



## Template Letters

The following template letters are for those struggling to get their support needs met during the Covid-19 pandemic. They are intended as a guide to support those who want to write to their Trust about this and will need to be adapted to include information about your own needs and situation, as well as the situation with your local maternity services.

The guidance on birth supporters is now different in each of the four nations of the UK. These letters refer to the guidance for England, so if you are in Scotland, Wales or Northern Ireland you will need to adapt the wording of your letter in line with the appropriate national guidance. For details of this guidance see the AIMS Birth Information page "[Coronavirus and your maternity care](#)".

We would suggest that letters are sent to your Head/Director of midwifery and to the Chief Executive at your local NHS Hospital Trust (or Board in Scotland) to ask them to consider your individual needs for support. Their email addresses should be available on the Trust's/Board's website. We suggest that you also send copies to the AIMS helpline [helpline@aims.org.uk](mailto:helpline@aims.org.uk) and to the appropriate people from the [list at the bottom of the page](#), making it clear in your email who else you have sent it to as this may help to focus people's attention on their responsibilities.

### When your Trust is saying you can't have a supporter with you during antenatal appointments

*Dear (insert name of Head/Director of midwifery)*

*I have been advised that policy at {Name of NHS Trust} says I may not have someone with me at any/some of my antenatal appointments and scans.*

*I understand the severe pressure on the NHS at the moment, and the challenges faced by staff. I very much appreciate their commitment to care during this time. I do understand that you are concerned about your staff risking being infected by coronavirus.*

*However, the revised guidance from NHS England<sup>1</sup> on visiting in-patient settings, published on 5th June, relaxed the restrictions which had previously prevented almost all hospital visiting. It now says that "Patients may be accompanied where appropriate and necessary to assist with the patient's communication and/or to meet the patient's health or social care needs." Furthermore, the first step recommended in NHS England's 'Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services'<sup>2</sup> is for Trusts to allow "supportive individuals for women with specific communication or care needs AND single adults attending where a woman requires familiar support for consultations which may cause her distress" to accompany women to outpatient maternity services.*

*I feel that this should mean that I am able to have someone accompany me to scans or other antenatal appointments when I feel I need this because...{explain here the reasons why you have a need to have the support of someone else at your appointments e.g. English is not your first language, you have a disability, mental health issues, previous pregnancy loss, previous birth trauma, etc. **and/or** Under the Equality Act 2010<sup>3</sup> I am classed as a person with a protected characteristic, specifically [insert specific characteristic - a list is available here: <http://www.legislation.gov.uk/ukpga/2010/15/part/2/chapter/1>]. Because of this, I do need to have someone to support me at antenatal appointments and the trust has an obligation to consider this.}*

*NHS England is encouraging Trusts to "be innovative in the way you reintroduce visiting" whilst taking steps to reduce the risk of transmission of coronavirus, so I hope that you are moving quickly to address this important issue for me and other women in this area. Please let me know what your plans are for reducing the risk in the ways suggested by NHS England, and when you expect to move to the second step of the framework, which would allow "One adult invited to accompany the woman to specific appointments where social distancing can be achieved, such as antenatal, screening ultrasound scans, early pregnancy, antenatal or postnatal complications, birth planning, unscheduled attendances to maternity triage" in addition to any essential visitor" and when you hope to move to the third step, which allows for "One adult invited to accompany the woman for any appointments where social distancing can be achieved."*

*My partner {or other household member} who is the person I would like with me, will have been living with me {if this is the case} at the point that I come for my appointments and therefore is highly likely to have the same Covid-19 status as me. **OR** my chosen supporter has tested negative/been social distancing for [time they have been doing this]. Therefore, as long as {he/she/they} remain asymptomatic, denying {him/her/they} access to support me is not a proportionate response to the risk.*

*If having a companion with me at every appointment is not possible for a legitimate reason, I would consider having a telephone or video consultation for some routine appointments, or home visits from a midwife when physical checks are necessary. This would be in keeping with suggestions from the latest guidance from RCM/RCOG<sup>4</sup> on antenatal services and would mean that I still get the support I need.*

*For any face-to-face appointments or scans that I have to attend alone, I plan to have a video call in progress with my partner {or supporter} using my own smartphone/tablet, so that at least they can hear and take part in any discussions. {You could leave this bit out if attending appointments alone is something you cannot consider at all, or if you want to go for your preferred options first}*

