, these include urine infections (cystitis) and waters breaking. If you have any burning or discomfort when passing urine, or any unusual vaginal discharge, or have any concerns about your baby's movements, contact your maternity provider, who will be able to provide further advice.

Information for all pregnant women about childbirth choices and birth partners during the coronavirus pandemic

Q. What impact will coronavirus have on my pregnancy?

The NHS is making arrangements to ensure that women are supported and cared for safely through pregnancy, birth and the period afterwards during this pandemic when there will be extra pressures on healthcare services.

Maternity services are absolutely essential and the RCOG is helping units to plan have to staff obstetrics and gynaecology services, to ensure safe care is provided. This includes reducing staff commitments outside maternity units, reducing any non-essential work within Trusts and re-organising staffing in obstetrics and gynaecology services.

Maternity units are increasingly providing consultations on the phone or by video link, when this is appropriate, so you do not have to travel unnecessarily to the hospital. However, some in person visits with a midwife are essential and it is important for the wellbeing of you and your baby that you attend these to have routine checks.

Routine gynaecology operations are being postponed and, in many units, arrangements are being made for gynaecology doctors to work in the maternity unit.

Q. Will my childbirth choices be affected by the coronavirus pandemic?

We understand this must be a stressful and anxious time if you are pregnant and due to give birth in the coming months. Maternity units everywhere are working around the clock right now to manage additional pressures and facilitate women's choices.

Like all areas of NHS care, maternity services will be affected by the pandemic but units are working to ensure services are provided in a way that is safe, with the levels of staff that are needed and the ability to provide emergency care where necessary.

If you have chosen to give birth at home or in a midwife-led unit that is not co-located with an obstetric unit, it is worth noting that these services rely on the availability of ambulance services to allow for rapid transfer to hospital, and the right number of staff to keep you safe. If these are not in place, it is possible that your Trust or Board may not be able to provide these services.

Q. Will I be able to have my birth partner with me during labour and birth?

Yes, you should be encouraged to have a birth partner present with you during labour and birth. Having a trusted birth partner present throughout labour is known to make a significant difference to the safety and well-being of women in childbirth.

If your birth partner has symptoms of coronavirus, they will not be allowed to go into the maternity suite, to safeguard the health of the woman and the maternity staff supporting you

Local Trusts may place restrictions on visitors which might mean that partners are not able to attend routine antenatal appointments, or stay with women on antenatal or postnatal wards. However, this should not impact on your birth partner's presence during your labour and the birth, unless they are unwell.

Q. Will I be able to have my birth partner with me if I am being induced?

A birth partner without symptoms should be able to attend your induction of labour where that is in a single room (e.g. on the Labour Ward) but not if the induction takes place in a bay on a main ward, as it would not be possible to achieve the necessary social distancing measures.

We understand this must be a very worrying and anxious time if you are pregnant and your partner can't be with you while you are being induced, however it is essential that we limit the number of visitors to hospitals during this time.

This guidance is in place to protect other pregnant women and babies, and birth partners themselves. Please be assured that if your partner is unable to be with you on a ward during your induction, this will not impact on your birth partner's presence during labour and the birth, unless they are unwell. At the point you go into active labour, you will be moved to your own room and your birth partner will be able to join you.

Q. Will my birth partner be able to stay with me if I have a caesarean or instrumental birth that occurs in an operating theatre?

We fully support women having their birth partners with them during labour and the birth, unless they are unwell, when an alternative birth partner can attend. Around one in four women in the UK has a caesarean birth. A caesarean may be recommended as a planned (elective) procedure, for medical reasons, or as an emergency, for example if doctors and midwives are concerned that your baby is not coming with labour.

emergency, for example if doctors and midwives are concerned that your baby is not coping with labour and needs to be born immediately. Furthermore, around one in five women in the UK has an instrumental birth; some of these may also be recommended to occur in an operating theatre in order to allow the team to modify plans and undertake a caesarean birth if necessary.

Most caesareans and instrumental births in theatre are carried out under spinal or epidural anaesthetic, which means you'll be awake, but the lower part of your body is numb and you cannot feel any pain. In this situation, everything will be done by the clinical staff – midwives, obstetricians and anaesthetists – to keep your birth partner with you.

