



Maternity in a pandemic: a personal perspective

[AIMS Journal, 2021, Vol 33, No 4](#)

To read or download this Journal in a magazine format on ISSUU, please click [here](#).



By Jenny Smith

Nothing can prepare you for the unexpected shock of a pandemic and it certainly caused a 'swirling in my head'. I had an overwhelming sense of responsibility for the safety of the mothers, babies, families and my 'professional family' on top of my own family at home. In maternity, as with the rest of the NHS, the changes to fight this killer virus, came thick and fast and there were so many adaptations in quick succession to try to get ahead of the curve.

On entry to hospital at the beginning of the pandemic, all visitors had to be stopped and asked about Covid symptoms and to have their temperature taken with a thermometer. This soon extended to staff too; temperatures were checked and registered on hospital identity cards when checking in. The 'new normal' quickly became a sea of temperature checks, hand gels, Covid testing and PPE.

At the outset, there was much confusion as to what was best for pregnant people. Initial recommendations included masks and isolation, avoiding all busy public areas. Now [guidance is much clearer](#).^[1]

I remember all too well that, in January 2020, a pregnant woman told me that she could not taste or smell but felt well. This, of course, is now recognised as one of the main symptoms of Covid. There were women I looked after who had to begin labour and give birth without their partners who had to look after the other children at home, so as midwives we had to take over the role of the partner too. This was hard for

the women, but through telephone calls and FaceTime we did our best to involve their loved ones as much as possible.

Perhaps the most unpredictable aspect of this virus is that a person can be symptom free but can pass it on at an alarming rate as a 'super-spreader'. This is especially dangerous in hospitals, as pregnant women are immunosuppressed and other patients are also more susceptible to infection.

As for vaccination in maternity, there was initial uncertainty around its safety. Understandably, this created a 'minefield for the mind' – increasing anxiety amongst pregnant women, knowing they were in a vulnerable group. From the global data available so far, scientists believe that the Covid vaccine in pregnancy carries very few short-term risks, and pregnant women are being encouraged to accept it.

Meeting Alice

Over decades I feel incredibly happy to have been a caseload midwife offering pure one-to-one care: 'holding women by the hand' throughout pregnancy, birth and afterwards. I first met Alice in her first pregnancy, and she was booked for a planned caesarean in the pandemic. I will never forget her pregnancy and birth; I was amazed at her strength in circumventing her unexpected journey and felt so fortunate to be her midwife.

Alice in her own words

Following the routine pre-op tests in advance of an elective section, I was told the night before my operation that I had tested positive for Covid, which meant my husband wasn't allowed to join me for the birth of our first baby. It was suggested that I could bring another person if they tested negative, but this would mean that they would need to isolate for 10 days afterwards and I felt this was too much to ask.

We were both devastated, and I rang Jenny immediately afterwards to talk about the process, which now seemed more than slightly overwhelming. Luckily, Jenny and I had formed a strong bond through the previous months and she expertly and empathetically guided me through what was going to happen the following day.

Following many tears, my husband dropped me at the hospital early in the morning and Jenny met me at the door to take me to the ward. As I was positive, they had to take extensive precautions including full PPE for any member of staff who came into my isolation room. Jenny stayed with me the whole morning to discuss every tiny detail of the process and perform all my observations.

At the time, some women with Covid had unfortunately been found to decline rapidly following caesarean operations and were ending up in ICU. The surgeon came to see us to discuss this, and we had to decide whether to proceed with the operation or wait in isolation longer still and without my husband. Jenny and I were left to digest the information and, following lengthy discussions with the anaesthetist, my husband (via FaceTime) and the surgeon, we decided to go ahead as planned.

On balance, I decided that it would be better to get the baby out safely while my body was still healthy,

rather than wait and risk my health declining. I had read an article called '[The natural caesarean: a woman-centred technique](#)',^[2] watched a film of the same name on [YouTube](#) by the Jentle Childbirth Foundation^[3] and knew this was what I wanted for the birth of my little boy.

Jenny and I walked to the theatre together and met the team who were all incredibly kind and understanding. It was a bit surreal seeing the whole team in complete Covid protection PPE: 3M masks, special gowns, full visors, glasses and gloves.

As the natural caesarean started, Jenny talked me through every step and I remember the strange feeling in my tummy as my baby was born safely. It was so wonderful having my baby skin-to-skin in theatre and holding him tightly, which made the rest of the operation go quickly and it was so lovely to have all the photographs of the birth to show my husband afterwards.

I was then transferred to an isolated room for my recovery, where Jenny stayed with me to do all the observations and guide me through my first attempts at breastfeeding. Unfortunately, later that day my temperature spiked and my son and I both had to go on antibiotics, as the team were worried it was a deterioration of my Covid condition. We stayed in hospital for three days and Jenny was ever present, coming in to check on us whenever she could.

Despite it being incredibly difficult not having my husband with me, the medical team made it as peaceful an experience as possible. That said, I would not have been able to do it without Jenny by my side. Her knowledge, warmth and support made what could have been an incredibly difficult few days, into a manageable and calm experience.

Saying goodbye to Jenny when we were finally allowed to go home was an incredibly emotional experience. She had single handedly guided me through the birth of my first child and my first few days of motherhood – words will never be able to express how grateful I am to her.

Jenny again – a personal reflection

I feel so grateful that I chose midwifery as my career path. The relationships with women and their families are so special and became even more so during the pandemic when many did not have their loved ones with them during labour and birth. The 'professional team' is like a second family and, on a day-to-day basis, working in the NHS is all encompassing.

In my lifetime, I would never have imagined that we would have experienced a pandemic, where everyone knows someone who was ill or died from complications related to Covid, and yet we all experienced the best of humanity at the same time.

Author Bio: Jenny is a clinical NHS midwife, Founder of Jentle Childbirth Charity and Birth Continua. She believes in 'comfortable' childbirth and her mission is to change 'maternity architecture'.

^[1] NHS website (2021), 'Pregnancy and coronavirus (COVID-19)': www.nhs.uk/conditions/coronavirus-

[covid-19/people-at-higher-risk/pregnancy-and-coronavirus](#)

[2] Smith J, Plaat F & Fisk NM (2008), 'The natural caesarean: a woman-centred technique,' *BJOG: an international journal of obstetrics and gynaecology* 115(8): 1037–42: <https://doi.org/10.1111/j.1471-0528.2008.01777.x>

[3] Jentle Childbirth (2017), 'The natural caesarean - a woman centred technique,' YouTube, www.youtube.com/watch?v=ZGmjEtvM7B8