*I therefore request that you reconsider the Trust's position and support me in the ways I have outlined above.*

*I look forward to your reply.*

*Yours Sincerely*

*{Name}*

## References

1. NHS "Visiting healthcare inpatient settings during the COVID-19 pandemic" 5 June 2020, Version 1

[www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0524-visiting-healthcare-inpatient-settings-5-June-2020.pdf](http://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0524-visiting-healthcare-inpatient-settings-5-June-2020.pdf)

2. "Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services"

[www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.pdf](http://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.pdf)

3. Equality Act 2010

[www.gov.uk/guidance/equality-act-2010-guidance](http://www.gov.uk/guidance/equality-act-2010-guidance)

4. RCM/RCOG "Guidance for antenatal and postnatal services in the evolving coronavirus (COVID-19) pandemic" Version 2.2 10 July 2020

[www.rcog.org.uk/globalassets/documents/guidelines/2020-07-10-guidance-for-antenatal-and-postnatal.pdf](http://www.rcog.org.uk/globalassets/documents/guidelines/2020-07-10-guidance-for-antenatal-and-postnatal.pdf)

## When your Trust is saying you can't have a birth partner with you during labour

*Dear (insert name of Head/Director of midwifery)*

*I have been advised that hospital policy at {Name of NHS Trust} is that no birth partner may accompany me during my baby's birth.*

*I understand the severe pressure on the NHS at the moment, and the challenges faced by staff. I very much appreciate their commitment to care during this time. I do understand that you are concerned about your staff risking being infected by coronavirus.*

*However, according to Article 8 of the European Convention on Human Rights, I have the right to make my own decisions about my private life and this includes the right to decide who I would like to have with me at my baby's birth. For the hospital to deny me this right there must be a legitimate reason and the denial of my choice of partner must be an appropriate response to that reason<sup>1</sup>.*

*My partner will have been living with me at the point that I come into hospital and therefore is highly likely to have the same Covid-19 status as me/OR my birth partner has tested negative/been social distancing for [time they have been doing this]. Therefore, as long as {he/she/they} remain asymptomatic then denying {him/her/they} access to the hospital is not a*

*legitimate response to the Covid-19 threat as required by the European Convention.*

*The RCM/RCOG guidance<sup>2</sup> states "Women should be supported and encouraged to have birth partners present with them during active labour and birth if they wish to do so". This is due to their recognition that "Having a trusted birth partner present throughout labour is known to make a significant difference to the safety and well-being of women in childbirth."*

*Similarly, the [NHS guidance to Trusts](#)<sup>3</sup> says "While it may be necessary to restrict numbers for reasons of infection control, women should have access to one birth partner during labour (from the point of admission to labour ward or birth centre) and birth in line with [World Health Organization advice](#)<sup>4</sup>. The birth partner will often be able to support midwives in caring for the woman and her baby, as well as being important for the wellbeing of the woman in labour.*

*NHS England in its 'Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services'<sup>5</sup> is encouraging Trusts to "be innovative in the way you reintroduce visiting" whilst taking steps to reduce the risk of transmission of coronavirus, so I hope that you are moving quickly to address this important issue for me and other women in this area. Please let me know what your plans are for reducing the risk in the ways suggested by NHS England, so that all women can be accompanied in labour by the birth partner(s) of their choice.*

*Furthermore, the first step recommended by NHS England is for Trusts to allow "essential visitors (by which it means supportive individuals required by women with specific communication or care needs) AND a single birth partner in labour." {Explain if your circumstances mean that you have a particular need to have a supporter during your labour - for example English is not your first language, you have a disability, mental health issues, previous birth trauma, etc **and/or** Under the Equality Act 2010<sup>6</sup> I am classed as a person with a protected characteristic, specifically [insert specific characteristic - a list is available here: <http://www.legislation.gov.uk/ukpga/2010/15/part/2/chapter/1>]. Because of this, I do need to have a birth supporter present and the trust has an obligation to consider this.}*

*I therefore request that you reconsider the hospital's policy on birth supporters and allow me to have my partner with me for my labour and birth.*

*I look forward to your reply.*

*Yours Sincerely*

*{Name}*

*References*

*1.*

*Birthrights information sheet - Birth partners*

[www.birthrights.org.uk/factsheets/birth-partner](http://www.birthrights.org.uk/factsheets/birth-partner)