Due to the coronavirus pandemic, staff in the operating theatre will be wearing enhanced personal protective equipment (PPE) to prevent the spread of infection, which will make it more difficult for them to communicate. To enable the clinicians to assist in the birth of your baby safely, it's really important your birth partner follows the instructions from the maternity team carefully and quickly.

Occasionally, a general anaesthetic (where you're put to sleep) may be used, particularly if your baby needs to be born urgently. During this type of caesarean birth, even under more routine circumstances, for safety reasons it is not recommended for the birth partner to be present during the birth.

While the maternity team will do all they can to ensure that your partner is present for the birth, there will be some occasions when there is a need for an urgent emergency birth with epidural or spinal anaesthetic, and it is not possible for your partner to be present. This is because during an emergency operating theatres are more high risk environments in terms of potential spread of coronavirus to everyone who is present.

If it is the case that your partner will not be able to be present during the birth, your maternity team will explain this to you and will do everything they can to ensure that your partner can see you and your baby as soon as possible after the birth.

Q. Is there any advice for birth partners during the coronavirus pandemic?

- We are asking you to follow the guidance below to keep yourself, your family, other families and our staff as safe as possible during the pandemic.
- During the coronavirus pandemic, all hospitals are restricting visitors but there are exceptions for a birthing partner during active labour and birth.
- Every woman should be able to have one birth partner stay with her through labour and birth, unless the birth occurs under a general anaesthetic.
- To help prevent spread of coronavirus to other mothers, their babies, and to key front-line healthcare staff, it is very important that you do not attend the maternity unit if you have any symptoms of coronavirus or have had any in the previous 7 days
- If you are unwell, protect your family and our NHS staff and stay at home. To prepare for this, women and their partners are being encouraged to think about an alternative birth partner, if required
- If you are supporting a woman during labour and birth, please be aware of the strict infection control procedures in place to prevent the spread of coronavirus to pregnant women and their babies, as well as other vulnerable people within the hospital and the maternity staff.
- Please wash your hands regularly with soap and water and use hand sanitiser gel in clinical areas as available
- If you cough or sneeze, please cover your mouth with a tissue and dispose of this in a bin immediately,
- Stay in the labour room with your partner. Do not move (/walk) around the Labour Ward unaccompanied – use the call bell if you require assistance.
- If you are asked to wear a mask or any personal protective equipment (PPE) during the labour or birth, it is very important so please follow the instructions carefully, and to take it off before you leave the clinical area.
- If you are accompanying a woman to her caesarean birth, please be aware that operating theatre

- If you are accompanying a woman to her caesarean birth, please be aware that operating theatre staff will be wearing PPE and it may be more difficult for them to communicate with you:
 - o A staff member will be allocated to support you; please carefully follow their instructions and approach them if you have any questions.
 - o To enable the clinical staff to do their job, it is very important that you do not move around the operating theatre as you risk de-sterilising sterile areas and spreading the virus.
 - o The maternity team will do everything they can to enable you to be present for the birth. However, if there is a particular safety concern, they may ask that you are not present in the operating theatre. If this is the case, the team should discuss this with you and explain their reasons unless it is an emergency.
- We understand this is a stressful and anxious time for pregnant women and their partners and we thank you for your cooperation during this time
- Please be assured that all of the maternity team staff will do all we can to provide information, guidance and support to you and your partner.

Advice for pregnant women with suspected or confirmed coronavirus infection

Q. What should I do if I think I may have coronavirus or been exposed?

If you are pregnant and you have either:

- a high temperature
- a new, continuous cough

You should stay at home for 7 days. Do not go to a GP surgery, pharmacy or hospital. You do not need to contact NHS 111 to tell them you are staying at home. You do not need a test for coronavirus. At the present time, only people with severe symptoms who require overnight admission to hospital will be tested.

You should contact your maternity unit to inform them that you have symptoms suggestive of coronavirus, particularly if you have any routine appointments in the next 7 days.

