



Template Letters for requesting support

Please note that this page is awaiting update.

For the latest information on national guidance please see our webpage [Coronavirus and your maternity care](#)

The following template letters are for those struggling to get their support needs met due to restrictions imposed as a result of the Covid-19 pandemic. They are intended as a guide to support those who want to write to their NHS Trust/Board 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.

In addition, 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/Board to ask them to consider your individual needs for support. Their email addresses should be available on the Trust's/Board's website or by phoning the Maternity Department.

We suggest that you also send a copy to the AIMS helpline helpline@aims.org.uk and to your local Maternity Voices Partnership (MVP) or Maternity Services Liaison Committee (MSLC). Details of these may be on your Trust/Board's website and many have their own Facebook page or website, or you can look for your local MVP here [Find an MVP – National Maternity Voices](#). You might also want to copy the people listed below, Do make 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, and the need to keep the risk of transmission of the virus within your maternity services as low as possible.

However, the latest guidance from NHS England¹ published on 15 April 2021 recognises that for pregnant women support "facilitates emotional wellbeing and is a key component of safe and personalised maternity care. It is therefore our aim, further to a risk assessment, that a woman should have access to support from a person of her choosing at all stages of her maternity journey and that all trusts should facilitate this as quickly as possible." They are therefore asking all NHS Trusts in England "to urgently complete any further action needed so that partners can accompany women to all appointments" by undertaking risk assessments, making changes to their use of space and infection control measures, and using testing, including rapid testing. In particular the guidance recommends "making sure that women can safely take a support person to the early pregnancy unit, all antenatal scans, and other antenatal appointments where the woman considers it important to have support."

The guidance lists a number of solutions which some Trusts have already implemented. Please can you confirm that *{Name of NHS Trust}* is looking urgently at these or other solutions and let me know how soon I will be able to be accompanied to antenatal appointments and scans by *mypartner/chosen supporter* ?

{If you have a particular need for support you may wish to add} I note that NHS England¹ says that "Trusts should especially prioritise the need for continuous support for women with particular needs, such as those with a disability, significant communication challenges or complex medical, mental health or social factors". I feel that this should mean that I am able to have someone accompany me to scans and other antenatal appointments, even if this is not yet possible for everyone, 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 it may be appropriate to add}

Under the Equality Act 2012² 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.

I therefore request that you reconsider the Trust's position and enable me to be supported at all appointments where I feel I need this.

I see that the NHS England guidance also says that "Communications plans should be clear about the timescale for these actions, and information should be readily accessible to women, support people and their families, digitally and in accessible formats" so I would be grateful if you would inform me where the information about your plans is published.

{You may wish to add} 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. This would be in keeping with suggestions from the latest guidance from RCM/RCOG³ on antenatal services and would mean that I still get the support I need.

{You may also wish to add} For any face-to-face appointments or scans that I have to attend alone, I intend to have a video call in progress to enable me to be supported by my partner {or supporter} using my own smartphone/tablet. I note that guidance from the BMA⁴ and the legal opinion obtained by Birthrights⁵ confirms that this is my right. I therefore request you to ensure that your staff will facilitate this.

I look forward to your reply.

Yours Sincerely

{Name}

References

1. NHS England "Supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers" 15 April 2021 https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C1243_Supporting-pregnant-women-using-maternity-services-actions-for-providers_150421.pdf
2. Equality Act 2010 www.gov.uk/guidance/equality-act-2010-guidance
3. 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
4. BMA "Patients recording consultations" [Patients.recording.consultations\(bma.org.uk\)](http://Patients.recording.consultations(bma.org.uk))
5. Birthrights Partners.should.be.able.to.join.maternity.scans.remotely.say.lawyers

When your Trust is saying you can't have a birth partner with you until you are in active labour and/or during your postnatal stay

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 {while I am in maternity triage/during the early stages of my induction} until I am in active labour {and/or} that

I am not permitted to have my *partner/chosen supporter* with me during my stay on the postnatal ward { *other than for... whatever your Trust's current policy is on this*}.

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, and the need to keep the risk of transmission of the virus within your maternity services as low as possible.

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. Any restriction placed on this right must be a proportionate response to the risk of coronavirus transmission¹.

