Royal College of Obstetricians & Gynaecologists

COVID-19 virus infection and pregnancy

Occupational health advice for employers and pregnant women during the COVID-19 pandemic

Version 3.1: Published Monday 27 April 2020

Updates

Please note that version 1 of this occupational health guidance was published as a chapter in the RCOG's general Coronavirus (COVID-19) Infection in Pregnancy guidance. The occupational health guidance will now be published as a separate document given the audiences for each document are distinct. It is hoped that this will make it easier for all healthcare professionals to stay updated as new versions of each document are published in line with emerging evidence.

The occupational health guidance will continue to be referenced in the general Coronavirus (COVID-19) Infection in Pregnancy guidance.

Version	Date	Summary of changes
2.1	30.3.20	**2.2:** Update - Assessment of the risk of vertical transmission has been changed to 'probable', in line with a single case report published 26.3.20 that showed the first convincing evidence of COVID-19 being transmitted to the baby during pregnancy.
3	21.04.20	**1:** Statement regarding the scope of the guidance.
3	21.04.20	**Throughout:** Further review by the Faculty of Occupational Medicine who now co-badge this guidance. Clarity that responsibility for risk assessment in the workplace lies with the employer, and that this can be supported by the occupational health team where the health status of individual employees must be considered.
3	21.04.20	**2.2:** Clarity that there has now been a second case report of neonatal IgM to SARS-COV-2 at birth.
3	21.04.20	**3:** Link to further information, available from the Faculty of Occupational Medicine.
3	21.04.20	**3.1:** Clarification that all pregnant women should have a risk assessment about the risk of continuing work, carried out by a person appointed by their employer, during the COVID-19 pandemic.

3	21.04.20	**3.1:** Clarification that responsibility lies with the employer to modify the working environment, to reduce the risk of the pregnant woman being infected with SARS-COV-2.
3	21.04.20	**3.1:** Clarification that pregnant women who are under 28 weeks' gestation can only continue working in direct patient-facing roles, where the risk assessment supports this.
3	21.04.20	**3.3:** Clarification that pregnant women who are more than 28 weeks can only continue working where the risk assessment supports this.
3	21.04.20	**3.2:** Statement that employment issues such as pay and remuneration are beyond the scope of this clinical guidance. Inclusion of the names of organisations who may be able to support pregnant women with this, if required.
3.1	27.04.20	**3:** Clarification added that occupational health assessment must take into account the pregnant worker's physical and mental health.

1. Introduction

Everyone in the UK is advised to follow guidance from the Government to lessen the spread of COVID-19. As of Monday 23 March 2020, this has been updated to guidance to stay at home, with the exception of a limited number of circumstances, detailed **here**.

However, for individuals in key professions, travelling to and participating in work remains essential in this national emergency.

For pregnant women in these key professions, and in particular for pregnant healthcare professionals, the following information may be helpful when discussing how best to ensure health and safety in the workplace with their line managers and occupational health teams.

Neither the RCOG nor the Faculty of Occupational Medicine are trade unions, and it is not within either's remit to advise healthcare professionals on employment rights. Such information can be obtained from trade unions or from charities. In particular, relevant information about employment rights for pregnant healthcare workers is available from the RCM. This guidance aims to provide employers and pregnant women with information and available clinical evidence on the risks of continuing to work during the COVID-19 pandemic.

2. Available information about risks of contracting COVID-19 in pregnancy

COVID-19 poses a risk to all members of the population, particularly to people with co-morbidities. 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 individuals.

2.1 Risk to pregnant women

It is known from other respiratory infections (e.g. influenza, SARS)[1,2] that pregnant woman who contract significant respiratory infections in the third trimester (after 28 weeks) are more likely to become seriously unwell. This may also lead to preterm birth of their baby, intended to enable the woman to recover through improving the efficiency of her breathing or ventilation.[3,4]

Given these additional considerations for pregnant women who become seriously unwell in the later stages of pregnancy, the Government has taken the precautionary approach to include pregnant women in a vulnerable group. This is so that pregnant women are aware of the current lack of available evidence relating to this virus in pregnancy; and particularly, to encourage awareness that pregnant women in later stages of pregnancy could potentially become more seriously unwell.

2.2 Risk to the baby

Currently, there is no evidence to suggest that COVID-19 causes problems with a baby's development or causes miscarriage. With regard to vertical transmission (transmission from woman to baby antenatally or intrapartum), emerging evidence now suggests that vertical transmission is probable. There have been case reports in which this appears likely, but reassuringly the babies were discharged from hospital and are well. In all other reported cases of COVID-19 in babies, infection was found at least 30 hours after birth. The proportion of pregnancies affected by vertical transmission and the significance to the neonate is not yet known.[4-11]

No previous coronavirus has been shown to cause fetal abnormalities and, while COVID-19 is new, there are no reports of an increased incidence of fetal abnormality at routine scans in Asia, indicating this is likely to be the same for the novel coronavirus.