You should use the NHS 111 online coronavirus service, or call NHS 111 if:

- you feel you cannot cope with your symptoms at home
- your condition gets worse
- your symptoms do not get better after 7 days

If you have concerns about the wellbeing of yourself or your unborn baby during your self-isolation period, contact your midwife or, out-of-hours, your maternity team. They will provide further advice, including whether you need to attend hospital.

Q. How will I be tested for coronavirus?

The process for diagnosing coronavirus infection is changing rapidly. At the current time, only people with severe symptoms who need at least overnight admission to hospital will be tested.

If you do require a test, you will be tested in the same way as anyone else, regardless of the fact that you are pregnant. Currently, the test involves swabs being taken from your mouth and nose. You may also be asked to cough up sputum, a mixture of saliva and mucus.

Q. What should I do if I test positive for coronavirus?

If you test positive for coronavirus, you should contact your midwife or antenatal team to make them

If you test positive for coronavirus, you should contact your midwife or antenatal team to make them aware of your diagnosis. If you have no symptoms, or mild symptoms, you will be advised to recover at home. If you have more severe symptoms, you might be treated in hospital.

Q. Why would I be asked to self-isolate (as opposed to reducing social contact)?

You may be advised to self-isolate because:

- You have symptoms of coronavirus, such as a high temperature or new, continuous cough
- You have tested positive for coronavirus and you've been advised to recover at home

Q. What should I do if I'm asked to self-isolate?

Pregnant women who have been advised to self-isolate should stay indoors and avoid contact with others for 7 days. If you live with other people, they should stay at home for at least 14 days, to avoid spreading the infection outside the home.

The NHS [guidance](#) on self-isolation currently recommends people should:

- Not go to school, work, NHS settings or public areas
- Not use public transport
- Stay at home and not allow visitors
- Ventilate the rooms where they are by opening a window
- Separate themselves from other members of their household as far as possible, using their own towels, crockery and utensils and eating at different times
- Use friends, family or delivery services to run errands, but advise them to leave items outside.

You may wish to consider online fitness routines to keep active, such as pregnancy yoga or Pilates.

Q. Can I still attend my antenatal appointments if I am in self-isolation?

You should contact your midwife or antenatal clinic to inform them that you are currently in self-isolation for possible/confirmed coronavirus and ask for advice on going to routine antenatal appointments.

It is likely that routine antenatal appointments will be delayed until isolation ends. If your midwife or doctor advises that your appointment cannot wait, the necessary arrangements will be made for you to be seen. For example, you may be asked to attend at a different time, or in a different clinic, to protect others.

Q. How will my care be managed after I have recovered from coronavirus?

If you have confirmed coronavirus infection, as a precautionary approach, an ultrasound scan will be arranged at least two weeks after your recovery, to check that your baby is well.

If you have recovered from coronavirus and tested negative for the virus before you go into labour, where and how you give birth will not be affected by your previous illness. Visitor numbers may be restricted to promote recommended social distancing but your birth partner will be able to be with you, provided they are not unwell.

Q. What do I do if I feel unwell or I'm worried about my baby during self-isolation?

Pregnant women who are self-isolating are advised not to attend maternity units or A&E unless in need of urgent pregnancy or medical care.

If you have concerns about the wellbeing of yourself or your unborn baby during your self-isolation

period, contact your midwife or, out-of-hours, your maternity team. They will provide further advice, including whether you need to attend hospital.

If you are advised to go to the maternity unit or hospital, pregnant women are asked to travel by private transport, or arrange hospital transport, and alert the maternity unit reception once on the premises, before going into the hospital.

Q. Will being in self-isolation for suspected or confirmed coronavirus affect where I give birth?

As a precautionary approach, pregnant women with suspected or confirmed coronavirus when they go into labour, are being advised to go to obstetric unit for birth, where the baby can be monitored using continuous electronic fetal monitoring, and your oxygen levels can be monitored hourly.

The continuous fetal monitoring is to check how your baby is coping with labour. As continuous fetal monitoring can only take place in an obstetric unit, where doctors and midwives are present, it is not currently recommended that you give birth at home or in a midwife led unit, where there would not be doctor present and where this monitoring would not be possible.

We will keep this advice continually updated as new evidence emerges. Maternity units everywhere are working around the clock right now to manage additional pressures and facilitate women's choices to the best of their abilities.

