

# UNITED KINGDOM

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## PRE COVID- 19 OUTBREAK: ANTENATAL CARE

General practitioners or family doctors were often women's first point of contact with professional antenatal care in England in 2017.<sup>1</sup> More recent data however has shown an increasing proportion of women seeing a midwife first.<sup>2</sup> However, most women (69%) reported that they had no choice of where they would have their antenatal checks.<sup>3</sup> Nevertheless healthcare contact by the patient was significantly later for those who left school at the ages of sixteen or under, for younger women and for those identifying as black or black/british.

The “*booking appointment*” structure contains a history-taking, with the patient also receiving pregnancy notes. This process is traditionally completed by a midwife. Although NICE Guidelines for *Antenatal care for uncomplicated pregnancies* propose taking the appointment before 10 weeks gestation, 34% of primiparous women and 41% of multiparous women had not attended their “*booking appointment*” by 10 weeks.<sup>4</sup> However, by 12 completed weeks, 95% of women had contact with a healthcare professional about maternity care.<sup>5,6</sup>

NICE antenatal guidelines advise 10 appointments for primiparous women and 7 for multiparous prior to birth. The current mean number of checks for all women is 10.2 across England showing a good rate of adherence to NICE guidelines<sup>7</sup>. Prior to the outbreak, the location of antenatal appointments varied with *few* taking place at the women's home, *most* taking place at a GP surgery, and *some* taking place at hospital clinics.<sup>8</sup> Guidelines delineate that the patient's appointments must take place in a safe environment, i.e. where the patient's ability to be transparent with the midwife is key. This is hard to replicate in a virtual appointment as the medical professional's capacity to ensure full confidentiality of the environment becomes difficult. With virtual consultations largely replacing in-person appointments during COVID, patients living in unstable homes with high domestic violence rates, are at risk of a compromised quality of care.

Non-invasive routine screening such as ultrasounds are performed between 10-13 weeks. However, according to the National Survey of Maternity Care, only 76% of women had been screened with a blood test or a nuchal scan for Down's syndrome whilst 22% of women did not want testing and were not screened.<sup>9</sup>

As pregnant women are of greater risk of developing influenza and associated complications, antenatal care during the H1N1 pandemic greatly decreased. In Worcestershire Acute Hospitals NHS Trust all group activities were

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<sup>1</sup> [https://www.cqc.org.uk/sites/default/files/20180130\\_mat17\\_statisticalrelease.pdf](https://www.cqc.org.uk/sites/default/files/20180130_mat17_statisticalrelease.pdf)

<sup>2</sup> [https://www.cqc.org.uk/sites/default/files/20200128\\_mat19\\_statisticalrelease.pdf](https://www.cqc.org.uk/sites/default/files/20200128_mat19_statisticalrelease.pdf)

<sup>3</sup> [https://www.cqc.org.uk/sites/default/files/20180130\\_mat17\\_statisticalrelease.pdf](https://www.cqc.org.uk/sites/default/files/20180130_mat17_statisticalrelease.pdf)

<sup>4</sup> <https://www.nice.org.uk/guidance/cg62/resources/antenatal-care-for-uncomplicated-pregnancies-pdf-975564597445>

<sup>5</sup> <https://researchonline.lshtm.ac.uk/id/eprint/2548656/1/Maternity-Survey-Report-2010%20%281%29.pdf>

<sup>6</sup> [https://www.cqc.org.uk/sites/default/files/20180130\\_mat17\\_statisticalrelease.pdf](https://www.cqc.org.uk/sites/default/files/20180130_mat17_statisticalrelease.pdf)

<sup>7</sup> <https://researchonline.lshtm.ac.uk/id/eprint/2548656/1/Maternity-Survey-Report-2010%20%281%29.pdf>

<sup>8</sup> <https://researchonline.lshtm.ac.uk/id/eprint/2548656/1/Maternity-Survey-Report-2010%20%281%29.pdf>