{If appropriate you could add:} My partner will have been living with me at the point that I come to the { *hospital/birth centre*} and therefore is highly likely to have the same Covid-19 status as me.

or My birth partner is asymptomatic/has tested negative/has been shielding for *{time they have been doing this}*. Therefore, as long as *{he/she/they}* remain asymptomatic then denying *{him/her/them}* access to the { *hospital/birth centre*} until I am in active labour is not a proportionate response to the infection risk as required by the European Convention.

In addition, the latest guidance from NHS England² recognises that for pregnant women support "facilitates emotional wellbeing and is a key component of safe and personalised maternity care" and that "Women should therefore have access to support at all times during their maternity journey and trusts should facilitate this" while as far as possible reducing the risk of COVID-19 infections for both service users and staff. They are therefore asking all NHS Trusts in England "to urgently complete any further action needed so that partners can accompany women to all appointments and throughout birth" by undertaking risk assessments, making changes to their use of space and infection control measures, and using testing, including rapid testing. In particular the guidance recommends making sure that a woman can safely have a support person with her throughout "labour and birth from the point of attendance at the hospital or midwifery unit." This clearly includes when *{attending maternity triage in early labour/during the early stages of an induction of labour}*.

The guidance lists a number of solutions which some Trusts have already implemented. Please can you confirm that *{Name of NHS Trust}* is looking urgently at these or other solutions which will enable me to have the support of my *{partner/chosen supporter}* throughout my *{labour/induction of labour}*?

The NHS England guidance also states that "Women should also have access to support people while admitted for early pregnancy loss or on the antenatal or postnatal ward in line with pre-COVID trust policies." Please can you confirm that you are also looking at ways to reinstate your normal maternity visiting arrangements safely, so that I can have support during any postnatal stay?

{If you have a particular need for support you may wish to add} I note that NHS England says that "Trusts should especially prioritise the need for continuous support for women with particular needs, such as those with a disability, significant communication challenges or complex medical, mental health or social factors". I feel that this should mean that I am able to have someone accompany me throughout my time in the *{maternity unit/birth centre}* because... *{explain here the reasons why you have a need to have the support of someone else while in the hospital/birth centre e.g. English is not your first language, you have a disability, mental health issues, previous pregnancy loss, previous birth trauma, etc.}*

{and/or it may be appropriate to add}

Under the Equality Act 2010³ 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 throughout my time in the *{hospital/birth centre}* and the Trust has an obligation to consider this.*

I see that the guidance also says that "Communications plans should be clear about the timescale for these actions, and information should be readily accessible to women, support people and their families, digitally and in accessible formats" - so I would be grateful if you would inform me where the information about your plans is published.

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 *{and during my postnatal stay}*.

I look forward to your reply.

Yours Sincerely

{Name}

References

1. Birthrights "How to run a safe and rights respecting maternity service during a pandemic" www.birthrights.org.uk/how-to-run-a-safe-and-effective-maternity-service-during-a-pandemic/
2. NHS England "Supporting pregnant women using maternity services during the coronavirus pandemic: Actions for NHS providers" 15 April 2021 https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/C1243_Supporting-pregnant-women-using-maternity-services-actions-for-providers_150421.pdf
3. Equality Act 2010 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 labour and 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, and the need to keep the risk of transmission of the virus within your maternity services as low as possible.

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. Any restriction placed on this right must be a proportionate response to the risk of coronavirus transmission¹.

{If appropriate you could add:} 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 is asymptomatic/has tested negative/been shielding for *{time they have been doing this}*. Therefore, as long as they remain asymptomatic, denying them access to the hospital is not a proportionate response to the infection risk as required by the European Convention.

I also note that the NHS Guidance "Supporting pregnant women using maternity services during the coronavirus pandemic: actions for NHS providers"² says that "Where women and their support people test negative for COVID-19 and both staff and support people follow IPC guidelines, including use of PPE, the additional risk of COVID-19 transmission is likely to be small." So as long as my second birth supporter has a negative test result their attendance should not be refused, as long as social distancing can be maintained, as this would not be a proportionate response to the risk.

{If you have a particular need for a second supporter you may wish to add} According to this NHS guidance² "Trusts should especially prioritise the need for continuous support for women with particular needs, such as those with a disability, significant communication challenges or complex medical, mental health or social factors. They should ensure their approach does not have a disproportionate impact on women with protected characteristics as described in the Equality Act 2010." I feel that this should mean that I am able to have a second birth supporter because... *{explain here the reasons why you have a need to have a second birth supporter e.g. English is not your first language, you have a disability, mental health issues, previous pregnancy loss, previous birth trauma, etc.}*

{and/or it may be appropriate to add}

and/or Under the Equality Act 2010³ 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 more than one birth partner and the trust has an obligation to consider this.

