

TF/JM

Ms Anne Marie Hoey
National Director of HR
HSE
Dr Steevens hospital
Dublin 8

27th of March 2020

RE: Recommendations for pregnant nurses and midwives in relation to Covid-19

Dear Anne Marie

I trust this correspondence finds you well.

The INMO raised matters of concern with regards to the management of pregnant nurses and midwife employees of the HSE on the teleconference between the NJC Staff Panel and the HSE on Thursday 26th of March 2020.

We are aware that various HSE guidance documents have been issued which make reference to pregnant staff, including the Interim Occupational Health Guidance, dated the 19th of March 2020 and the revised version of the 25th of March 2020. Also, the INMO is increasingly concerned at the behaviour of managers, towards pregnant staff who have indicated a wish to be redeployed away from the front line.

The INMO in its engagements with the HSE have referenced the *COVID-19 Virus Infection and Pregnancy, Occupational Health Advice for Employers and Pregnant Women during the COVID-19 Pandemic Version 2*: published Thursday 26 March 2020 by Royal College of Obstetricians and Gynaecologists (RCOG) and the Royal College of Midwifery. We note from the teleconference with the NJC Staff Panel that Lynda Sissons outlined that the College of Obstetricians and Gynaecologists in Ireland were to issue guidance to HSE on this matter. It was expected that this guidance would be received on the 27th of March 2020.

This organisation is seeking confirmation from you that the position out lined in section 3.1,3.2 and 3.3 of the RCOG/RCM documents will be applied by the HSE. The report clearly outlines that *“in light of the limited evidence, pregnant women of any gestation should be offered a choice of whether to work in direct patient-facing roles during the COVID-19 pandemic”*. The guidelines further states that *“this choice should be respected and supported by their employers”*. It highlights that suitable alternative duties might include remote triage, telephone consultation, governance or administrative roles. The report also highlights that pregnant women who chose to work in patient facing roles, following their occupational health risk assessment and prior to their third trimester of pregnancy, should be supported to do so by minimising risk though established methods. However, the document goes on to state that that Personal Protection Equipment (PPE) and risk assessments should be completed for pregnant workers in order to protect them from infection. It highlights that certain working

environments (e.g. operating theatres, respiratory wards and ICU/HDU) carry a higher risk of exposure to the virus for all health care workers including pregnant women through the greater number of Aerosol Generating Procedures (AGPs) performed. They state that pregnant women are advised to avoid working in these areas where there are suspected or confirmed cases of COVID-19 infection.

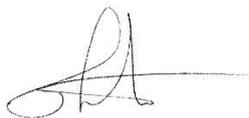
For nurses and midwives after 28 weeks gestation or with underlining health conditions, it clearly outlines that “*women in this category should be recommended to stay at home*”. If staff in this category or risk group as referred to by RCOG/RCM chose not to follow advice and attend for work, they must not be deployed in roles where they are working with patients. They outline that services may want to deploy these staff to other activities such as education and training needs.

Therefore, I would appreciate if the HSE would confirm that the position set out by RCOG and RCM at points 3.1, 3.2 and 3.3 will be implemented by the HSE and a circular would issue to the system in regard to same. The clear message must be that pregnant women of any gestation will be protected if working during the COVID-19 pandemic.

I trust that the position of the INMO is clear regarding this matter and we look forward to your favourable response on this matter.

Thank you for your attention to the foregoing.

Your sincerely



Tony Fitzpatrick
Director of Industrial Relations

CC:

John Delamere, National Director HSE CERS
Lynda Sisson, National Lead, Occupational Health and Wellbeing
Liam Woods, National Director, Acute Operations
David Walsh, National Director, Community Operations