

### Hot off the Press - Survey Results







#### Impact of the COVID-19 pandemic on midwifery-led services

In April 2020 and February 2021, we invited our reporters to respond to two brief surveys about the impact of the COVID-19 pandemic on midwifery-led services. In April 2020, the Royal College of Midwives (RCM) collected similar data from their Heads and Directors of Midwifery Network. We collaborated with the RCM on a paper combining the findings from these three national surveys. This paper is now available in [Midwifery](#).

#### What were the main UKMidSS survey findings?

We got a great response from over 80% of Trusts/Health Boards with midwifery units – **thank you!**

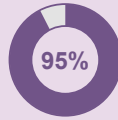
During the Covid-19 pandemic, especially during the first wave (March-May 2020), maternity services were largely reconfigured, towards hospital-based care. The impact on AMUs and FMUs was different, and some regions, for example the South West of England, were less affected by centralisation of care than others.

	Wave 1 Survey (April-June 2020)	Wave 2 Survey (February- March 2021)
 <p>MLUs open as usual</p>	63%	85%
 <p>MLUs were completely closed to admission</p>	15%	6%
<p>AMUs merged with the labour ward to create a separate area for women with suspected or confirmed COVID-19</p>	36%	12%
 <p>Home birth services scaled back or cancelled</p>	44%	15%
 <p>Staff redeployed from community to the labour ward</p>	17%	4%

In the second wave (early 2021), we also asked about the impact of the pandemic on partner visiting.

**Birth partners allowed:**

In labour



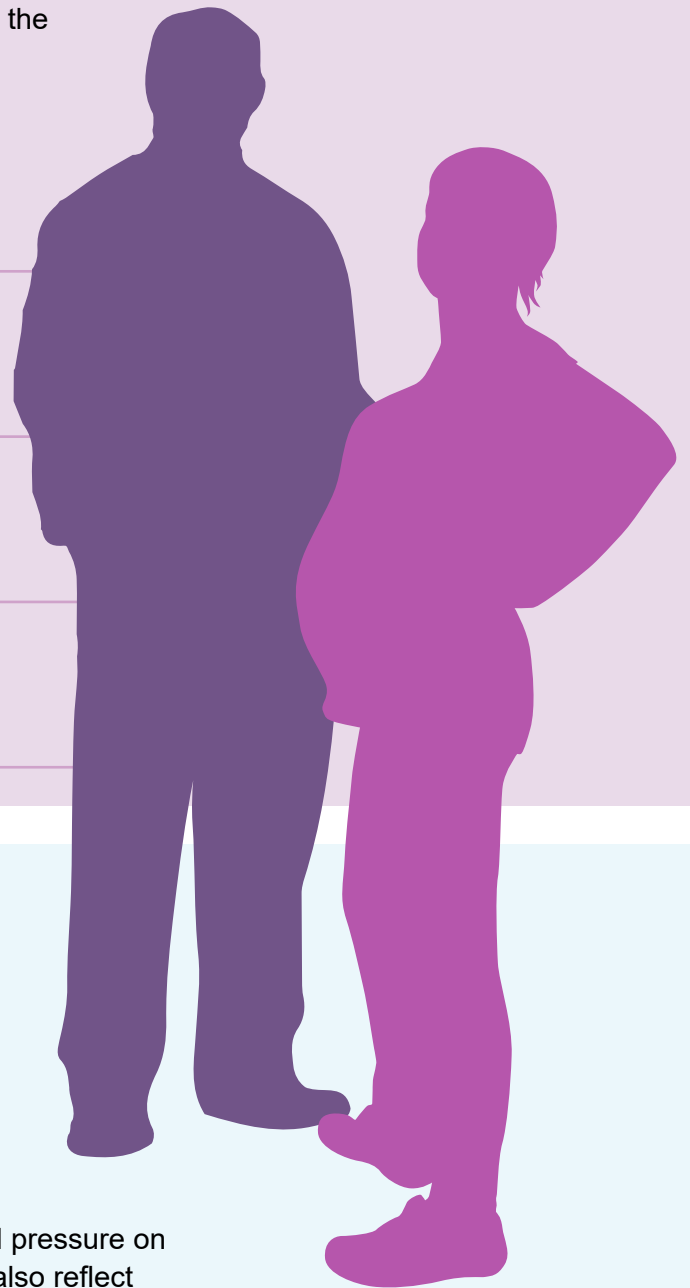
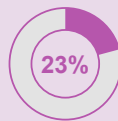
Early labour assessment



For postnatal visit

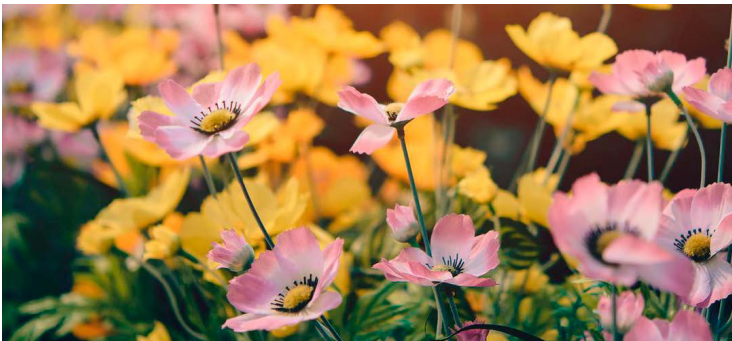


Through the postnatal stay



**What do the results mean?**

Overall, women and their partners had less choice about where to give birth during the pandemic. But the response to the pandemic was not the same everywhere – in some parts of the UK midwifery-led and community services were maintained throughout. We found some evidence that areas with freestanding units were more likely to maintain home birth services and midwifery-led settings. This might be because the impact of the pandemic, in terms of infection rates and pressure on services, was less severe in these areas, but it might also reflect a stronger pre-existing commitment to midwifery-led services in areas with freestanding units.



**What do you think?**

If you have any questions or comments about the results of these surveys, please let us know [ukmidss@npeu.ox.ac.uk](mailto:ukmidss@npeu.ox.ac.uk)

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