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}

1. Birthrights "How to run a safe and rights respecting maternity service during a pandemic"
www.birthrights.org.uk/how-to-run-a-safe-and-effective-maternity-service-during-a-pandemic/
2. NHS England "Supporting pregnant women using maternity services during the coronavirus pandemic: actions for NHS providers" version 2 15 April 2021 [Briefing template \(england.nhs.uk\)](https://www.nhs.uk/consult/briefing-templates)
3. Equality Act 2010 www.gov.uk/guidance/equality-act-2010-guidance

When your Trust is refusing/limiting access to your baby in Neonatal Care.

The first of these letters is for people who have **neither** tested positive **nor** are required to self-isolate but are being told that they cannot visit their baby in the neonatal unit (NNU) or can only do so for limited periods.

The second is for those people who have **either** tested positive **or** are required to self-isolate, and who want to request more involvement in their baby's care.

The letters refer to the advice from the [British Association of Perinatal Medicine](https://www.bapm.ac.uk/) but there is also slightly different guidance in place for each of the four nations of the UK. Details of this are available here [Coronavirus and your maternity care | AIMS](https://www.aims.org.uk/coronavirus-and-your-maternity-care) so you may want to include the relevant points in your letter.

If you have not tested positive and are not required to self-isolate

Dear (insert name – Head/Director of Midwifery),

I have been advised that policy at *{Name of NHS Trust/Board}* is *{insert details of the restrictions}* while my baby in the Neonatal Care Unit.

I understand the 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, babies and other parents risking being infected by coronavirus, and the need to keep the risk of transmission of the virus within the neonatal unit as low as possible. However, this restriction is causing me and my family severe stress and means that I am being denied the fundamental right of being with my baby. I am also concerned about the impact it will be having on my baby's well-being.

I have read the guidance on visiting babies in neonatal care from the British Association of Perinatal Medicine¹ which says:

- Neonatal services present a unique situation in terms of “visitors” and it is essential that the mother and her partner are never considered to be visitors within the neonatal unit – they are partners in their baby's care, and their presence should be encouraged. The mother and her newborn are a biological entity and should have unrestricted contact when admission to a NNU is unavoidable.
- In order properly to involve parents in decision making about their baby's care, NNUs should identify how to facilitate parental presence at all times of day, including on ward rounds, while maintaining social distancing within the NNU. The benefits of extended parental contact, including skin to skin care and active involvement in their baby's care are well documented, as are the long established advantages of breast feeding. At such a stressful time it is important for both parents to be able to be present together, at least for part of the day, unless such practice would be clearly detrimental to other babies and/or staff in the NNU or TCU.
- An asymptomatic mother who is awaiting the result of routine SARS-CoV-2 admission screening should usually be allowed to attend her baby in the NNU and to provide skin to skin care.

I understand, of course, that this is guidance and needs to take account of local risk assessments, but it lays out best practice for people in my position.

You may wish to add I further note the guidance from {NHS England/the Welsh/Scottish/Northern Ireland Government – see our webpage [Coronavirus and your maternity care](#) for details of the guidance in your country } which states...

As {I/my partner} have {tested negative/have no symptoms of COVID-19} and have no requirement to self-isolate, I urge you to reconsider your policy and allow me to spend as much time as I need with my baby in the Neonatal Unit {and/or allow my baby's father/other parent to attend with me for at least some of the time}

I also note that the BAPM advice says:

- The same arrangements for testing should be offered to parents as are applied to staff, in order to minimise unnecessary separation. This includes testing of symptomatic parents and testing of suspected contacts.

Could you please confirm when you plan to implement testing which would enable {me/my partner and me} to be fully involved in my baby's care?

I look forward to your reply.

Yours sincerely,

References:

1. BAPM - COVID-19: Frequently asked questions within neonatal services
www.rcpch.ac.uk/resources/bapm-covid-19-frequently-asked-questions-within-neonatal-services#managing-parents-and-visitors-to-the-neonatal-unit-and-or-transitional-care-unit-tcu

If you have tested positive or are required to self-isolate

Please select the sections from the template that are relevant to your concerns

Dear (insert name – Head/Director of Midwifery),

I have been advised that policy at {Name of NHS Trust/Board} is {insert details of the restrictions} while my baby in the Neonatal Care Unit.