2. *Coronavirus (COVID-19) infection in pregnancy version 10.1 - Information for healthcare professionals*  
*The Royal College of Obstetricians (RCOG), Royal College of Midwives (RCM), Royal College of Paediatrics and Child Health, Public Health England and Health Protection Scotland*  
[www.rcog.org.uk/globalassets/documents/guidelines/2020-06-04-coronavirus-covid-19-infection-in-pregnancy.pdf](http://www.rcog.org.uk/globalassets/documents/guidelines/2020-06-04-coronavirus-covid-19-infection-in-pregnancy.pdf)
3. *NHS Clinical guide for the temporary reorganisation of intrapartum maternity care during the coronavirus pandemic.*  
*Version 1, 9<sup>th</sup> April 2020*  
[www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0241-specialty-guide-intrapartum-maternity-care-9-april-2020.pdf](http://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/04/C0241-specialty-guide-intrapartum-maternity-care-9-april-2020.pdf)
4. *WHO Q&A on COVID-19, pregnancy, childbirth and breastfeeding*  
*18 March 2020 | Q&A*  
<https://www.who.int/news-room/q-a-detail/q-a-on-covid-19-pregnancy-childbirth-and-breastfeeding>
5. *"Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services"*  
[www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.pdf](http://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.pdf)
6. *Equality Act 2010*  
[www.gov.uk/guidance/equality-act-2010-guidance](http://www.gov.uk/guidance/equality-act-2010-guidance)

**When your Trust is saying you can't have a birth partner with you until you are in active labour**

Dear (insert name of Head/Director of midwifery)

I have been advised that hospital policy at {Name of NHS Trust} is that no birth partner may accompany me {during the early stages of my induction/while I am in triage} until I am in active labour.

I understand the severe pressure on the NHS at the moment, and the challenges faced by staff. I very much appreciate their commitment to care during this time. I do understand that you are concerned about your staff risking being infected by coronavirus.

However, according to Article 8 of the European Convention on Human Rights, I have the right to make my own decisions about my private life and this includes the right to decide who I would like to have with me at my baby's birth. For the hospital to deny me this right there must be a legitimate reason and the denial of my choice of partner must be an appropriate response to that reason<sup>1</sup>.

My partner will have been living with me at the point that I come to hospital and therefore is highly likely to have the same Covid-19 status as me OR my birth partner has tested negative/been social distancing for [time they have been doing this]. Therefore, as long as {he/she/they} remain asymptomatic then denying {him/her/they} access to the hospital until I am in active labour is not a legitimate response to the Covid-19 threat as required by the European Convention.

Furthermore, the first step recommended in NHS England's 'Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services'<sup>2</sup> is for Trusts to allow essential visitors (by which it means "supportive individuals required by women with specific communication or care needs") for women on the antenatal ward {Explain if your circumstances mean that you have a particular need to have a supporter during the early stages of induction and/or while in triage - for example English is not your first language, you have a disability, mental health issues, previous birth trauma, etcand/or Under the Equality Act 2010<sup>3</sup> I am classed as a person with a protected characteristic, specifically [insert specific characteristic - a list is available here: <http://www.legislation.gov.uk/ukpga/2010/15/part/2/chapter/1>]. Because of this, I do need to have a birth supporter present and the trust has an obligation to consider this.}

NHS England is encouraging Trusts to "be innovative in the way you reintroduce visiting" whilst taking steps to reduce the risk of transmission of coronavirus, so I hope that you are moving quickly to address this important issue for me and other women in this area. Please let me know what your plans are for reducing the risk in the ways suggested by NHS England, and when you expect to move to the second step of the framework, which would allow 'essential visitors AND one other designated/nominated visitor observing national guidance on social distancing' to come to the antenatal ward.

I request that you reconsider the hospital's position on not allowing me a birth partner until I am in active labour, and instead support me to have my partner with me throughout my labour and birth. {One option would be to consider whether there are facilities which would allow me to be in a separate room from the start of my induction.}

I look forward to your reply.