Although the available evidence to date offers no evidence of harm, it is not possible to give absolute assurance to any pregnant woman that contracting COVID-19 carries no risk to her baby and no risk to her over and above that experienced by a non-pregnant healthy individual. The information above combines the limited evidence from COVID-19 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.

3. Recommendations for pregnant healthcare workers

In the UK, significant protections in law for pregnant healthcare workers already exist. These must be followed in relation to COVID-19. NHS employers should do everything possible to maintain the health of their pregnant employees. The central aspect of this protection is based on risk assessment of each individual pregnant worker's working environment, their mental and physical health, and the role they play.

Acknowledging the evidence above and following discussion with the Government and UK Chief Medical Officers, the following recommendations should assist pregnant healthcare workers, line managers and occupational health teams in conducting this risk assessment.

Further information on keeping the healthcare workforce safe is available from the Faculty of Occupational Medicine, although this is not specific to healthcare workers who are currently pregnant.

3.1 Protection of all pregnant healthcare workers

Every pregnant worker should have a risk assessment with their manager, which may involve occupational health.

Employers should modify the working environment to limit contact with suspected or confirmed COVID-19 patients to minimise the risk of infection as far as possible.

In the light of the limited evidence, pregnant women can only continue to work in direct patient-facing roles if they are under 28 weeks' gestation and if this follows a risk assessment that recommends they can continue working, subject to modification of the working environment and deployment to suitable alternative duties. Pregnant women of any gestation should not be required to continue working if this is not supported by the risk assessment, as per the Management of Health and Safety at Work Regulations 1999 (MHSW). If a risk assessment indicates that a pregnant woman under 28 weeks' gestation can continue to work in a patient facing role, and the woman chooses to do so, she should be supported by her employer.

Suitable alternative duties might include remote triage, telephone consultations, governance or administrative roles. This is in line with the national guidance that workers, including healthcare professionals, who are also identified by the government as vulnerable to COVID-19 should participate in their own risk assessment.

3.2 Choices for pregnant healthcare workers prior to 28 weeks' gestation

Following a risk assessment with their employer and occupational health, pregnant women should only be supported to continue working if the risk assessment advises that it is safe for them to do so. This means that employers must remove any risks (that are greater in the workplace than to what they would be exposed

to outside of the workplace), or else they should be offered suitable alternative work. Issues about pay and remuneration are beyond the remit of this guidance. If alternative work cannot be found, advice on suspension and pay should be sought from the relevant trade union and/or staff representative. There is some further guidance available from the BMA, RCM and Maternity Action.

Some working environments (e.g. operating theatres, respiratory wards and intensive care/high dependency units) carry a higher risk of exposure to the virus for all healthcare staff, including pregnant women, through the greater number of aerosol-generating procedures (AGPs) performed. These procedures are summarised in the PHE publication 'Guidance on Infection Prevention and Control'. When caring for suspected or confirmed COVID-19 patients, 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 patients with suspected or confirmed COVID-19 infection.

3.3 Healthcare workers after 28 weeks' gestation or with underlying health conditions

For pregnant women from 28 weeks' gestation, or with underlying health conditions such as heart or lung disease at any gestation, a more precautionary approach is advised. Women in this category should be recommended to stay at home. For many healthcare workers, this may present opportunities to work flexibly from home in a different capacity, for example by undertaking telephone or videoconference consultations, or taking on administrative duties.

All NHS employers should consider both how to redeploy these staff and how to maximise the potential for homeworking given current relaxation of NHS Information Governance requirements, wherever possible.

The RCM provides advice for pregnant healthcare workers who cannot be redeployed or work from home.

Staff in this risk group who have chosen not to follow government advice and attend the workplace must not be deployed in roles where they are working with patients. Services may want to consider deploying these staff to support other activities such as education or training needs (e.g. in IPC or simulation).

These measures will allow many pregnant healthcare workers to choose to continue to make an active and valuable contribution to the huge challenge facing us, whether at home or in the workplace, until the commencement of their maternity leave.

References

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The Royal College of Obstetricians and Gynaecologists (RCOG) provides this advice and guidance for your information purposes only. This information is not intended to meet your specific individual healthcare requirements and this information is not a clinical diagnostic service. If you are concerned about your health or healthcare requirements we strongly recommend that you speak to your clinician or other healthcare professional, as appropriate.

Disclaimer - Occupational Health Guidance

The Royal College of Obstetricians and Gynaecologists (RCOG) has produced this guidance for information purposes to support employers and pregnant women during the COVID-19 pandemic. This guidance is based on the best evidence available at the time of writing, and the guidance will be kept under regular review as new evidence emerges. Please be aware that the evidence base for COVID-19 and its impact on pregnancy and related healthcare services is developing rapidly and the latest data or best practice may not yet be incorporated into the current version of this document. The RCOG does not provide legal advice. If you are concerned about your employment rights or duties we strongly recommend that you speak to your trade union representative, legal adviser or other employment law consultancy.

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