Q. Will being in self-isolation for suspected or confirmed coronavirus affect how I give birth?

There is currently no evidence to suggest you cannot give birth vaginally or that you would be safer having a caesarean birth if you have suspected or confirmed coronavirus, so your birth choices should be respected and followed as closely as possible based on your wishes.

However, if your breathing (respiratory condition) suggests that your baby needs to be born urgently, a caesarean birth may be recommended.

It is not recommended that you give birth in a birthing pool in hospital if you have suspected or confirmed coronavirus, as the virus can sometimes be found in faeces. This means it could contaminate the water, causing infection to pass to the baby. It may also be more difficult for healthcare staff to use adequate protection equipment during a water birth.

There is no evidence that women with suspected or confirmed coronavirus cannot have an epidural or a spinal block. In our previous version of the guidance it was suggested that the use of Entonox (gas and air) may increase aerosolisation and spread of the virus, but a review of the evidence suggests there is no evidence that Entonox is an aerosol-prone procedure, so there is no reason you cannot use this in labour.

Q. What happens if I go into labour during my self-isolation period?

If you go into labour, you should call your maternity unit for advice, and inform them that you have suspected or confirmed coronavirus infection.

If you have mild symptoms, you will be encouraged to remain at home (self-isolating) in early labour, as usual.

Your maternity team have been advised on ways to ensure that you and your baby receive safe, quality care, respecting your birth choices as closely as possible.

When you and your maternity team decide you need to attend the maternity unit, general recommendations about hospital attendance will apply:

- You will be advised to attend hospital via private transport where possible, or call 111/999 for advice, as appropriate
- You will be met at the maternity unit entrance and provided with a surgical face mask, which will need to stay on until you are isolated in a suitable room
- Coronavirus testing will be arranged
- Your birth partner(s) will be able to stay with you throughout, but visitors should be kept to a minimum

Advice for women with suspected or confirmed coronavirus infection who have recently given birth

Q. Could I pass coronavirus to my baby?

As this is a new virus, there is limited evidence about caring for women with coronavirus infection in women when they have just given birth. A small number of babies have been diagnosed with coronavirus shortly after birth, so there is a chance that infection may have occurred in the womb, but it is not certain whether transmission was before or soon after birth. Your maternity team will maintain strict infection control measures at the time of your birth and closely monitor your baby.

Q. Will my baby be tested for coronavirus?

If you have confirmed or suspected coronavirus when the baby is born, doctors who specialise in the care of newborn babies (neonatal doctors) will examine your baby and advise you about their care, including whether they need testing.

Q. Will I be able to stay with my baby/give skin-to-skin if I have suspected or confirmed coronavirus?

Yes, if that is your choice. Provided your baby is well and doesn't require care in the neonatal unit, you will stay together after you have given birth.

In some other countries, women with confirmed coronavirus have been advised to separate from their baby for 14 days. However, this may have potential negative effects on feeding and bonding.

A discussion about the risks and benefits should take place between you and your family and the doctors caring for your baby (neonatologists) to individualise care for your baby.

This guidance may change as knowledge evolves.

Q. Will I be able to breastfeed my baby if I have suspected or confirmed coronavirus?

Yes. There is no evidence showing that the virus can be carried in breastmilk, the well-recognised benefits of breastfeeding outweigh any potential risks of transmission of coronavirus through breastmilk.

The main risk of breastfeeding is close contact between you and your baby, as if you cough or sneeze, this could contain droplets which are infected with the virus, leading to infection of the baby after birth.

A discussion about the risks and benefits of breastfeeding should take place between you and your family and your maternity team.

and your maternity team.

This guidance may change as knowledge evolves.

When you or anyone else feeds your baby, the following precautions are recommended:

- Wash your hands before touching your baby, breast pump or bottles
- Try to avoid coughing or sneezing on your baby while feeding at the breast
- Consider wearing a face mask while breastfeeding, if available
- Follow recommendations for pump cleaning after each use
- Consider asking someone who is well to feed your expressed breast milk to your baby.