Yours Sincerely

{Name}

#### References

1. Birthrights information sheet - Birth partners  
[www.birthrights.org.uk/factsheets/birth-partner](https://www.birthrights.org.uk/factsheets/birth-partner)
2. Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services"  
[www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.p](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.p)
3. Equality Act 2010 [www.gov.uk/guidance/equality-act-2010-guidance](https://www.gov.uk/guidance/equality-act-2010-guidance)

## **When your Trust is saying you can't have more than one birth partner with you**

Dear (insert name of Head/Director of midwifery)

*I have been advised that hospital policy at {Name of NHS Trust} is that only one birth partner may accompany me during my baby's birth.*

*I understand the severe pressure on the NHS at the moment, and the challenges faced by staff. I very much appreciate their commitment to care during this time. I do understand that you are concerned about your staff risking being infected by coronavirus.*

*However, according to Article 8 of the European Convention on Human Rights, I have the right to make my own decisions about my private life and this includes the right to decide who I would like to have with me at my baby's birth. For the hospital to deny me this right there must be a legitimate reason and the denial of my choice of partners must be an appropriate response to that reason<sup>1</sup>.*

*{Both of my birth partners will have been living with me at the point that I come into hospital and therefore are highly likely to have the same Covid-19 status as me. OR My second birth partner has tested negative/been social distancing for [time they have been doing this]. Therefore, as long as they remain asymptomatic, denying them access to the hospital is not a legitimate response to the Covid-19 threat as required by the European Convention.}*

*I also note that the latest NHS Guidance "Visiting healthcare inpatient settings during the COVID-19 pandemic"<sup>2</sup> says that " where it is possible to maintain social distancing throughout the visit, a second additional visitor could be permitted in circumstances **including partners of women in labour**". So as long as my second supporter observes social distancing there is no legitimate reason to deny me a second birth partner. Indeed, in recognition of this new NHS guidance, RCM/RCOG have updated their clinical guidance<sup>3</sup> to say "Women should be supported and encouraged to have birth **partners** [rather than, as previously, "a birth partner"] present with them during active labour and birth if they wish to do so."*

*Furthermore, the first step recommended in NHS England's 'Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services'<sup>4</sup> is for Trusts to allow essential visitors (by which it means "supportive individuals required by women with specific communication or care needs") AND a single birth partner for women in labour.*

*I have a particular need for more than one birth partner because [insert reason – English is not my first language, I have a disability, mental health issues, previous trauma, etc.] According to the NHS guidance on visiting<sup>2</sup> "Other people who are in attendance to support the needs of the patient, for example a familiar carer/supporter/personal assistant, should not be counted as additional visitor. Patients may be accompanied where appropriate and necessary to assist with the patient's communication and/or to meet the patient's health or social care needs."*

*and/or Under the Equality Act 2010<sup>5</sup> I am classed as a person with a protected characteristic, specifically [insert specific characteristic - a list is available here:*

*<http://www.legislation.gov.uk/ukpga/2010/15/part/2/chapter/1>. Because of this, I do need to*

*<https://www.aims.org.uk/pdfs/information/25>*



*have more than one birth partner and the trust has an obligation to consider this.*

*NHS England<sup>4</sup> is encouraging Trusts to "be innovative in the way you reintroduce visiting" whilst taking steps to reduce the risk of transmission of coronavirus, so I hope that you are moving quickly to address this important issue for me and other women in this area. Please let me know what your plans are for reducing the risk in the ways suggested by NHS England, and when you expect to move to the second step of the framework, which would allow "essential visitors AND a maximum of two birth partners in labour" to be present during labour, (observing national guidance on social distancing)*

*I therefore request that you reconsider the hospital's position on permitting me to be supported by more than one birth partner.*

*I look forward to your reply.*

Yours Sincerely

{Name}

#### References

1. *Birthrights information sheet - Birth partners*  
[www.birthrights.org.uk/factsheets/birth-partner](https://www.birthrights.org.uk/factsheets/birth-partner)
2. *NHS "Visiting healthcare inpatient settings during the COVID-19 pandemic" 5 June 2020, Version 1*  
[www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0524-visiting-healthcare-inpatient-settings-5-June-2020.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0524-visiting-healthcare-inpatient-settings-5-June-2020.pdf)
3. *Coronavirus (COVID-19) infection in pregnancy version 10.1 - Information for healthcare professionals*  
*The Royal College of Obstetricians (RCOG), Royal College of Midwives (RCM), Royal College of Paediatrics and Child Health, Public Health England and Health Protection Scotland*  
[www.rcog.org.uk/globalassets/documents/guidelines/2020-06-04-coronavirus-covid-19-infection-in-pregnancy.pdf](https://www.rcog.org.uk/globalassets/documents/guidelines/2020-06-04-coronavirus-covid-19-infection-in-pregnancy.pdf)
4. *Framework to assist NHS trusts to reintroduce access for partners, visitors and other supporters of pregnant women in English maternity services"*

