**Updated advice for pregnant women who are working in the NHS and other work settings during the coronavirus outbreak**

|  |  |
| --- | --- |
| **Organisation:** | Royal College of Obstetricians and Gynaecologists |
| **Type:** | Press Release |
| **Date:** | 26 March 2020 |

* Updated guidance emphasises that pregnant women of any gestation should be offered the choice of whether to work in direct patient-facing roles during the coronavirus pandemic
* Women who are less than 28 weeks pregnant should practise social distancing but can choose to continue working in a patient-facing role, provided the necessary precautions are taken
* Women who are more than 28 weeks pregnant, or have underlying health conditions, should avoid direct patient contact and it is recommended that they stay at home

Pregnant women's choices on whether they work in direct patient-facing roles during the coronavirus pandemic should be respected and supported by their employers, according to [updated national guidance](https://bit.ly/3buFksW) from the Royal College of Obstetricians and Gynaecologists and the Royal College of Midwives.

Coronavirus (COVID-19) infection poses a risk to all members of the population, particularly to people with underlying conditions. The groups who appear to be at the lowest risk of developing severe disease are children and healthy adults. It is reassuring that there is as yet no robust evidence that pregnant women are more likely to become infected than other healthy adults.

This guidance, first published on 21 March, is based on evidence from other respiratory infections, such as influenza and SARS, that pregnant woman who contract significant respiratory infections in the third trimester are more likely to become seriously unwell. This may also lead to preterm birth of the baby, intended to enable the mother to recover through improving the efficiency of her breathing or ventilation.

Currently, there is no evidence to suggest that coronavirus causes problems with the baby's development or causes miscarriage. There is also no evidence that coronavirus be passed from mother to baby in utero (vertical transmission) and no previous coronavirus has been shown to cause fetal abnormalities.

This guidance is based on limited evidence from the pandemic so far with evidence extrapolated from other similar viral illnesses. We are actively seeking more evidence and will update this guidance when this is available.

**Dr Jenny Harries, Deputy Chief Medical Officer, said:**

“The Government has taken the precautionary approach to include all pregnant women in a vulnerable group. This guidance will give pregnant healthcare workers the ability to make an informed choice about how they can continue to make an active and valuable contribution to the huge challenge facing us, whether at home or in the workplace.”

**Dr Edward Morris, President of The Royal College of Obstetricians and Gynaecologists, said:**

“We fully understand and empathise with the fear and anxiety faced by all healthcare professionals at this uncertain time, and particularly by staff with vulnerabilities, including pregnant healthcare professionals. Although the evidence to date available offers no evidence of harm, it is not possible to give absolute assurance to any pregnant woman that contracting coronavirus carries no risk to her baby and no risk to her over and above that experienced by a non-pregnant healthy individual.

“In light of the limited evidence, pregnant women of any gestation should be offered the choice of whether to work in direct patient-facing roles during the COVID-19 pandemic, and their choices should be respected and supported.”

**Gill Walton, Chief Executive of The Royal College of Midwives, said:**

“I know that many pregnant midwives and maternity support workers have been working hard supporting pregnant women while naturally being concerned for themselves. I want to assure you we are doing everything we can to get the right information to you. In the UK, there already exist significant protections in law for pregnant healthcare workers and these must be followed in relation to COVID-19.

“NHS Employers should do everything possible to maintain the health and wellbeing of their pregnant employees. The central aspect of this protection is based on risk assessment of each individual pregnant workers working environment and the role they play. We know that many hospital trusts and boards across the country are supporting many women in these choices and we strongly encourage others to do the same.”