<sup>9</sup> <https://researchonline.lshtm.ac.uk/id/eprint/2548656/1/Maternity-Survey-Report-2010%20%281%29.pdf>

cancelled, women with flu-like symptoms were not seen except in emergency situations, and telephone and text updates were considered in lieu of in-person appointments.<sup>10</sup> This was also followed in Mid Essex Hospital Services NHS Trust, with healthcare contact minimised to essential contact only.<sup>11</sup>

Analysis on survey data discussing the healthcare experiences of pregnancy care in disabled women indicates that they had a significantly higher likelihood of a “negative” experience, especially during inclusion in decision-making processes and communication. This does not include those with sensory disabilities. Interestingly, whilst only 9% of non-disabled women stated that they had no choice in deciding the place of birth, 32% physically disabled women reported lack of choice. A key observation is that white women had a higher likelihood to report mental health/ learning disabilities in comparison to other ethnic groups.<sup>12</sup>

Furthermore a disparity in maternal mortality rates of BAME individuals also exists. As Garcia et al. reported in a scoping review on specific antenatal interventions in BAME women with high risk of birth outcomes in 2015, the white British maternal death rate is 8 per 100,000 maternities, compared with 28.05 for the black ethnic group, 12.52 for Pakistani and 12.47 for Bangladeshi individuals.<sup>13</sup> White women however were “significantly more likely to report mental health and learning disabilities” when compared with all other ethnic groups surveyed.

Other factors such as late bookings, spacing between pregnancies and levels of social support also impacts the quality of antenatal care provided.<sup>14</sup> A systematic review comparing the experiences of immigrant pregnant women found a similar trend, despite 25% of UK births being from foreign-born women<sup>15</sup>. Access to antenatal care by immigrant women, especially asylum seekers, was often sought after the recommended ten weeks. Primarily, this was due to socioeconomic factors such as; language barriers, a lack of awareness and understanding of the purpose of antenatal appointments, immigration status and economic stature. As several studies have concluded, more specific interventions relating to the unique physiological and socioeconomic factors affecting both immigrant and BAME mothers are required to enhance antenatal care in the UK.

## POST COVID-19 OUTBREAK: ANTENATAL CARE

Updated pregnancy guidelines published by the Royal College of Obstetricians and Gynaecologists (RCOG), with input from other Medical Royal Colleges, aim to account for both the clinical and organisational changes caused by the COVID-19 pandemic. With pregnant women already categorised as at-risk from viral infections due to immunological changes during pregnancy, guideline changes are expected in current circumstances. These include a suspension of carbon monoxide monitoring, advice for those in 28 weeks> of pregnancy to strictly adhere to social distancing

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<sup>10</sup> <http://webcache.googleusercontent.com/search?q=cache:Nm6nfl9hYacJ:www2.worcsacute.nhs.uk/EasysiteWeb/getresource.axd%3FAssetID%3D11190%26type%3Dfull%26servicetype%3DAttachme nt+%&cd=1&hl=en&ct=clnk&gl=uk>

<sup>11</sup> [https://webcache.googleusercontent.com/search?q=cache:m7vRLn1\\_wZIJ:https://www.meht.nhs.uk/EasysiteWeb/getresource.axd%3FAssetID%3D18713%26type%3Dfull%26servicetype%3DAttachme nt+%&cd=1&hl=en&ct=clnk&gl=uk](https://webcache.googleusercontent.com/search?q=cache:m7vRLn1_wZIJ:https://www.meht.nhs.uk/EasysiteWeb/getresource.axd%3FAssetID%3D18713%26type%3Dfull%26servicetype%3DAttachme nt+%&cd=1&hl=en&ct=clnk&gl=uk)

<sup>12</sup> <https://bmjopen.bmj.com/content/7/7/e016757>

<sup>13</sup> <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-015-0657-2>

<sup>14</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/pregnancyandethnicfactorsinfluencingbirthsandinfantmortality/2015-10-14>

<sup>15</sup> <https://bmjopen.bmj.com/content/bmjopen/9/12/e029478.full.pdf>

guidelines, and postponement of appointments with COVID19 positive individuals to 14 days post-symptom resolution.<sup>16</sup>