[www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/09/par001599-framework-for-the-reintroduction-of-visitors-throughout-maternity-services-sep-2020.pdf)

5. *Equality Act 2010*  
[www.gov.uk/guidance/equality-act-2010-guidance](https://www.gov.uk/guidance/equality-act-2010-guidance)

## Other people who you may want to send a copy of your letter

If you decide to send this, please copy [helpline@aims.org.uk](mailto:helpline@aims.org.uk). You might also like to copy the following:

If you live in England:

- Nadine Dorries MP, Parliamentary Under-Secretary at the Department of Health and Social Care [dorriesn@parliament.uk](mailto:dorriesn@parliament.uk)
- Jonathan Ashworth MP, Shadow Secretary of State for Health and Social Care [jon.ashworth.mp@parliament.uk](mailto:jon.ashworth.mp@parliament.uk)
- NHS England Maternity Transformation team [england.maternitytransformation@nhs.net](mailto:england.maternitytransformation@nhs.net)
- Professor Jacqueline Dunkley-Bent, Chief Midwifery Officer, NHS England [jacqueline.dunkley-bent@nhs.net](mailto:jacqueline.dunkley-bent@nhs.net)
- The Regional Chief Midwife for your region
- Your local MP ([find your MP](#))

We believe that the following are correct for Scotland, Wales and Northern Ireland, but please let us know if you know otherwise by emailing [enquiries@aims.org.uk](mailto:enquiries@aims.org.uk)

If you live in Scotland:

- Jeane Freeman MSP, Cabinet Secretary for Health and Sport [CabSecHS@gov.scot](mailto:CabSecHS@gov.scot)
- The Maternity and Children Quality Improvement Collaborative [hcis.mccqic@nhs.net](mailto:hcis.mccqic@nhs.net)
- Your local MSP ([find your MSP](#))

If you live in Wales:

- Vaughan Gething AM, Minister for Health and Social Services [vaughan.getthing@assembly.wales](mailto:vaughan.getthing@assembly.wales)
- Wales Maternity and Neonatal Network, Contacts [elizabeth.gallagher@wales.nhs.uk](mailto:elizabeth.gallagher@wales.nhs.uk) / [jacqueline.davies1@wales.nhs.uk](mailto:jacqueline.davies1@wales.nhs.uk)
- Your local AM ([find your AM](#))

If you live in Northern Ireland

- Dr Patricia Gillen & Dr Maria Healy (research midwives who chaired the Home Birth Group) [p.gillen@ulster.ac.uk](mailto:p.gillen@ulster.ac.uk)

[maria.healy@gub.ac.uk](mailto:maria.healy@gub.ac.uk)

- Dale Spence, Midwife Advisor NI Department of Health [d.spence@gub.ac.uk](mailto:d.spence@gub.ac.uk)
- Robin Swann, MLA Member of NI Assembly [robin.swann@mha.niassembly.gov.uk](mailto:robin.swann@mha.niassembly.gov.uk)
- Your local MP ([find your MP](#))

#### Royal Colleges

- The Royal College of Midwives (RCM), Head of Health and Social Policy  
[sean.o'sullivan@rcm.org.uk](mailto:sean.o'sullivan@rcm.org.uk)
- The Royal College of Obstetricians (RCOG) [policy@rcog.org.uk](mailto:policy@rcog.org.uk)

---

**AIMS supports all maternity service users to navigate the system as it exists, and campaigns for a system which truly meets the needs of all.**

AIMS does not give medical advice, but instead we focus on helping women to find the information that they need to make informed decisions about what is right for them, and support them to have their decisions respected by their health care providers. The AIMS Helpline volunteers will be happy to provide further information and support. Please email [helpline@aims.org.uk](mailto:helpline@aims.org.uk) or ring 0300 365 0663.