If you choose to feed your baby with formula or expressed milk, it is recommended that you follow strict adherence to [sterilisation guidelines](#). If you are expressing breast milk in hospital, a dedicated breast pump should be used.

Q. After the birth, is there any increased risk to me or my baby?

There is no evidence that women who have recently had a baby and are otherwise well are at increased risk of contracting coronavirus or of becoming seriously unwell. A recently pregnant mum's immune system is normal unless she has other forms of infection or underlying illness. You should however remain well-nourished with a balanced diet, take mild exercise as you feel fit and ensure social distancing guidance is followed. Children, including newborns, do not appear to be at high risk of becoming seriously unwell with the virus. However, close observation of hygiene, as always, is important and particularly with family members resident in the house. Anyone who enters the home should take standard hygiene precautions, including washing their hands, and be careful about handling the baby if they have symptoms of any illness including the coronavirus.

It is important that the baby is feeding well and gaining weight and if you have any concerns please contact your midwife. Once restrictions are lifted we would caution against large family gatherings to celebrate baby's arrival until more is known about the spread of the virus in the community.

Do not put off seeking medical advice if you have concerns about your baby's health during the pandemic. Seek medical advice if your baby has a fever, lethargy, irritability, poor feeding, or any other symptoms you may have concerns about.

Occupational health guidance for pregnant women who work in a public-facing role

Q. Can I still go to work? What if I work in a public-facing role?

We understand that it must be an anxious time if you are pregnant and you work in a public facing role, following the Chief Medical Officer's advice on 16 March 2020 that all pregnant women are in a vulnerable group.

Pregnant women who can work from home should do so. If you can't work from home, if you work in a public-facing role that can be modified appropriately to minimise your exposure, this should be considered and discussed with your occupational health team or employer.

More detailed [occupational health advice for pregnant women](#), including those who cannot work from home was published on 21 March 2020, and updated on 26 March. It recommends that if you are in your first or second trimester (less than 28 weeks pregnant), with no underlying health conditions, you should practise [social distancing](#) but can choose to continue to work in a public-facing role, provided the necessary precautions are taken - these include the use of personal protective equipment (PPE) and risk

necessary precautions are taken – these include the use of personal protective equipment (PPE) and risk assessment.

If you are in your third 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. Read the government guidance on [social distancing](#).

Q. What is the advice if I am a healthcare worker and pregnant?

The [guidance](#) was updated on 26 March to emphasise that pregnant women of any gestation should be offered the choice of whether to work in direct patient-facing roles during the coronavirus pandemic. Your choices on whether you continue to work in direct patient-facing roles during the coronavirus pandemic should be respected and supported by your employers.

Advice for pregnant healthcare workers before 28 weeks gestation

If you are in your first or second trimester (less than 28 weeks pregnant), with no underlying health conditions, you should practise [social distancing](#) but can choose to continue to work in a patient-facing role. If you choose to continue working, it is strongly recommended the necessary precautions are taken. You should avoid, where possible, caring for patients with suspected or confirmed coronavirus infection. If this is not possible, you should use personal protective equipment (PPE) and ensure a thorough risk assessment is undertaken.

Some working environments, such as operating theatres, respiratory wards and intensive care/high dependency units, carry a higher risk for all pregnant women of exposure to the virus and all healthcare workers in these settings are recommended to use appropriate PPE.

Advice for pregnant healthcare workers after 28 weeks gestation, or with an underlying health condition

If you are in your third trimester (more than 28 weeks pregnant), or have an underlying health condition – such as heart or lung disease – we strongly recommend you avoid direct patient contact. It is better to work from home where possible, avoid contact with anyone with symptoms of coronavirus, and significantly reduce unnecessary [social contact](#).

We encourage employers to seek opportunities for pregnant healthcare workers in their third trimester to work flexibly in a different capacity, to avoid roles where they are working directly with patients.

Whatever gestation of your pregnancy, you should discuss your individual circumstances with your local Occupational Health department.

The evidence base for this new virus is growing rapidly and, as and when new information emerges, the Government and professional bodies will update the guidance.

Maternity Action has published [FAQs around rights and benefits during pregnancy and maternity leave](#) which you may find helpful: maternityaction.org.uk/covidmaternityfaqs/

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