

# **New and expectant mothers working in Health and Social Care**

## **Frequently asked questions regarding Occupational Health during COVID-19**

### **1. What is COVID-19?**

COVID-19 is an infectious disease caused by a new strain of coronavirus - Severe Acute Respiratory Syndrome Coronavirus 2 or SARS-CoV-2.

### **2. What are the risks of COVID-19 to me outside the workplace?**

Pregnant women do not appear more likely to contract the infection than the general population and most will experience mild illness, however pregnancy itself alters the body's immune system and response to viral infections in general, which can occasionally be related to more severe symptoms. This may also lead to preterm birth of the baby which is intended to enable the mother to recover through improving the efficiency of her breathing or ventilation.

In one study, a 46% preterm labour rate was seen in COVID-19 positive women in their 3<sup>rd</sup> trimester of pregnancy, although it was not always clear whether this was related to viral illness. Nevertheless, a precautionary approach to stay at home is recommended for pregnant women from 28 weeks' gestation, and those with underlying health conditions at any stage of pregnancy.

### **3. What are the risks of COVID-19 to my baby outside the workplace?**

There is currently no published data regarding the risk of 1<sup>st</sup> trimester (0 - 13+6 weeks) miscarriage or teratogenicity (foetal malformation) in relation to Covid-19.

There is sparse data emerging on women who contracted Covid-19 in the 2nd trimester (14 to 27+6 weeks) - all mothers were discharged from hospital - the women had not delivered at the time of publication and therefore neonatal and long-term outcomes are awaited.

With regard to vertical transmission (transmission from woman to baby antenatally or around the time of birth), 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. The proportion of pregnancies affected by vertical transmission and the significance to the newborn is not yet known.

### **4. How good is the evidence to inform me of these risks?**

SARS-CoV-2 had not been detected in humans before the outbreak in December 2019. As the virus is new, little is known about its effect on certain groups of people, including pregnant women. All evidence published for pregnant women and Covid-19 is low quality evidence based on non-analytical studies e.g. case series/ reports and expert opinion.

## 5. What are the risks within the workplace?

Preliminary results suggest healthcare workers internationally are being infected both in the workplace and in the community. Infections in healthcare workers internationally have been mostly mild, but severe outcomes, including deaths have also been reported.

In healthcare settings, factors associated with healthcare worker infection have included: late recognition or suspicion of COVID-19 in patients, working in a higher-risk department, longer duty hours, sub-optimal adherence to Infection Prevention and Control measures such as hand hygiene practices, and lack of or improper use of personal protective equipment (PPE).

Working environments where Aerosol-Generating Procedures (AGPs) are performed (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.

There are reports of asymptomatic infections (detection of virus with no development of symptoms) and pre-symptomatic infections (detection of virus prior to development of symptoms) with SARS-CoV-2, but their role in transmission is not yet fully understood.

Pregnant women admitted to hospital with COVID-19 were more likely to be of black or other minority ethnicity. The association with black, Asian or minority ethnicities (BAME) echoes previous findings that UK BAME pregnant women have worse outcomes, that individuals admitted to UK critical care are also more likely to be from BAME backgrounds and that individuals from BAME backgrounds are more likely to die from COVID-19.

The guidance from the Royal College of Obstetricians and Gynaecologists and Royal College of Midwives emphasises the importance of undertaking risk assessments with line managers. Occupational health may also be consulted.

## 6. What guidance is already available?

On 11th May 2020 the UK Government, issued guidance "[Staying alert and safe \(social distancing\)](#)". This identifies pregnant women as among the 'clinically vulnerable group' who are at increased risk of severe illness from coronavirus (Covid-19). This guidance indicates you should take particular care to minimise contact with others outside your household and includes a section on 'Going to work'.

Pregnant women with significant heart disease, congenital or acquired are at very high risk of severe Covid-19 should [follow UK Government clinically extremely vulnerable shielding' advice](#) and are strongly advised to stay at home at all times and avoid any face-to-face contact.

The Royal College of Obstetricians and Gynaecologists (RCOG) along with the Royal College of Midwives has developed [occupational health advice for employers and pregnant women during the COVID-19 pandemic](#). This guidance has particular advice for pregnant health and social care workers.

Public Health England have occupational health guidance for health and social care workers [here](#). This indicates that a risk assessment is required for health and social care staff at high risk of complications from COVID-19, including pregnant staff.

## **7. What is the Law regarding pregnant Health and Social Care Workers in the workplace?**

Legislation to protect the health and safety of new and expectant mothers at work, include:

- [Management of Health and Safety at Work Regulations 1999 \(MHSW\)](#)
- [Workplace \(Health, Safety and Welfare\) Regulations 1992 \(the Workplace Regulations\)](#)
- [Equality Act 2010](#)

### Management of Health and Safety at Work Regulations 1999 (MHSW)

The Management of Health and Safety at Work Regulations 1999 implement the health and safety requirements of the Pregnant Workers Directive (92/85/EEC) into UK law-

Regulation 3 of MHSW places a legal duty on all employers to assess the health and safety risks that their employees are exposed to whilst at work. Once the risks have been assessed, the employer is then required to put in place the appropriate health and safety measures to control those identified risks.

In addition to the requirements of Regulation 3 MHSW, Regulation 16 of MHSW also requires that the risk assessment should include any specific risks to females of childbearing age who could become pregnant, and any risks to new and expectant mothers. These risks can be from any process, working conditions, or physical, biological or chemical agents.

Further information on the law and workplace risk assessments can be found here: <https://www.hse.gov.uk/mothers/>