Western Cape Government
Health

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CIRCULAR H134 OF 2020: ALLOWING PARTNERS TO BE PRESENT DURING LABOUR

Purpose

To present options for allowing partners of pregnant women to be present during labour, in a manner that does not compromise coronavirus infection prevention control processes, during the time of the COVID-19 epidemic.

Background

Beholding and holding a newborn baby straight after birth, is a wondrous and sacred moment that both parents of the newborn should participate in, to share the joy and form a strong bond with the baby. Despite the wondrousness of birth, the labour before birth is painful, stressful, scary and fraught with anxiety. However, labour is eased for pregnant women to some degree by having a partner present to support them, soothe them, massage them, calm them, encourage them and share and thereby dissipate the stress during labour. Having a partner present also facilitates communication between the woman in labour and the maternity staff.

Distressingly the COVID-19 epidemic has ushered in many changes, one of which is the need to avoid crowding and maintain a safe physical distance between people, to prevent infecting others with the coronavirus. Due to this important safety measure we sadly cannot allow visitors to sick people in hospitals and nor can we allow partners to be present in the labour ward. Decreasing close contact between people is vital, if we are to prevent the spread of COVID-19. The labour wards are often small with poor ventilation and during labour they are frequently already crowded with other women in labour and healthcare staff. We therefore cannot allow more people into this closely confined space and hence sadly, partners cannot usually be allowed into the labour ward. An additional problem is that presymptomatic spread is a common transmission route and asymptomatic spread is also possible and hence screening via a symptom-based questionnaire is not an infallible mechanism for excluding COVID-19.

Additionally, we do not have sufficient PCR testing capacity available to test healthy appearing partners, and even if we had this capacity, the turn-around time of greater than 24 hours would make testing unhelpful in most instances. We are therefore usually unable to determine if partners have COVID-19 or not and hence our ability to allow them into the labour wards is further compromised.

Policy position

The conundrum we are faced with is the conflict between our strong desire to have partners present during labour and the need to decongest the labour ward, to allow safe physical distancing. However, should it be possible to safely accommodate a partner in the labour ward, then we should do so. This would occur when the labour ward is quiet with few patients and when the particular labour ward is large enough and well enough ventilated to accommodate a partner being present. This presents the opportunity to apply a nuanced policy with options centred around safety (prevent spread of COVID-19) but with flexibility to balance the risk of COVID-19 infection, with the desire to have a partner present during labour.

*The following three options are therefore permissible with **option 1 being the default option.***

Option 1

1. In the first instance and whenever there is uncertainty about the risk of COVID-19 infection, partners are **not** allowed in the labour ward.
2. Partners can, and are encouraged to be present in the nearby waiting room, provided that they screen negative for COVID-19 on the standard questionnaire. If they screen positive, then they are not allowed in the waiting room and should be assisted to isolate.
3. Where possible staff should and are encouraged to take messages from women in labour to their partners in the waiting room, to keep them updated on the progress of the labour and to bring messages of encouragement from the partners to the women in labour.
4. Soon after the baby is born and the mother has been transferred to the quieter postnatal ward, the partner should be allowed to briefly visit mother and child.

Option 2

1. If the labour ward is quiet, or if the labour ward is large enough, and if operational considerations allow it, then upon the discretion of the supervisor of the labour ward, a partner may be allowed to be present during labour.
2. But that partner is only allowed to be present in the labour ward if they screen negative on the standard COVID-19 questionnaire. If they screen positive, then they cannot be allowed in the labour ward and should be assisted to isolate.
3. And the partner has to wear a surgical mask at all times.
4. And the partner has to maintain good hand hygiene.
5. And the partner has to stay at the top end of the bed.

Option 3

1. If the partner has already been infected by and recovered from coronavirus infection then there is minimal risk of infection (thus far globally nobody has been infected twice) and the partner should be allowed in the labour ward.
2. Note that this has to be a PCR test verified coronavirus infection and hence proof of this is required.

By applying this discretionary policy, we trust that that partners will be allowed to be in the labour ward, whenever it is safely possible.

Yours sincerely

Dr Keith Cloete

Head: Western Cape Department of Health

Date: 7 July 2020