I understand the 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, babies and other parents risking being infected by coronavirus, and the need to keep the risk of transmission of the virus within the neonatal unit as low as possible. However, this restriction is causing me and my family severe stress and means that I am being denied the fundamental right of being with my baby. I am also concerned about the impact it will be having on my baby's well-being.

I am particularly concerned {add here details of the problems you are facing e.g. not being kept informed, decisions being made about your baby's care without asking you, not being supported to provide expressed breastmilk...}

I have read the guidance on visiting babies in neonatal care from the British Association of Perinatal Medicine¹ and while I appreciate the point that "It would generally not be appropriate" parents who have tested positive or are self-isolating to visit a neonatal unit the guidance goes on to say that "every effort should be made to facilitate remote contact by use of video technology and/or social media." Could you please confirm that you are putting in place arrangements for me to have contact with my baby in

this way?

I also note the guidance from the Royal College of Obstetricians and Gynaecologists² which says that even if a baby born to a mother with suspected or confirmed COVID-19 requires to be in the neonatal unit, staff should “involve parents in decisions, mitigating potential problems for the baby’s health and wellbeing and for breastfeeding, bonding and attachment.” Please can you confirm what arrangements are in place to ensure that I *{and my partner}* are fully informed and supported to make decisions about my baby’s care?

Even if it is not possible for me to breastfeed my baby until I reach the end of my isolation period, I want to be able to provide *her/him* with my breastmilk, and both the BAPM and RCOG guidance make it clear that I should be supported to do this. I would be grateful for information on the safe collection, and your arrangements for delivery, of expressed breastmilk for my baby.

You may wish to add I further note the guidance from *{NHS England/the Welsh/Scottish/Northern Ireland Government – see our webpage [Coronavirus and your maternity care](#) for details of the guidance in your country}* which states...

{If you are symptomatic or self-isolating but have not tested positive you may wish to add} I also note that the BAPM advice says:

- The same arrangements for testing should be offered to parents as are applied to staff, in order to minimise unnecessary separation. This includes testing of symptomatic parents and testing of suspected contacts.

Could you please confirm when you plan to implement testing which would enable *{me/my partner and me}* to be fully involved in my baby’s care?

I look forward to your reply.

Yours sincerely,

References:

1. BAPM - COVID-19: Frequently asked questions within neonatal services
www.rcpch.ac.uk/resources/bapm-covid-19-frequently-asked-questions-within-neonatal-services#managing-parents-and-visitors-to-the-neonatal-unit-and-or-transitional-care-unit-tcu
2. RCM/RCOG “Coronavirus (COVID-19) Infection in Pregnancy: Information for healthcare professionals” Version 12: 14 October 2020
www.rcog.org.uk/globalassets/documents/guidelines/2020-10-14-coronavirus-covid-19-infection-in-pregnancy-v1pdf

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

If you decide to send a letter to your Trust/Board, please copy helpline@aims.org.uk. You might also like to copy the following. Please note that politicians will probably not look at messages if they are only cc'd. It may be more effective to write to them directly attaching/enclosing the letter you have sent to your Trust/Board and asking for their support.

If you live in England:

- Maria Caulfield MP, Parliamentary Under Secretary of State (Minister for Patient Safety and Primary Care) maria.caulfield.mp@parliament.uk
- Jonathan Ashworth MP, Shadow Secretary of State for Health and Social Care jon.ashworth.mp@parliament.uk
- NHS England Maternity Transformation team england.maternitytransformation@nhs.net
- Professor Jacqueline Dunkley-Bent, Chief Midwifery Officer, NHS England 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

If you live in Scotland:

- Jeane Freeman MSP, Cabinet Secretary for Health and Sport CabSecHS@gov.scot
- The Maternity and Children Quality Improvement Collaborative 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
- Wales Maternity and Neonatal Network, Contacts elizabeth.gallagher@wales.nhs.uk / 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 maria.healy@gub.ac.uk
- Dale Spence, Midwife Advisor NI Department of Health d.spence@gub.ac.uk
- Robin Swann, MLA Member of NI Assembly robin.swann@mli.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
- The Royal College of Obstetricians (RCOG) policy@rcog.org.uk