

Royal College of Obstetricians and Gynaecologists APPG submission

Guidance and support for NHS staff: The RCOG is committed to supporting the delivery of high quality women's healthcare in the context of COVID-19. We have developed a range of resources to inform and support healthcare professionals and the general public during the pandemic. This includes guidance for healthcare professionals on coronavirus (COVID-19) infection in pregnancy, which was created and published by the RCOG, Royal College of Midwives (RCM), Royal College of Paediatrics and Child Health, Public Health England and Public Health Scotland. This has been very well received by our Members, by the public and by NHS systems.

As a part of this, and following concerns regarding the lack of guidance for pregnant healthcare workers, the RCOG, in collaboration with the RCM and the Faculty of Occupational Medicine, created occupational health advice for employers and pregnant women. However, we are not best placed to provide employment advice and have been urging government to take responsibility for this particular aspect of guidance for several months now. We have been clear that we will continue to act as clinical advisors on any occupational health advice for pregnant women during the COVID-19 pandemic. The responsibility of such work, and how healthcare professionals are supported during this time, is one area of concern for the RCOG and perhaps an aspect of the COVID-19 response that the APPG might want to consider.

Best practice:

In many cases, healthcare services have been streamlined to provide safe and easily accessible care, often remotely, where possible. It is essential that these examples of best practice – which are in many cases cost-beneficial for the NHS – are not lost and are allowed to continue in the aftermath of the pandemic, and especially during expected winter pressures.

These include:

- widespread use of remote consultations in circumstances such as routine follow-up where physical examination is not required
- triaged new appointments with a low likelihood of examination, such as menopause
- telephone helplines and dedicated social media pages for clinical queries, staffed by dedicated personnel
- virtual wards
- networked services across providers, leading to improved collaboration and coordinated support for patients.

The APPG may want to consider how examples of best practice can continue throughout the pandemic, through a potential second-wave and beyond.

Health disparities: The College is concerned that health disparities experienced within the maternity care setting are being amplified during this period. Emerging data shows that there is a higher proportion of pregnant Black, Asian, and minority ethnic women admitted to hospital with COVID-19 when compared to pregnant white women. Furthermore, irrespective of pregnancy, Black, Asian, and minority ethnic women have a greater risk of death from confirmed COVID-19 than white women.

The reasons for health disparities are complex and not yet fully understood. The College has long called for more research into the reasons behind disparities in women's healthcare. This research is urgently required to mitigate against inequalities and consequential poor health outcomes during, and beyond, the COVID-19 pandemic.

Maternity workforce:

The UK Government designated maternity services as essential, and the RCOG is clear that the maternity workforce should not be redeployed in this, or any future, pandemic. This classification recognises the fact that maternity services cannot be paused. As such, it is essential to have in place

a sufficiently staffed and supported workforce across maternity, perinatal mental health and health visiting. Concerned at reports of redeployment of maternity staff, we conducted a survey of our members (consultants and junior doctors in obstetrics and gynaecology) in May 2020. The survey found that junior grade trainees, foundation doctors and locally employed doctors were redeployed outside maternity services in 53% of the trusts/units that responded. In almost a quarter of these trusts/units, all junior grade doctors were redeployed without reference to specialty requirements.

There have been several consequences of this redeployment. Over 80% of respondents said junior grade doctors had missed out on training opportunities. Consultants and middle grade doctors have been placed under increased and unsustainable stress running a core service without a valuable part of the workforce. More than a quarter reported significantly longer hours for those available to work.

Given the continuous demand for maternity services, it is vital that measures are put in place to protect staff in these roles from redeployment in any future waves of COVID-19.