

## COVID-19: Managers' Guide: Assessing Staff who are Pregnant – Revised: 18.10.2022

Coronavirus (COVID-19): advice for pregnant employees – was withdrawn on 01/04/2022 directing individuals to the living safely with coronavirus (COVID-19)

<https://www.gov.uk/guidance/living-safely-with-respiratory-infections-including-covid-19#full-publication-update-history>

<https://www.gov.uk/guidance/people-with-symptoms-of-a-respiratory-infection-including-covid-19#higher-risk>

references pregnancy as:

**People at higher risk of becoming seriously unwell from a respiratory infection, including COVID-19**

People who are at higher risk from COVID-19 and other respiratory infections include:

- older people
- those who are pregnant
- those who are unvaccinated
- people of any age whose immune system means they are at higher risk of serious illness
- people of any age with certain long-term conditions

RCOG guidance states:

- Pregnant women appear no more or less likely to contract SARS-CoV-2 than the general population, and more than two-thirds of identified pregnant women have no symptoms. The most common symptoms of COVID-19 in pregnant women are cough, fever, sore throat, dyspnoea, myalgia and loss of sense of taste.
- There is growing evidence that pregnant women may be at increased risk of severe illness from COVID-19 compared with non-pregnant women, particularly in the third trimester. The overall risk of death remains very low.
- Risk factors associated both with being infected and hospitalised with COVID-19 include being unvaccinated, Black, Asian and minority ethnic backgrounds, having a body-mass index above 25 kg/m<sup>2</sup>, having a pre-pregnancy co-morbidity, (e.g. diabetes or hypertension), a maternal age of 35 years or older, living in increased socioeconomic deprivation, and working in healthcare or other public-facing occupations.
- The Delta variant seems to be associated with more severe disease: 1:10 of symptomatic women admitted to hospital with the Alpha variant needed admission to intensive care whereas this is 1:7 for symptomatic women with the Delta variant.
- The Omicron variant may be associated with less severe disease than the Delta variant, but it is more infectious, and it is still likely to be associated with adverse maternal and neonatal outcomes, especially in pregnant women who are unvaccinated.
- There is no reported increase in congenital anomalies incidence because of COVID-19 infection. Vertical transmission is uncommon.
- Maternal COVID-19 infection is associated with an approximately doubled risk of stillbirth and may be associated with an increased incidence of small-for-gestational age babies. The preterm birth rate in women with symptomatic COVID-19 appears to be two to three times higher than the background rate; these are primarily iatrogenic preterm births.

- Higher rates of perinatal mental health disorders have been reported during the pandemic, including anxiety and depression.

However also states:

“In addition to these, the risk of becoming infected with SARS-CoV-2 is higher in individuals who are more exposed, for example, those working in healthcare or other public-facing occupations.”

RCM - <https://www.rcm.org.uk/media/4409/nhs-trade-unions-joint-principles-on-pregnancy-and-covid-19.pdf> nothing different, risk assessment guidance

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19?msclkid=f0c17c22a6a411ecb4446ab5c5c46f72>

“Pregnant women are strongly advised to get vaccinated. If you are pregnant and you develop symptoms of COVID-19, it is important that you contact your GP, midwife, or maternity team, or 111. Guidance for pregnancy and COVID-19 can be found on the NHS website. The Royal College of Obstetricians and Gynaecologists (RCOG) also has a range of information on COVID-19 in pregnancy and vaccination. There is no longer separate guidance for people previously identified as CEV, although we recommend anyone with underlying health conditions takes care to avoid routine coughs, colds, and other respiratory viruses.”

### In summary:

On the basis of all guidance currently available there are no adjustments for pregnancy or additional risk assessment required and all staff (regardless of pregnancy status) should undergo a covid age risk assessment - <https://alama.org.uk/covid-19-medical-risk-assessment/> to assess their fitness for work and risk within the environment. This does not consider pregnancy as, outlined above, pregnancy is not an additional consideration at this time.

Following review of all current literature regarding COVID-19 and pregnancy, there is no longer a requirement to class pregnancy as an additional risk factor. The Alama risk assessment is sufficient in the management of COVID-19 risk. There will be a requirement for management to use some emotional intelligence in their conversations with pregnant staff who may be nervous by these changes and require reassurance they are not at higher risk.

For further advice regarding fitness for work, contact the Employee Health and Wellbeing (EHW) Team via: [ehw@mft.nhs.uk](mailto:ehw@mft.nhs.uk) or by phoning 0161 276 4289.

Please note that the EHW intranet pages have general advice and support as well as links to external resources which managers may find helpful.