

RCOG Advice for Pregnant Healthcare Workers

- New advice for pregnant women who are working in the NHS and other work settings has been published
- Women who are less than 28 weeks pregnant should practise social distancing but can 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

This further clarification has been included in [updated national guidance](#) from the Royal College of Obstetricians and Gynaecologists, the Royal College of Midwives, and the Royal College of Paediatrics and Child Health, with input from the Royal College of Anaesthetists and the Obstetric Anaesthetists' Association.

The [revised guidance](#) outlines how pregnant women working in healthcare settings can achieve the recommendation for everyone in the UK to limit unnecessary social contact.

Pregnant women in their first or second trimester, that is under 28 weeks' gestation, with no underlying health conditions, are advised to follow the guidance on social distancing in the same way as the general population and other colleagues. This means they can continue to work but avoid, where possible, caring for patients with suspected or confirmed coronavirus infection, through the use of personal protective equipment (PPE) and risk assessment.

Some working environments, such as operating theatres, respiratory wards and intensive care/high dependency units, carry a higher risk for pregnant women of exposure to the virus and all healthcare workers in these settings are recommended to use appropriate PPE. Where possible, pregnant women are advised to avoid working in these areas with suspected or confirmed coronavirus patients.

For pregnant women in their third trimester, after 28 weeks' gestation, and those at any stage of pregnancy with an underlying health condition – such as heart or lung disease – a more precautionary approach is advised.

Women should work from home where possible, avoid contact with anyone with symptoms of coronavirus, and significantly reduce unnecessary social contact. Employers should seek opportunities for these individuals to work flexibly in a different capacity, to avoid roles where they are working directly with patients.

Advice for Managers:

Q1. If a pregnant staff member is needed to work in a higher risk area, can she refuse?

A. YES as level of anxiety likely to be so high that she may not work effectively in any case.

Q2. What other areas should be avoided where possible?

A. If they could be faced with doing / assisting emergency aerosol generating procedures (AGP) without anyone to take over, this would be a criteria for not working in the area?

Q3. Can pregnant woman work in other areas where there are suspected / confirmed COVID patients eg ward but not ICU / HDU? –

A. YES so long as the answer to Q2 above is NO - but of course with caveat that appropriate PPE is always used.

Q4. Can pregnant woman work in areas where there are AGP on patients who are not suspected / confirmed COVID patients?

A. YES but with caveat that like everyone appropriate PPE is used. For example with theatre cases for non-COVID patients.