The UK has replaced the majority of face-to-face consultations with online and telephone consultations. Hospitals, such as the Royal Free, in London have introduced online consultations after first discussing with pregnant patients and resuming normal glucose tolerance testing in the hospital. If the patient/household starts exhibiting symptoms, appointments may only be delayed by 7 days if one lives alone and 14 days when living with others. In particular areas, women use at-home blood pressure machines and urinalysis sticks to self-monitor, whilst using online means to update healthcare professionals on readings. Although online consultations can be viewed as an interim measure, authentic communication may be hindered between women and midwives. This is especially challenging for non-English native speakers, those with a lack of IT resources and those in domestic violence situations.<sup>17</sup>

Many hospitals have continued to adopt the policy of normal 12- and 20-week scans, however, the patient must attend alone. Also, as all antenatal classes, tours and drop-ins have been cancelled in many regions, online resources and apps have been suggested as alternatives. However, fewer opportunities to hear the heartbeat and reduced mental health and learning disability support can disproportionately affect women with high risk pregnancies, such as those with high blood pressure<sup>18</sup> or are obese<sup>19</sup>. High levels of anxiety during pregnancy can have a detrimental effect on both the pregnant person and the fetus.<sup>20</sup> Heightened anxiety due to exposure to acute hospital settings during COVID, can lead to reduced interaction with healthcare providers. This can lead to missed cases of preeclampsia and other common pregnancy complications.

Anxiety can be exacerbated by attending appointments alone and general social isolation<sup>21</sup>. Although the number of visits are reduced according to individual maternity unit policy, guidelines have stated that women should attend appointments unless they have suspected/confirmed COVID-19. The negative mental health impacts of the COVID-19 seem to disproportionately affect women over men, with a study published in the Journal of Affective Disorders<sup>22</sup> finding that 53% of women reporting coronavirus-related stress as having had a negative mental health impact versus 36% of all men in the study. Pregnant women in particular showed elevated clinically relevant symptoms of anxiety, pregnancy-specific anxiety and depression compared to pre-pandemic cohorts. Concerns include, but are not limited to, lack of necessary prenatal care, harm to the baby and threat to life.<sup>23</sup> A combination of these factors may have shorter-term consequences (i.e. postnatal depression) and long-term impact on the fetus' health (i.e. higher likelihood of cognitive issues, behavioural problems and mental illness)<sup>24</sup>. However, those with stronger perceived social support and regular

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<sup>16</sup> <https://www.bmj.com/content/369/bmj.m1672>

<sup>17</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7286236/>

<sup>18</sup> <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/high-risk#f3>

<sup>19</sup> <https://www.nih.gov/news-events/news-releases/risk-newborn-heart-defects-increases-maternal-obesity>

<sup>20</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499279/>

<sup>21</sup> <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00589-w>

<sup>22</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7395614/>

<sup>23</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7395614/>

<sup>24</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7395614/>

physical exercise had a reduction in the probability of clinical elevated anxiety symptoms as well as prenatal depression.<sup>25, 26</sup>

A nationwide enquiry by the MBRRACE revealed an increased risk of poorer outcomes in pregnant women from BAME backgrounds admitted with coronavirus, as opposed to White European pregnant women. In general, the MBRRACE report has found that black women had five times the risk of white women for childbirth deaths during COVID.

An investigation conducted on behalf of the UK Obstetric Surveillance System SARS-CoV2 Infection in Pregnancy Collaborative Group showed that over 50% of women admitted to hospital with covid-19 are from ethnic minority background despite constituting less than a quarter of the total births. NHS England have, based on this data, advised that pregnant women from ethnic minority backgrounds who show covid-19 symptoms “should have a lower threshold” for review and escalation to multidisciplinary action.

Although maternity units stress maintaining good health with vitamins, supplements and nutrition, a particular consideration is vitamin D insufficiency, as women deficient in Vitamin D (higher likelihood in women with dark skin or women who cover up in the sun) may be more vulnerable to COVID-19.<sup>27</sup>

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<sup>25</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5155709/>

<sup>26</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7395614/>

<sup>27</sup> <https://www.nct.org.uk/pregnancy/coronavirus-and-pregnancy/bame-and-pregnant-what-you-need-know-about-coronavirus>